

Role of Pansaris and Jadi Buti in Primary Healthcare and Rural Livelihoods of Rajasthan

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Abstract: *Pansari practices, centered on Jadi Buti (medicinal plants), are deeply integrated into Rajasthan's rural healthcare system and contribute to local livelihoods. This study explores the role of Pansaris in providing accessible healthcare and their economic contributions to rural communities. Field surveys, structured interviews with 60 Pansaris, and local market assessments were conducted in Sikar, Jhunjhunu, and Churu districts. Findings reveal that Pansaris continue to serve as primary healthcare providers, treating common ailments through herbal remedies. Additionally, herbal trade contributes to household income, supporting rural livelihoods. Challenges include decreasing plant availability, knowledge erosion, and competition from modern medicine. Recommendations focus on documentation, sustainable harvesting, youth engagement, and integration with modern healthcare.*

Keywords: Pansari, Jadi Buti, Primary Healthcare, Rural Livelihoods, Rajasthan, Traditional Medicine, Herbal Remedies, Ethnobotany.

1.1 Introduction

Traditional medicine plays a significant role in rural healthcare in Rajasthan, where modern medical facilities are limited. Pansaris, traditional herbal practitioners, utilize locally available medicinal plants to treat various ailments.

Apart from healthcare, Pansari practices contribute economically through herbal trade and community consultations. Understanding the healthcare and livelihood roles of Pansaris is crucial for preserving cultural heritage, sustaining local economies, and supporting rural healthcare.

1.2 Historical Background

Pansari practices in Rajasthan are rooted in Ayurveda, local folk medicine, and spiritual traditions. Knowledge was historically transmitted orally within families, focusing on plant identification, preparation, and administration.

Modern healthcare systems have influenced traditional practices, but Pansaris continue to serve as primary healthcare providers, especially in remote areas. The trade of medicinal plants has also emerged as a supplementary income source for rural households.

1.3 Review of Literature

Research highlights the dual role of Pansaris in healthcare and livelihoods:

The area under research work was studied by following botanists and time to time viz; first of all the Sekhawati region was touched from vegetational study point of view by Mulay and Ratnam (1950), Bikaner and pilani neighbourhood areas by joshi (1956 and 1958), vegetation of chirawa by Nair (1956), again Nair and Joshi for Pilani and neighbourhood

areas (1957), vegetation of harsh nath in aravalli's hills was studied by Nair and Nathawat (1957), vegetation of Jhunjhunu, Manderella and neighbourhood by Nair (1961), vegetation of ajit sagar dam by Nair and Kanodia (1959); Nair, Kandodia and Thomas (1961) studied the vegetation of Khetri town and neighbourhood areas and vegetation of Lohargal and it's neighbourhood areas of Sikar district by Nair and Malhotra (1961). After the work of Nair and Malhotra (1961), i.e. four decades ago. the area was again left for any sort of further research work in the field of applied Botany.

A significant, very authentic taxonomic work was contributed in the field of botany by Bhandari with the publication of a book Flora of the Indian desert (1990). From the field of applied phytogeography point of view. Charan gave a valuable contribution with a publication of a book on Plant Geography (1992). Bhattacharjee (2000) gave a very valuable authentic contribution through the publication of a book on Handbook of Medicinal Plants in which he presented the medicinal plants of Indian Sub-continental back ground with their coloured photographs also and Sharma (2007) gave a very valuable authentic contribution through the publication of a book on Medical Plant Geography. Sharma and Meena (2008): Documented medicinal plants and their applications in Rajasthan.

Joshi (2011): Examined socio-cultural and economic significance of Pansaris. Kumar et al. (2012): Investigated integration of traditional medicine with modern healthcare systems. Meena and Singh (2010): Studied the economic contributions of herbal trade in rural Rajasthan.

While prior research has addressed medicinal plant use and socio-cultural roles, limited studies focus on the combined impact on healthcare and livelihoods.

1.4 Objectives

1. To document the use of medicinal plants (Jadi Buti) by Pansaris for primary healthcare.
2. To analyze the socio-economic contribution of Pansari practices to rural livelihoods.
3. To examine preparation techniques, dosage, and administration methods.
4. To assess the cultural and healthcare relevance of Pansari practices.
5. To identify challenges and propose strategies for sustainable preservation and integration with modern healthcare.

1.5 Methodology

A mixed-methods approach was employed:

1. Ethnobotanical Surveys: Conducted in Sikar, Jhunjhunu, and Churu districts to document commonly used medicinal plants.
2. Structured Interviews: 60 Pansaris were interviewed regarding plant knowledge, preparation methods, socio-economic roles, and challenges.
3. Market Observation: Local herbal markets were surveyed to document pricing, availability, and consumer demand.
4. Botanical Identification: Collected specimens identified using botanical manuals and Ayurvedic references.
5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of plant usage frequency and economic contributions.

1.6 Study Area

Research was conducted in:

1. Sikar District: Semi-arid region with strong agricultural and Pansari traditions.
2. Jhunjhunu District: Rural region with cultural heritage linked to herbal practices.
3. Churu District: Desert region reliant on traditional medicine and herbal trade.

These areas represent diverse ecological, cultural, and economic contexts within Rajasthan.

1.7 Observations

1. Medicinal Plants: Over 65 plant species documented, including Aloe vera, Ashwagandha, Guduchi, Bael, Neem, and Haridra.
2. Preparation Methods: Decoctions, powders, pastes, herbal oils, and infusions.
3. Ailments Treated: Digestive disorders, respiratory ailments, skin conditions, fever, joint pain, and minor injuries.

4. Socio-Cultural Significance: Pansaris are respected for their healing expertise; knowledge is predominantly transmitted within families.

5. Economic Contribution: Herbal remedies support household income; Pansaris engage in local markets, fairs, and consultations.

1.8 Discussion

Pansari practices sustain both healthcare and rural livelihoods:

1. Healthcare Role: Provide accessible, affordable remedies where modern medical facilities are limited.
2. Cultural Significance: Traditional knowledge strengthens community identity and continuity.
3. Economic Impact: Herbal trade supplements income and supports rural economies.
4. Sustainability: Many Pansaris employ sustainable harvesting practices to maintain plant availability.

Challenges include declining interest among youth, reduced availability of medicinal plants, and competition from modern pharmaceuticals. Strategies for sustaining practices include knowledge documentation, youth training, policy support, and integration with modern healthcare.

1.9 Results

1. Documented 65 plus medicinal plants and their therapeutic applications.
2. Recorded traditional preparation techniques, dosage, and administration methods.
3. Highlighted socio-cultural, healthcare, and economic significance.
4. Identified challenges to sustainability and continuity.
5. Provided recommendations for policy, education, and research support.

1.10 Conclusion

Pansari practices and the use of Jadi Buti are essential for rural healthcare and livelihoods in Rajasthan. These practices combine ecological knowledge, cultural heritage, and practical healthcare solutions. Despite modernization, Pansaris continue to provide critical healthcare services and support rural economies. Preservation through documentation, education, sustainable harvesting, and policy support is vital to ensure the continuity and integration of these practices with modern healthcare systems.

1.11 Recommendations

1. Documentation: Systematic recording of medicinal plants, remedies, and preparation methods.
2. Youth Engagement: Encourage younger generations to learn and continue traditional practices.
3. Healthcare Integration: Collaborate with modern healthcare providers to validate and promote safe herbal remedies.

4. Policy Support: Recognize Pansaris as traditional healthcare practitioners and support sustainable harvesting.
5. Research: Conduct pharmacological studies to validate efficacy and safety of commonly used herbs.

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