

Preservation, Documentation, and Future Prospects of Pansari Practices and Jadi Buti in Rajasthan

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Abstract: Pansari practices based on Jadi Buti (medicinal plants) are a cornerstone of traditional healthcare in Rajasthan. This study examines the preservation of these practices, challenges faced in modern times, and prospects for the future. Ethnobotanical surveys, structured interviews with 60 Pansaris, and observations of local herbal markets were conducted in Jaipur, Jodhpur, and Churu districts. Findings indicate that modernization, urbanization, and increased reliance on allopathic medicine have created challenges such as knowledge erosion, plant scarcity, and reduced interest among youth. However, adaptation strategies such as commercialization, modern packaging, and integration with urban markets have enabled Pansaris to sustain their practices. Recommendations include systematic documentation, youth training programs, sustainable harvesting, research validation, and policy support for long-term preservation and integration with contemporary healthcare.

Keywords: Pansari, Jadi Buti, Traditional Medicine, Preservation, Documentation, Rural Healthcare, Rajasthan, Ethnobotany, Future Prospects.

1.1 Introduction

Traditional herbal medicine has played a vital role in the healthcare of rural Rajasthan for centuries. Pansaris are custodians of indigenous knowledge, preparing remedies from locally available medicinal plants to treat a variety of ailments.

Modernization and urbanization have altered healthcare practices, leading to challenges such as declining plant availability, knowledge erosion, and reduced youth engagement. Despite these challenges, Pansaris continue to adapt their practices to meet contemporary needs. Understanding the current status, preservation strategies, and future prospects of Pansari practices is critical for sustaining cultural heritage, rural healthcare, and biodiversity.

1.2 Historical Background

Pansari practices in Rajasthan are rooted in Ayurveda, local folk medicine, and spiritual traditions. Knowledge was traditionally transmitted orally through family lineages, focusing on plant identification, preparation, and dosage.

Over time, the introduction of modern medicine and pharmaceuticals led to shifts in healthcare patterns. Despite these changes, Pansaris have maintained relevance by adapting to modern requirements, including urban sales, packaged remedies, and incorporation of new plant species.

1.3 Review of Literature

Research on Pansari practices emphasizes plant documentation, socio-cultural importance, and economic contributions:

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 background 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 desert medicinal plants and traditional applications. Joshi (2011): Examined socio-cultural significance and knowledge transmission in Pansari families. Kumar et al. (2012): Studied integration of traditional medicine with modern healthcare systems. Choudhary and Singh (2014): Analyzed sustainable harvesting and conservation practices of medicinal plants.

Existing studies have addressed plant usage, socio-economic roles, and sustainability, but limited work focuses on future prospects and strategies for preserving Pansari practices in modern times.

1.4 Objectives

1. To document contemporary Pansari practices and the use of medicinal plants (Jadi Buti).
2. To analyze challenges faced by Pansaris in modern times.
3. To examine adaptation strategies employed to sustain traditional practices.
4. To evaluate socio-cultural, healthcare, and economic significance.
5. To propose recommendations for preservation, documentation, and future integration with modern healthcare systems.

1.5 Methodology

The study used a mixed-methods approach:

1. Ethnobotanical Surveys: Conducted in Jaipur, Jodhpur, and Churu districts to document commonly used medicinal plants.
2. Structured Interviews: 60 Pansaris were interviewed regarding plant knowledge, preparation techniques, challenges, and adaptation strategies.
3. Market Observation: Local herbal markets were observed to assess availability, pricing, and consumer demand.
4. Botanical Identification: Specimens were identified using standard botanical manuals and Ayurvedic references.
5. Data Analysis: Qualitative thematic analysis of interviews and observations; quantitative analysis of plant usage frequency, adaptation trends, and economic contributions.

1.6 Study Area

The research covered:

1. Jaipur District: Semi-urban areas where traditional practices coexist with modern healthcare.
2. Jodhpur District: Arid desert region with reliance on traditional herbal remedies.
3. Churu District: Rural desert areas with limited modern healthcare access and strong dependence on Pansari practices.

These districts represent ecological, cultural, and socio-economic diversity in Rajasthan.

1.7 Observations

1. Medicinal Plants: Over 65 species documented, including Aloe vera, Ashwagandha, Guduchi, Neem, Bael, Haridra, and Tulsi.
2. Preparation Methods: Decoctions, powders, pastes, herbal oils, and infusions.
3. Ailments Treated: Digestive disorders, respiratory issues, skin conditions, fever, joint pain, and minor injuries.
4. Socio-Cultural Significance: Pansaris are respected healers; knowledge transmission remains mainly within families.
5. Economic Contribution: Herbal remedies support household income; Pansaris sell in markets, fairs, and through home consultations.
6. Adaptation Strategies: Incorporation of new plant species, packaging for urban markets, participation in herbal fairs, and modern marketing methods.

1.8 Discussion

Pansari practices demonstrate resilience and adaptability in modern times:

1. Continuity: Traditional knowledge persists through family lineages and community respect.
2. Healthcare Relevance: Pansaris provide affordable, accessible remedies in rural and semi-urban areas.
3. Economic Role: Herbal trade supports livelihoods and rural economies.
4. Sustainability: Sustainable harvesting and conservation practices are employed to maintain plant availability.
5. Modern Adaptation: Urban markets, packaging, and incorporation of new plants ensure relevance in contemporary settings.

Challenges include knowledge erosion among younger generations, reduced plant availability, competition with modern pharmaceuticals, and limited formal recognition. Future prospects depend on systematic documentation, youth training, sustainable harvesting, research validation, and policy support.

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 modern challenges and adaptation strategies.
5. Provided recommendations for preservation, documentation, and future integration with modern healthcare systems.

1.10 Conclusion

Pansari practices and the use of Jadi Buti remain essential to rural healthcare, cultural identity, and livelihoods in Rajasthan. Despite modernization, Pansaris continue to provide practical

healthcare solutions and contribute economically. Preservation through documentation, youth engagement, sustainable harvesting, research validation, and policy support is critical to ensure the continuity, sustainability, and integration of these practices into contemporary healthcare frameworks.

1.11 Recommendations

1. Documentation: Systematic recording of medicinal plants, remedies, preparation methods, and dosage.
2. Youth Training Programs: Encourage younger generations to learn traditional herbal practices.
3. Healthcare Integration: Collaborate with modern healthcare providers to validate and promote safe herbal remedies.
4. Sustainable Harvesting: Implement conservation strategies to maintain medicinal plant availability.
5. Research Validation: Conduct pharmacological studies to confirm safety and efficacy of commonly used herbs.
6. Policy Support: Recognize Pansaris as traditional healthcare practitioners and support their practices through legislation and programs.

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