

“STUDY OF ETHNOMEDICINAL PLANS OF SHEKHAWATI REGION RAJASTHAN”

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ABSTRACT

The Shekhawati area encompasses the Jhunjhunu and Sikar districts within the state of Rajasthan. The Shekhawati area in Rajasthan, India, is renowned for its old medical traditions and distinguished cultural heritage. This brief presents an overview of the abundant ethnobotanical resources of Shekhawati, focusing on the traditional medicinal plants that the local communities have depended on for many years. The predominant tribes are Bhils, Garasia, Saharia, Meena, Damor, Patelia, Kanjar, Gadolia Luhar, and others. These tribes continue to choose traditional medicines for their domestic cures. The following tree species have been chosen for this research: *Ailanthus excelsa*, *Albizia lebbeck* Willd., *Balanites aegyptiaca*, *Bauhinia variegata*, *Butea monosperma*, *Crataeva nurvala* Buch-Ham, *Dalbergia sissoo*, *Maytenus emarginata*, *Salvadora persica*, *Tecomella undulata*. These tree species have been shown to possess significant potential for use in the development of pharmaceuticals and pharmaceutical products. The current study aims to raise knowledge about the ethnomedicinal significance of plants and their applications.

Keywords: Plants, Medicinal, Region, Therapeutic, Ethnobotanical.

I. INTRODUCTION

In Rajasthan there are 33 districts, 244 tehsils and 44981 villages (census 2011). Rajasthan is divided into 9 region- Marwar, Mewar, Hadoti, Dhundhar, Shekhawati, Vagad, Mewat, Gorwar and Ajmer state which are equally rich in its heritage and artistic contribution. Shekhawati is a semi-arid historical area situated in the northeastern portion of Rajasthan. The area is named after Maha Rao Shekha Ji, a valiant and heroic member of the Shekhawati Rajput tribe, who established his authority in the 15th century. Since then, the region has been known as Shekhawati,

which translates to "The garden of Rao Shekha." Following the reign of Maha Rao Shekha Ji, his descendants have continued to uphold and promote many types of art and culture on the land for generations up to the present day. For the present research work, Shekhawati region have been selected. Shekhawati is painted land of Rajput arts and culture. Shekhawati covered by these two districts are Jhunjhunu and sikar having 6 tehsils. Shekhawati region having total number of 2129 villages. Based on the works of Sharma (1971) and Sharma (1970), the Shekhawati area is defined as consisting of just two districts, Sikar and Jhunjhunu, when considering administrative and topographical factors.

The predominant religious groups in this area include Hindus, Muslims, and Jains. Hindus are categorized into varnas. The first varna is Brahmin. Brahmins are further categorized into other social groupings such as Gujar, Gaur, Gaur Dadhich, Khandelwal, Pareek, Dayma, etc. The second varna is Kshatriya, namely the Rajput caste. Rajputs are further split into many social divisions such as Shekhawat, Chauhan, Rathod, Bhati, and Tanwar. The third varna is Vaisya, which is further split into Agarwal, Maheshwari, and Jain subgroups within the Mahajan community. The fourth varna is Shudra, and this area also includes other social groups like as Jats, Gujar, Ahirs, and Meena. There are several occupational social groups or castes such as Sunar (Goldsmith), Khatis (carpenter), Lohar (Blacksmith), Nai (Barber), Rangrez (dyers), Teli (oilman), Tamboli (Betel vendors), Lakhera (Bangle maker), Raibaris (Sheep or Camel keepers), and so on. Within this context, the Muslim community is categorized into several groups such as Kayamkhanis, Pathans, Sayyads, and Shaikhs.

In the Shekhawati area, there has been a longstanding presence of tribes with a population of 7% or less for generations. The predominant tribes are Meena, Dhanka, and Naika, while the nomadic tribes include of Gadiya Luhar, Banjara, Kanjar, Sansi, Bhat, Nut, Bauri, and Bagri. The indigenous people of the Shekhawati area include Khatik, Balai, Nayak, Thori, Bhangi, Megh, Meghwal, Dhankia, Kanjar, Sansi, Bawaria, Nut, Gavaria, Kamad, Mehar, Bhand, Dome, Madari, Bazigar, Rawal, Korla, Bairwa, and Koli or Kori.

Shekhawati is a distinct biological setting with semi-arid climate, limited vegetation, and seasonal fluctuations. It spans the districts of Sikar, Jhunjhunu, and Churu. In spite of all the difficulties, the area is home to an incredible variety of plant species, many of which the native people have used medicinally for generations. Shekhawati ethnomedicinal knowledge is more than just a book of remedies; it is a vibrant tradition that captures the essence of humanity's interdependent relationship with nature. A great appreciation for nature and an awareness of its curative capabilities are fundamental to Shekhawati ethnobotanical tradition. When it comes to medical care, the locals of this area have long depended on traditional knowledge, folklore, and first-hand experience. Plants in Shekhawati have long been relied upon by locals for respite from the dry summer heat and bitter winter cold.

The Aloe vera plant, which is locally known as "ghritkumari" in Shekhawati, is one of the most famous ethnomedicinal plants in the region. A traditional treatment for skin diseases, sunburns, and stomach disorders, this succulent plant is adored for its cooling and moisturizing powers, thanks to its fleshy leaves loaded with a gel-like substance. The Neem tree, also known as *Azadirachta indica*, is highly esteemed in the traditional medicine of Shekhawati. Because of its antimicrobial, antifungal, and antiviral characteristics, the Neem tree is used for a variety of purposes, including treating skin infections, diabetes, and tooth problems.

Apart from these famous botanical wonders, Shekhawati is home to a multitude of lesser-known medicinal plants, each with its own distinct medical properties. Shekhawati is home to a diverse ethnomedicinal flora that reflects the rich cultural tapestry of its people. This flora includes bitter melon (Karela) and aromatic holy basil (Tulsi), as well as the humble drumstick (Drumstick) and fragrant sandalwood. Nevertheless, there are many obstacles in the present period that threaten the ethnobotanical legacy of Shekhawati. The resources that traditional medicine relies on are under jeopardy due to quick urbanization, intensification of agriculture, and climate change, all of which disturb the fragile equilibrium between humans and the natural world. It is concerning that younger generations are gravitating towards modern healthcare techniques, which could lead to the loss of priceless wisdom and information that has been collected over many decades.

II. REVIEW OF RELATED STUDIES

Soni, Saloni & Pareek, Aparna. (2022). Many different substances, called phytoconstituents or bioactive components, make up plants. These ingredients find extensive application in pharmaceutical formulations as a result of their medicinal potential. Still, the idea of using plants for therapeutic purposes as a means of combating illness is age-old. Various ailments were treated with crude plant extracts, pastes, and decoctions in the old medical system. The availability of modern technology, however, has made it much simpler to employ plants as therapeutics. In this post, we'll take a look at the bioactive components of some of Rajasthan's ethnomedicinal plants and how they've been used to treat conditions including diabetes, cancer, heart disease, microbial infections, and more.

Singha, Partha et al., (2022) Since the beginning of time, infectious illnesses have posed a hazard to humankind. At this very moment, there is a deadly viral pandemic sweeping the entire globe, and no known cure for it. The death toll from viral illnesses is exacerbated by the absence of effective antiviral medications. Some examples of very contagious and possibly catastrophic diseases are HIV/AIDS, COVID-19, Influenza, Ebola, Zika, Dengue, and others. While vaccines have helped bring some viral illnesses under control—such as polio myelitis—others, like HIV/AIDS, continue to evade treatment owing to a lack of efficient antiviral medication and the difficulty in creating targeted vaccines. Unfortunately, some of the currently used traditional antiviral medications have serious drawbacks and aren't very effective. In contrast, antiviral medications derived from plants are generally considered to be more effective and safer than other options. Vasaka, or *Adhatoda vasika*, is a widespread plant that grows all over the Indian subcontinent and the nations that border it. Its antiviral properties have been recognized in Ayurveda and traditional medicine for a very long time. It has been found that phytochemicals extracted from this plant may have antioxidant, anti-inflammatory, anti-cancer, anti-fungal, cardioprotective, hepatoprotective, and antidiabetic properties. As a common folk remedy, vasaka is most often used to treat respiratory infections like the common cold and cough.

Soni, Saloni et al., (2023) Research into natural sources for the development of novel medications is necessary in light of the growing problem of drug-resistant bacteria. Herbal remedies derived from plants have a long history of use. Native Americans traditionally treated illness by consuming crude extracts from plants. In spite of the fact that several sectors advocate for the use of plant-based substances in pharmaceutical formulation, additional research is necessary to combat emerging diseases and drug-resistant bacteria. In addition to this, the survey of ethnomedicinal plants is crucial for the preservation of endangered and threatened species. The primary objective of this research is to study the ethnomedicinal plants found in the Shakambhari hills in the Shekhawati area. The preservation of rare and endangered species depends on this. Additional research into the active components of these ethnomedicinal plants could lead to the development of novel antimicrobials. The present study mentions 35 ethnomedicinal plants from the Shakambhari region, representing 22 different families.

Kumari, Vinod & Jain, Shuchita. (2018). The dry and semi-arid areas of the Harshnath hills Sikar district were the subjects of a botanical study that aimed to identify potential medicinal plants. These plant species have multiple practical uses for the local and indigenous inhabitants of the region. Conversations with locals who use traditional medicine for healing provided the data. The investigation found 105 species of ethnobotanical plants, representing 49 different families. This is a comprehensive list of all the plant species, along with the specific plant parts utilized, and how they are administered.

Kapoor, B.B. & Kumar, Sunil. (2013). The Barmer district, which is located in the Thar Desert, is home to an abundance of medicinal plants. There is a lot of promise for the medicinal and pharmacological uses of the plants native to this area. Traditional healers, vendors, and members of indigenous communities have relied on these plants for medicinal purposes for a very long time. This includes Ojhas, Bhagats Bhopas, and other specialists in the Ayurvedic tradition. The inhabitants of this district possess an extensive understanding of traditional medicines derived from plants. These communities consist of the Kalbelia, Nats, Bhils, Raika, Bhopas, Banjara, Gadolia-Lohar Langa, and Manganiars. *Aristolochia bracteolata* Lamk.,

Calligonum polygonoides Linn., Cardiospermum halicacabum Linn., Clerodendrum phlomoidis Linn., Evolvulus alsinoides Linn., Grewia tenax (Forsk.) Fiori., Maytenus emarginata (Willd.) and other ethnomedicinal plants, including Hau Ding and Cerviana Mollugo (Linn.), are part of my research. I am Seringe. The plants used for this research include Pganum harmala Linn., Neurada procumbens Linn., Ocimum americanum Linn., Pergularia daemia (Forsk) Chiov., Portulaca oleracea Linn., Sarcostemma acidum (Roxb.) Voigt., and Trianthea portulacastrum Linn. The study's findings will be of interest to pharmacologists, phytochemists, and pharmaceutical businesses as it will enhance understanding of the ethnomedicinal value and applications of these plants.

Kapoor, B.B.S. & Lakhera, Swati. (2013). The Jodhpur region, situated in the Thar Desert, is rich in a wide variety of medicinal plants. The pharmaceutical and medicine industries might potentially get significant advantages from the cultivation of medicinal plants in this region. For an extensive duration, traditional healers, sellers, and individuals from indigenous communities have depended on these plants for their therapeutic properties. This encompasses Ojhas, Bhagats Bhopas, and other experts in the Ayurvedic lineage. The Kalbelia, Nats, Bhils, Raika, Bhopas, Banjara, Gadolia-Lohar, Saharia, and Meena communities in this region possess profound knowledge in the field of traditional herbal medicine. The research selected 10 ethnomedicinal plants, namely Cleome gynandra, Cassia angustifolia, Echinops echinatus, Leucas aspera, Mimosa hamata, Moringa oleifera, Pedalium, Peganum harmala, Sida cordifolia, and Clerodendrum phlomoidis. The study's findings will be of interest to pharmacologists, phytochemists, and pharmaceutical businesses as it will enhance understanding of the ethnomedicinal value and applications of these plants.

Upadhyay, Bhuvaneshwar, and Pal, Singh (2011). This research aimed to assess the informant consensus factor (ICF) in relation to the usage of medicinal plants and to identify the primary species used for ethno-veterinary medicine in the Sariska area of Rajasthan, India. The research also attempted to determine methods for creating different formulations of ethno-veterinary medication. A study was undertaken by researchers in the Sariska area of India, focusing on ethno-veterinary practices. A total of 490 informants, consisting of 287 men and 203 women, were questioned using the

'specimen display' technique and the woodland walk method. Most of these people were from families with deep connections to the local animal husbandry enterprises. The ICF score of 0.61 indicates that digestive difficulties, including indigestion, diarrhea, intestinal worms, stomach diseases, liver enlargement, and stomach discomfort, were the most prevalent. The maximum utilization value (UV) for *Citrullus colocynthis* is 0.62, indicating its efficacy in treating fever and general sickness. The UV value of *Pedaliium murex* and *Ziziphus nummularia*, which are both useful for treating diarrhea, is 0.57. On the contrary, *Azadirachta indica* has a UV value of 0.51 and is used as an antiseptic for foot and mouth illness as well as disease prevention. This documentation will not only bring recognition to this previously unrecorded knowledge, but it will also help preserve these important ethno-veterinary species, which are becoming more and more rare. This is due to the new information it has uncovered about this valuable traditional ethno-medicinal knowledge. In addition, there will be new pharmaceutical advancements that will enhance the treatment of many disorders, leading to improved human health outcomes.

Swarnkar, Shweta, and Katewa, S. (2010). This article provides a comprehensive account of 42 tuberous plants that are of great importance in the field of ethnobotany and are specifically found in the Aravalli hills of Rajasthan. The primary tribes inhabiting the study area are Bhil, Meena, Garasia, Damor, and Kathodi. The indigenous tribes get several practical benefits from the tuberous plants. The indigenous inhabitants of this region attribute their excellent health, vitality, and longevity to these untamed tuberous plants. Numerous tuberous plants are now scarce, imperiled, or at risk of extinction as a result of environmental changes and a deficiency of knowledge on their conservation. There is now undeniable evidence that certain plant species will die if they are not given sufficient care. Hence, it is crucial to recognize and harness the potential of these starchy plants and create a comprehensive database by documenting the indigenous knowledge preserved by the tribes. When examining tuberous plants from an ethnobotanical standpoint, it is crucial to consider their scientific name, classification, indigenous name, periods of flowering and fruiting, ecological characteristics, and practical use.

III. RESEARCH METHODOLOGY

This essential information was collected and documented during many field excursions conducted in the communities of the Shekhawati area. Interviews were carried out with knowledgeable individuals from tribal, nomadic, and indigenous communities who hold ancestral wisdom about plants of ethnomedicinal significance. Multiple inquiries and collective deliberation were conducted to verify the accuracy of the facts on the use of the same facility.

IV. RESULTS AND DISCUSSION

Various less well-known medical uses of plants were the exclusive focus of this report. There were a lot of plants recorded, but only 50 species were chosen. By conducting thorough scientific analyses of these plants, potentially useful and intriguing information might be uncovered. Of the fifty species of ethnomedicinal plants that have been documented, fourteen have the ability to alleviate skin conditions and related difficulties, twelve to sexual dysfunction and related issues, and four to other systems of the body. Table 1 lists some of the many diseases and disorders that other ethnomedicinal plants found in the Shekhawati region can cure.

Table 1—Quantities of botanical specimens used for therapeutic purposes across various categories of illnesses

S No	Ailments	No of plant species
1	Antidote to snake bite	2
2	Cardiovascular and circulatory diseases	2
3	ENT problems and dental care	7
4	Fever	1
5	Fractured bone	2
6	Gastro-intestinal problems	8
7	Genito-urinary ailments	12
8	Liver complaint and diabetes	8
9	Ophthalmic ailments	4
10	Respiratory tract infection	10
11	Sexual diseases and related ailments	12
12	Skin diseases and related ailments	14
13	Swelling, sprains, rheumatism & dropsy	9
14	Veterinary diseases	3

These include issues pertaining to the respiratory system, digestive system, diabetes, liver, urinary system, animal bites, parasites, rheumatism, eyes, ears, teeth, and several other conditions. Several prevalent illnesses may be mitigated by the use of certain botanical remedies. The investigation indicates that the flora in the Shekhawati area has a wide range of medicinal plants that may be used to treat various human illnesses. The healthcare system in the state of Rajasthan benefits from the abundance of medicinal plants in this area. The Shekhawati area offers many opportunities for the inhabitants to generate a consistent flow of income, owing to the plentiful presence of medicinal plant species that may be economically used. Local residents have expressed concerns about the illicit and unregulated exploitation of various commercially significant species, including *Asparagus racemosus* Willd., *Citrullus colocynthis* (L.) Schard., *Pedaliium murex* Linn., *Sida ovata* Forssk., *Solanum surattense* Burm. f., *Withania somnifera* (L.) Dunal, and others. The investigation identified many rare plant species, such as *Calligonum polygonoides*, Linn., *Sarcostema viminale* (L.) R. Br., *Tecomella undulata* (Sm.) Seem., and others. However, in the past, inhabitants of the area observed their extensive occurrence in various locations. The survival of these species is in risk due to overexploitation. It is essential to conserve and use them in a sustainable manner without delay.

This document provides concise definitions of some significant ethno-medicinal plants, including their botanical names, local names, family classification, and ethno-medicinal use. The user did not provide any text.

1. *Dalbergia sissoo*

Family: Fabaceae

Local Name: Sishum, Talli

Ethno-medicinal Uses:

- The Meena and Bhil tribes use leaf infusion as a gargle to treat throat infections.

- The powdered bark of the stem is used as a treatment for youngsters afflicted with pneumonia. The infusion of foliage is used for the treatment of gonorrhoea.
- Tribals orally consume a paste made from leaves as a remedy for diabetes.
- This substance is used for the treatment of blemishes, eruptions, and skin ailments.
- It exhibits anti-inflammatory properties.
- It is used as a febrifuge and painkiller.
- It is used as a massage technique using a wooden spine to treat paralysis. Additionally, it is administered orally twice a day for a duration of 2-3 days.

2. *Butea monosperma*

Family: Fabaceae.

Local Name: Dhak, Palas, Chhola, Kesu, Kesuda, Kesudo, Khankhera, Khankhro, Khakra, Kamarkas

Ethno-medicinal Uses:

- Tribals provide the seed powder to their livestock as a vermifuge and apply it physically with olive oil as a potent rubefacient.
- The Meena tribes use the extract of flowers as a cooling agent and apply the abstract of flowers to swollen areas.
- The seeds of this plant are used as a vermicide in humans.
- In the Shekhawati area, the indigenous population administers floral extract baths to those affected by polio.
- The tribal society uses the powdered seeds as a contraceptive method for women.
- Orally consuming the infusion of stem bark is said to be beneficial in alleviating stomach discomfort, bodily ache, and diarrhea.
- The indigenous group use it as animal feed.
- Additionally, they administer the stem bark paste to treat injuries and scorpion stings.

- It has diuretic, astringent, and anthelmintic properties.
- It is used for the treatment of eczema and ocular ailments.
- Additionally, it is used for the treatment of epilepsy.
- A mixture of fried gum and perspiration is administered to women suffering from leucorrhoea.
- Tribals use a 25% solution of bark extract twice daily for a duration of two days to treat dysentery.
- Tribal women often use bark abstract to control excessive bleeding post-delivery.
- It functions as a blood sterilizer.
- The indigenous women of the Shekhawati area utilize flower buds as a preventive measure.
- The powdered stem bark is used as a remedy for kidney stone issues and anemia.
- The tribes consume a paste made from seeds orally, along with fresh cow milk, every morning over a period of 20 days to treat asthma.

3. *Albizia lebbek*

Family: Mimosaceae

Local Name: Sares

Ethno-medicinal Uses:

- Various parts of the plant, including the stem bark, leaves, and seeds, are used in the production of herbal remedies.
- Seeds paste is topically placed on hemorrhoids due to its astringent quality.
- It is used as an anti-diarrheal agent.
- It is used as a tonic.
- The powdered bark of the root is used to fortify the gums.
- The leaves are used for the treatment of ocular ailments.
- The pods and seeds have medicinal properties that may help manage diabetes.

- A decoction made from the flowers and leaves is used to treat bleeding gums and chronic pharyngitis.
- The Meena tribes residing in the Shekhawati area use a method of crushing the stem bark on a stone and then applying the resulting paste into boils, pimples, and wounds.
- Stem bark paste is ingested as a remedy for ulcers.
- The oil seeds are locally administered for the treatment of leucoderma.

4. Maytenus emarginata

Family: Celastraceae

Local Name: Kankero, Vikankata

Ethno-medicinal Uses:

- The ashes of leaves mixed with clarified butter, known as 'Ghee', are used for the treatment of abscesses and wounds.
- The bark is pulverized into a paste and then combined with oil to eliminate pediculi.
- Tribals use a decoction of plants together with black pepper to cure pneumonia and cold fever.
- The local ayurvedic practitioner prescribes seed oil as a remedy for scabies, eczema, and allergies.
- The leaves are ingested to heal oral ulcers and alleviate constipation. Fruits are consumed for the purpose of blood purification.
- Fruit paste is used for its anti-zoonotic properties.
- Stem bark paste mixed with vegetable oil is used topically to eradicate lice from the hair.

- The user's text is a bullet point. It is used as an anti-arthritic and anti-rheumatic agent.
- The user's text is a bullet point. It is used for the treatment of renal disorders. It has anti-cancer properties. It serves as an antioxidant. It serves as a stimulant and tonic.

5. *Ailanthus excelsa*

Family: Simaroubaceae

Local Name: Vilayati neem, Motio-Aduso, Ardu, Arru, Churan, Aldua-bhoot-jhad, Papri Tree of Heaven.

Ethno-medicinal Uses:

- The indigenous inhabitants of the Shekhawati area use the infusion derived from leaves and stem bark to cure skin eruptions.
- The Bhopas group employs the leaves in Jhadafuuk rites for their strong and distinctive smell in magico-religious practices.
- The stem bark is boiled and the inhalation of water vapors is used to cure cough and cold.
- It is used to address weakness after childbirth.
- The stem bark is used as an antidote for snake bites.
- Bark is used for the management of epilepsy and cardiovascular illnesses.
- It is used to alleviate symptoms associated with dyspeptic conditions.
- This medication is used for the management of chronic bronchitis and asthma.
- Bark extract is administered to animals with flatulence using a tube.
- Animals are given a bark extract twice daily for three days to treat asthma, bronchitis, and pneumonia.
- Patients with chronic low fever are given a decoction made from roots.
- The stem-bark decoction is administered to cows with stomach swelling and to humans for 2-3 days to cure dropsy and remove guineaworms.

- The tribals use crushed roots soaked in butter-milk to bathe patients suffering from scabies. The patient is permitted to bask in the sunshine for a minimum of 2 hours after bathing.
- Antivenom is administered by combining powdered bark with half a cup of yogurt.
- The indigenous people use bark extract as a remedy for pneumonia and bronchitis.

6. *Balanites aegyptiaca*

Family: Balanitaceae

Local Name: Hingota, Hingorni

Ethno-medicinal Uses:

- The leaves of this plant are used as a purgative and anthelmintic.
- Women consume the powdered mature fruits as a contraceptive measure.
- In the Shekhawati area, the indigenous people and rural communities use the extract of fruits to treat whooping cough and leukoderma.
- The Garasia tribals provide stem-bark powder to their livestock as a means of eliminating intestinal parasites.
- The Saharia tribes use the process of burning the outer layer of ripe fruits, followed by grinding the resulting pulp into a fine powder. This powder is then combined with cow milk to create a paste, which is applied to the affected area for duration of 3-4 days.
- Researchers have shown that roots and fruits contain a significant amount of "Diosgenin," a kind of sapogenin that is widely employed in the manufacturing of pharmaceutical steroids and oral contraceptives.
- Seed oil is used as a treatment for sleeping sickness and as a laxative.
- The Bhil tribes use seed-kernels as a remedy for diarrhea and liver enlargement.
- The Bhil tribes use the usage of roots for the treatment of guinea-worm illness.
- It is also used as an antidote for snake bites.

- The Meena culture uses a herbal wash made from extracts of roots and leaves as an antibacterial.
- A solution made from powdered leaves is used to wash hair and eliminate lice infestations.
- Tribes use powdered seeds as a remedy for alleviating sciatica pain.

7. *Tinospora cordifolia*

Family name: Menispermaceae

Local name: Neem giloy

Ethno-medicinal use:

- The infusion of plant components, chirayata and Pithpapra (*Elytraria acculis*), is used for rapid alleviation of fever, arthritis, headache, and pilia illness.

8. *Withania somnifera*

Family name: Solanaceae shrub

Local name- Padalsi

Ethno-medicinal use:

- It is used for alleviating pain in both humans and animals.

9. *Citrullus colocynthis*

Family name: Cucurbitaceae

Local name: Gurtumba

Ethno-medicinal use:

- As camel food

- Dry fruit powder is used for treating stomach issues in both humans and animals, while dry root is employed for curing diabetes.

10. *Aerva persica*

Family name: Amaranthaceous

Local name: Bui

Ethno-medicinal use:

- The white flower is used for treating burns on the body.
- To prepare pillow.
- Its use as religious purpose in tribal community.
- In agriculture farmers used in protection of soil erosion during irrigation.

V. CONCLUSION

The Shekhawati area of Rajasthan has a substantial abundance of medicinal plants. These plants are highly esteemed for their use in ethno-medicine and herbal cures, as well as for their use in food, fodder, agricultural tools, cooking utensils, socio-economic activities, gums and resins, colors, essential oils, fatty oils, condiments, and spices. It is crucial to raise knowledge among the whole community, especially farmers, about the medical and economic benefits of these plants. This will ensure that their cultural legacy is used responsibly while also being preserved and perpetuated. These investigations on ethnomedicinal features will be valuable for future study in the fields of phytochemistry, pharmaceutical chemical, and pharmacology.

Traditional medicine practitioners in Shekhawati have long used local plants and herbs to treat a variety of illnesses. An approach to healing that takes into account the whole person—mental, spiritual, and physical—is at the heart of the ethnomedicinal knowledge of this region. This information is based on long-held cultural beliefs, spiritual practices, and empirical findings.

People in Shekhawati have a strong affinity with nature, which is reflected in their ethnomedicinal traditions. The local flora and fauna are known to traditional healers, or vaidyas or bhagats, and they often use astrology, folklore, and mysticism in their healing rituals. The significance of sustainability and conservation in ethnomedicinal practices is highlighted by their connectivity with nature. These techniques rely on biodiversity, which can only be maintained by preserving natural environments.

There is a lot of room for scientific investigation and validation in the Shekhawati ethnomedicinal knowledge, which is important for both cultural and historical reasons. The pharmacological activities of bioactive molecules present in many plants and traditional medicines have opened exciting new possibilities for the pharmaceutical industry. Researchers can learn more about the medicinal properties of these ethnomedicinal plants in a way that is respectful of their cultural origins by combining traditional wisdom with modern scientific understanding. But there are a lot of problems with current times that make it hard for Shekhawati's ethnomedicinal expertise to be passed forward. Traditional healing techniques and the ecosystems that sustain them are under danger of extinction due to fast urbanization, environmental deterioration, and socioeconomic changes. Indigenous peoples' marginalization and traditional healers' lack of respect also work against efforts to preserve and resuscitate ethnomedicinal knowledge.

As a conclusion, the ethnomedicinal plans of Rajasthan's Shekhawati region are an invaluable archive of age-old knowledge and healing techniques. Both human health and cultural diversity can be enhanced when we acknowledge the cultural importance and scientific promise of ethnomedicine and work to maintain, revive, and incorporate these priceless traditions into the larger framework of healthcare.

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