



DSPACE

<https://dspace.org/>

Between traditions: architecture as a mediator between medicinal differences

Aftab, Brira Sultan

2016

<http://hdl.handle.net/10539/22039>

Aftab, Brira (2016) Between traditions: architecture as a mediator between medicinal differences, University of Witwatersrand, Johannesburg, < <http://wiredspace.wits.ac.za/handle/10539/22039>>

[Be]TWEEN TRADITIONS

ARCHITECTURE AS A MEDIATOR BETWEEN MEDICINAL DIFFERENCES

Briira Aftab (445493)

Indigenous medicine has existed in society for centuries. It is one of the few age old practices that has remained an innate part of our socio-cultural environment. African indigenous healing is an important component of African culture and is significant in ensuring both well-being and health of the people. The World Health Organization statistics shows that at least 70% -80% of the population have used indigenous medicine in South Africa. Indigenous medicine often carries stigmas and negative perceptions. Countless misconceptions and misunderstandings are experienced by indigenous medicine and indigenous medicinal practitioners that have contributed to their isolation.

The intention of this thesis is to explore the co-existence of different medical and health systems through a place of dialogue and education. The study focuses on creating an interface between conventional and local indigenous health systems. Through spaces of collaboration, well-being and knowledge, a connection can be established between the two systems which could essentially promote an interaction and understanding. Through an exploration of the primary theme of "the self and the other" and a secondary theme of holistic well-being.

An intricate theoretical framework can be established within the thesis that contributes to both the design development and practicality of the proposal. By further studying literature that pertains to the themes and by interviewing people within both fields will allow for the profound understanding of both forms of medicine. The role of architecture as a social instigator for the de-stigmatization of indigenous medicine and holistic well-being will also be explored, with reference to perception as an awareness tool.

The architectural response to the thesis is a collaborative facility at Chris Hani Baragwanath Hospital that will look at cooperation, education and research with indigenous practitioners, doctors and the public. The will create an opportunity to link the two medicinal systems together and encourage interaction and understanding between the two. It will further place importance on indigenous systems and knowledge that could potentially be used to treat patients universally. Indigenous medicine practitioners will also be housed within the facility to offer an alternative to the conventional system. Thus ideally creating a place where there is dialogue, transformation and appreciation for indigenous knowledge systems.

