TRADITIONAL MEDICINE CENTRE OGBUNIKE: "AN ARCHITECTURAL CONTROLLED THERAPEUTIC ENVIRONMENT"

BY

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DECLARATION

I IREDU, N.J. solemnly declare that this thesis is my authentic research work on Traditional Medicine Centre, under the supervision of Arc. Mr. Abdulkarim Massaud. All sources of information are acknowledged in the bibliography at the end of the thesis.

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DEDICATION

"TO ALL MEMBERS OF MY FAMILY, FOR
THEIR IMMENSE SUPPORT"

ACKNOWLEDGEMENT

My sincerest thanks to my entire family members for their immense moral and financial support through out my stay in the University.

To my closest companions Daniel Madusolumuo and Maureen Okenkpu for making my stay in Ahmadu Bello University, Zaria a very memorable one.

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And finally but most graciously, to God almighty for the life and wisdom. Glory be to your name.

THESIS ABSTRACT

Architecture plays a vital role in all professions, not only in providing a cenucive Physical enviroment within which the practice of such professions are carried out but also in arresting the psychological enviroment which affects the perception and responses of the people concerned.

Site selection is an important aspect in proposing for the sick patients, since a wrong site choice would hamper successful medical result, therefore the author has taken care in selecting "OGBUNIKE CAVE" in Anambra State. The Cave posses some healing potentialities which have not been fully exploited because there has been an attempt by the people to break away from it. Presently people have converted the place to serve all sorts of purpose, spiritualists go there to pray, the dripping water from the roof top of the cave is claimed by the people to be holy and healing water, roots of trees and herbs within and arround the cave are also claimed to to have healing ingredients.

In view of these potentialities, this thesis has as its primary of aim providing for those sick patients of the centre, especially the susceptible mental instability ones a friendly and soothing enviroment intended at **suppress**irgtheir illness. Emphasis shall be placed on providing an architecturally controlled, therapeutic environment by utilizing the physical features of the cave enviroment and interpolating the structures into the ruggedness of the site. An attempt towards the natural conservation and preservation of the

cave tunnels will also be made to provide an environment which will carter for the three units of the centre (the Healing Unit, Research. Unit and training Unit),

It's my belief that by the completion of the thesis project, the efforts of the Nigeria Association of Medical herbalists, African traditional medical association and the Federal Government towards the standardization of the role of traditional medicine in developing health care service in Nigeria would have been further propagated.

FORWARD

The double orientation of research that is mirrowed in this thesis report is based on the studies of the patients and practitioners of traditional medicine in Anambra State of Nigeria.

It portrays the different trends in the rural sector, towns and the capital city - Enugu. To ensure that the data were representative, efforts endeavoured towards the study of different categories of healers in proportion to the importance accorded them by the local people in each area was made. It is believed that the areas covered in the research are sufficiently diverse both culturally, socially and ecologically to enable a good generalisation of the state situation.

The knowledge gained from this study is believed to be an important contribution to the national inquiry into traditional medicine and their potentials in up grading the formal health system. The impetus for this thesis research has come from the efforts of the federal government and others who recognise the need for health care improvement in the country.

PREFACE

"Traditional Medicine Centre"is the topic for this thesis which can be described as a centre where the total combination of knowledge and practice whether explicable or not, is used in diagnosing, preventing or eliminating a physical, mental or social disease and which may rely exclusively on past experience and observation handed down from generation to generation either verbally or in writing while bearing in mind the original concept of nature which includes the material world, the sociological enviroment, whether living or dead and the metaphysical forces of the universe. This definition of traditional medicine is sometimes confused with juju which is a kind of traditional medicine which includes some supernatural or magical implication, for example voo-doo.

The practice of traditional medicine generall varies from the highly organised and long established Chinese and Ayurvedic forms to the largely herbalistic type common in West Africa, fro.. time immemorial, the Africans have relied on traditional medical practice for prophylactic and curative purposes. Traditional medicine practitioners include bone setters, traditional birth attendants, traditional psychiatrists and spiritual healers. The choice of plants, animals or mineral materials by the early man for his therapeutic needs was certainly not based on the knowledge of the constituents of these materials. It was probably influenced by mystical and religious rituals, which he indulged in. It is likely that if a particular material was used and found effective,

it would be used again and hence by trial and error, the early man identified beneficial plants. The experience was then passed on to the next generation.

It is worth mentioning here, that the motivation for this thesis has come from the urge to upgrade the practice of traditional medicine by the the African chapter of the world health organization which resolved on its twenty - eight world assembly on health develope in 1975 at Zaire that the national policies on health of its member states should focus on integrating traditional medicine and its role in the development of health care services in Africa.

It is interesting that at this mement, eleven years after the convention in Zaire there is no existing government owned traditional medicine hospital or any outstanding research policy on traditional medicine by the government of Nigeria.

The author therefore views it necessary to give this contribution towards the preservation and development of our traditional medcinal heritage.

My architectural contribution to the preservation and development of traditiona medicine is centred on the psychology of the structured environment on traditional therapeutic system. The enviroment for the traditional medicine has to be planned to give a relieving and therapeutic condition for the users.

> "Architecture is an important part of man's environment and he creats it himself. Buildings not only provide an immediate solution for his needs but also reflect his culture and aspirations. In most cultures, buildings

last more than one generation and therefore the architecture of one generation will affect the next. During recent decades psychiattry in particular has become more concerned with the influence of social factors on psychiatric patients and among social factors, architecture must be included" (Baker, 1959)

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RESEARCH METHODOLOGY

To accomplish the ultimate objective of creating a therapeutic enviroment for the traditional medical practitioners, their patients and researchers on traditional medicine, it became necessary that a research be conducted to:

(a) - understand the subtle nature of the practice of traditional medicine.

(b) - evaluate all aspects of therapeutic claims of traditional medicine.

(c) - identify the categories of traditional medicine practitioners.

(d) - enumerate the objectives of researching traditional medicine

(c) - study the effects of the environment where the practitioners work.

(f) - improve the application of traditional therapeutic agents through a reorganisation of the environment.

(g) - study similar existing traditional medical centres in diversified areas.

(h) study the site, weather and all other physical factors relating to the inevitable establishment of this institution.

Useful information has been obtainable from field work in particular, published sources. In the process of the research, several books especially the ones published by world health organization (WHO) and International Development Research Centre were of immense help. They were scrutinised

for valuable data. Other information came from magazines, news-scrappes and public lectures delivered by renowned scholars of pharmacognosy. Much of the information was also derived from interviews and by working as an apprentice with the traditional medicine practitioners. Many patients and their relatives hospitalied in similar centres were engaged in useful discussions.

Equally, every research is usually posed with constraints this has not been an exception. It was difficult trying to acquaint comprehended and relevant information from the practitioners since most of them are very secretive. Similarly, some of the specialised pharmacognocists found it very difficult to comprehend the relevance of architecture in traditional medicine and its research and were unduely preoccupied with protection of their professional intellectualism and ethics.

Finally, the challenges which were encountered during the research and data collection process however activitated further the zeal to accomplish the objectives of this thesis which is geared towards the inevitability of an architecturally controlled therapeutic enviroment.

CRITERIA FORMULATION

Thesis Phylosophy:

> "The inevitability of an architecturally controlled therapeutic enviroment in a traditional medicine centre".
>
> "A present and potential contribution to the national health care deliver" (Ibedu, N.J. 1986)

Policy Statements (Goals) which includes to:-

- provide a concept of architecture which will find application in the psychological treatment involved in the medical, vocational and occupational therapy.
- demystify the healing methods by discarding the elements of occultism and mysticism while supplimenting them with pure herbalism.
- incorporate occupational and vocational therapeutic system by utilizing the centres farmland, outside and inside workshorp.
- consiciously serve as a medium for the preservation of identified and proven traditional healing methods.
- provide an architectural forum for the educational training of new traditional medicine practitioners, and for researching activities.

Implimentation Statements (Objectives)

The objectives which this thesis is intended to impliment includes to:

- evolve a therapeutic architectural enviroment for the present and future.
- evolve an architecture that is planned to give a relieving

and therapeutic condition to the inmates.

- produce a design which would guide the interaction of structural space and man in meaningful and beneficial patterns that would enhance health care delivery in a traditional setting.
- inevitably impliment an architectural enviroment, conducive to carry out research on our traditional therapeutic system,

PART ONE

COVERED GENERAL REPORT ON PRESENT SITUATION OF TRADITIONAL MEDICINE IN NIGERIA

CHAPTER ONE

INTRODUCTION TO TRADITIONAL MEDICINE

1.1. Definition

The term traditional medicine is very ambiguous. There are wide variations as to what constitutes and who is a practitioner of traditional medicine. The practitioner of traditional medicine can therefore be described as a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances, and certain other methods. These methods are based on social, cultural and religious backgrounds as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causes of diseases and the causes of diseases and disability.

The above definition is all-embracing and incorporates all the facets of a traditional healer. However some races and/or tribal groups do not agree with certain aspects of this omnibus definition. For example the fact that a practitioner has to be recognised by the community to which he belongs has been opposed, further more, other authorities and groups have also refuted the above definition of traditional medicine practitioners as it would include witch-doctors, diviners, seers or

spiritualists, a situation which would make research into the field of traditional medicine almost impossible. Similarly, the inclusion of witch doctors, diviners etc would present too many difficulties when reforms are to be introduced into the practice of traditional medicine as a whole.

In order to render a better understanding of traditional medicine practices, it is very necessary to synthesise the other related derogatory versions of traditional practice which is confused and used by some developing countries in general and African nations in particular to refer to traditional medicine. Some of these derogatory practices includes"ritual rites" which are forms of procedure and/or sacrifice necessary to appease the gods in a particular form of treatment or situations. They can involve sacrificing a goat or performing certain dances and eating only certain foods or parts of foods. In some African countries, ritual dances are very common and feature as part of the treatment of mentally disturbed patients. In order to ward off the spirit of small pox in a village, ritual rites are often thought to be necessary.

Furthermore, Juju which is applied to that kind of traditional medicine which includes some supernatural or magical implication.

In the Eastern part of Nigeria especially among the Igbos, Juju is commonly used to refer to any form of medicine that casts an evil spell on someone or used to prevent an evil spell. It is usually in

the form of objects or charms which convey threats or warning typical of evil such objects includes a padlock wrapped in cotton, a small gourd containing black powder, and skin smeared with blood and chicken feather.

In the light of the current medical health, recognizing first of all that traditional medicine is in a precarious state that may easily be altered in the direction of research, development and standardisation by a variety of methods and wealth of experiences, I therefore have been motivated to achieving an inevitably architectural environment for therapeutic purposes.

1.2. Historical Review (Theories on the Origin of Herbal Medicine).

According to lengend the first man to practise the art of healing in the Igbo speaking parts of the Eastern Nigeria was Igwekala, who was endowed with this knowledge by God. Igwekala had a younger brother Ezeala who gained knowledge of medicinal herbs through assisting his elder brother to compound drugs. The two brothers were separated during the intertribal war between the Igbos and the Bini but Igwekala continued to heal with herbs.

Although it is not known exactly when the first men practised herbalism in Africa but a number of theories has been advanced. One such theory is that the knowledge of medicinal plants was gained by accident, this theory has been refuted by a number of traditional medical practitioners who claimed

that information on such plants was communicated to their ancestors in various ways (Akpata, 1979; Lambo, 1979). However early men could have gained the curative knowledge of these plants by watching the effects produced by various plants when eaten by domestic animals.

According to some traditional practitioners (Akpata, 1979, Ogunyemi 1979) another possibility is that knowledge of traditional cures came from wizards and witches. It is believed that some witches, whether living or dead attend village markets in strange forms, such as goats, sheep or birds. If their presence in this disguise is detected by someone very shrewed or gifted, such as a traditional practitioner, the practitioner is promised some useful herbal cures in return for not exposing the witch.

Traditional practitioners also claim that when in a trance, it is possible to be taught the healing properties of plants by the spirit of an ancestor who practiced herbalism. The spirit is claimed to assume different forms such as alligators or a human being with the leg and one arm using a walking stick. If one encounters such a creature in the dead of night it can be a useful source of original information of herbal cures (Makhubu, 1978; Elewude, 1980). Moreso, hunters especially in the forest zone have been acclaimed as the original custodians of some effective traditional herbal recipes. Such knowledge

could have been acquired when, for example, a hunter shot an elephants, if the elephant ran away, chewed leaves from a specific plant and did not die, it is believed by the unter that the leaf is an antidote for wounds or for relieving pain. Similar observations were made in villages where, domestic animals chewed the leaves of a specific plant when they were ill and later recovered or when another animal accidentally chewed a leaf and died.

Another such theory on the origin of traditional herbalism is that early man deliberatily selected specific plant materials for the treatment of his ailments, since man had the ability to rationalize rather than to rely on instinct as do animals.

The choice was certainly not based on a knowledge of the plants constituents. According to anthropological research, the early man lived in fear and in order to allay this, he indulged in mystical and religious rituals. Thus, it could well be that the initial selection of plant materials for medicinal purposes was influenced by religious thoughts and its collection and administration was accompanied by a magic ritual. Presently, some plants are still used in many parts of Africa in general and Nigeria in particular for the rituals of traditional religion.

1.3. The Traditional Medicine Practitioner

In order to put the traditional medicine practitioners on a more logical and designated status,

they were considered to be healers receiving patients desiring treatment and holding specific positions in the community. Although most families in the Igbo society practice some form of medicine for their members, the healers like doctors consolidate the population's knowledge about health and take responsibility for most medical care.

In reviewing the current status of traditional medicine practice, it is possible to analyse the kind of medical practices undertaken by them, which includes herbalists, bone setters, village midwives or traditional birth attendants, traditional psychiatrists, divine healers (Dibias and Babalawos). Interesting enough, many countries in Africa now have a division, department or task force on traditional medicine usually attached to their ministries of health. Similar bodies also exist at state or local government level.

The approach to analyse traditional medicine through a study of the healers for the same reasons, that an analysis of Western medicine might use the physicians as a starting point.

To be able to categorise the traditional medicine practitioners, the following criteria were adopted:-

. Type of treatment administered
. Type of diagnosis of the causes of illness
. Illness treated
. The practitioners' degree of autonomy
. Objective of the treatment

. Agents used in treatment

. Nature of force involved in the treatment

. Degree of reference to local tradition.

These criteria are extremely precise, involving many subtle distinctions that at times proved cumbersome.

However by focusing on the type of treatment adminstered, it was possible to divide the healers into three categories - Pure herbalist, ritualists and Spiritualists.

The three categories were subdivided into "generalist" and "specialist" to denote the degree of polarization in the healers, practice with respect to one or more illnesses.

Table: Distribution of Healers Studied in Different Areas

HEALER	ANAMBRA ZONE	ENUGU ZONE	ONITSHA ZONE
Herbalist	12	8	16
Ritualist	7	14	6
Spritualist	24	21	18

Source: Organisation of African Unity
Scientific, Technical and Research Commision
1983, OAU/STRC.

It was possible to identify traditional medicine practitioners from a specific rite and to study their sociocultural characteristics, apprenticeship and therapeutic practices.

From the above analysis of the distribution

of the traditional medicine practitioners, the spiritualist category were all generalists who practiced divination and whose therapeutic activity extended beyond illness to problems of daily living such as unemployment and marital problems. Because their therapeutic activity is primarily religious, prayer meetings, holy water and imposition of hands rather than medical, these category of practitioners are generally excluded from the thesis, more so since research into their mode of practice would be almost impossible, although they have been however included only in the research because they receive regular clients and their therapeutic activity forms part of the direct evolution of African medical traditions.

The healing rites of the ritualists are based on the attributes of the specific spirits deemed responsible for a patients problems. Thus the ritualist uses divination which varies in form according to the rite. Some specialise in the treatment of illnesses caused by spirits specific to one ritual such as "Obganje", "Agwu" and "Ukpatu". These ones are called specialists. Others have a broader therapeutic scope and are consulted for illnesses not covered by a specific ritual such as mental disorder. This, they have been classified as generalists although their orientation by nature is toward certain categories of illness.

The distinction between specialist and generalist in herbal medicine is similar to that for ritualists.

Specialists herbalist are healers whose practices focus on a small number of illnesses such as asthma and hemorrhoids while generalist on the other hand show no sign of any specialisation in their practice. The two most frequently observed specialities among herbal practitioners are female illnesses, madness and bone setting,

Nevertheless, the traditional medical practitioner always tends to present himself more as a generalist partly to respond to the greatest number of demands and partly to promote the image of a polyvalent healer, owing perhaps to the influence of dispensaries and hospitals, although the specialists among them approaches illness as an organic phenomenon, an approach that also characterizes modern medicine.

1.4. Incantation In Traditional Medicine

Incantations are form of play on words (similes) written or delivered orally in poetic form to conjure up forces or efficaries into a medicine.

For Example:

"Egbe bere, Ugo bere
Nke si ibe ya ebena
Nku kwa ya" mabu
Ya gosi ya ebe oga ebe" (Igbo)

"Ewe awusa, sa amn iha kuro
Iya agbe, gbe amn iha kur,
Iya aluko, ko arun iha kuro" (Yoruba)

Incantation is not only peculiar to African form of traditional medicine. It is also practised by the Aborigines of Australia, Amerindians and various Asiatic peoples. In Asia it is believed that the cure of many diseases was affected by incantation and spells. For example, the chanting of mantras (Mystic incantations) to cure jaundice and snake-bite is still a prevalent practice. The efficacy of an incantation is derived from its' evocative power.

Incantations are used in traditional medicine in various ways, there are medicines where only an incantation is required to give the effect desired such as when a witness in court is to be prevented from giving evidence or to speak the truth. An incantation recited by the appropriate person within or outside of the court room at the appropriate time, can cause the witness to lose his memory or to falter so that his evidence becomes unreliable. Some traditional medicine preparations can only be effective when an incantation is recited. The incantation and the potion both form the treatment and neither alone can effect a cure or the desired effect. There are also many traditional medicaments that need no incantation at all. For example the use of powdered root bark of zanthrylum (Fagara) spacies for the treatment of headache.

The effect or function of incantation in producing a cure in traditional medicine cannot be proved experimentally and scientifically. For this

reason ethomedical research has been limited to those aspects of traditional healing methods which do not= involve incantation.

Incantations can be classfied into two types:- those which inflict no harm - lullaby and those which are to inflict harm on other people. From the above analysis, it appears that the more powerful the medicine or the situation to be controlled, the greater the need for incantation. Infact, from the synthesised functions of incantations in traditional medicine it is appropriate to group incantation into the esoteric area of the ocult or trans-physical science. It is certainly not magical art nor a placebo effect.

1.5. The Traditional Medicine Patient (client

To determine the current position of traditional medicine in the delivery of health care, using Anambra state as the study area, it was necessary to obtain the socio-cultural characteristic of the traditional medical practitioners' client, their reasons for seeking the practitioners help and their disorders. The information gathered in this three categories is not a state wide representative so it has been distinguished according to the category of practitioner possible society and practice area.

The patients by virtue of their choice distinguish between herbalists, ritualists and spiritualists, however a particular healer may be

consulted by one patient as a herbalist and by another as a spiritualist or divine healer.

Table 2: Distibution of Patients According to Sex

Healer	Anambra Zone		Enugu Zone		Onitsha Zone	
	Women	Men	Women	Men	Women	Men
Herbalist	57	43	51	49	49	51
Ritualist	77	23	94	6	75	25
Spritualist	62	38	-	-	-	-

Source: Organisation of African Unity, Scientific, Technical and Research Commission 1983. (OAU/STRC)

To be able to synthesis the above information very well it is worthy mentioning that 75% of the total population lives in the rural area and out of this particular percentage 60 - 35% in every locality depend on traditional medicine.

The number of men and women consulting herbalists is about the same in all areas with a slight predominance of women in Anambra Zone (ref Table 2). However, the clients (patients) of the ritualists are mainly women in all three areas.

Age distibution of the patients has large concentration between ages 21 and 30 (16 and 30 in certain areas) and small numbers of patients were between ages 6 and 15. In Enugu zone, the state capital, alarge number of children under age 5 were consulting herbalists and spiritualists. This finding was quite unexpected because of the numerous medical services available for both mother and child.

Although, due to lack of time no in-depth study was conducted to determine the circumstances and motives behind it.

In Enugu zone a majority (54%) of the patients consulting specialists in the treatment of mental disorders were aged 21 - 30. While 18% were 16 - 20, and 11% were between 31 and 40.

This data shows an over balance of mental illness among young people in Enugu zone.

1.6. Reasons For Consulting Traditional Practitioners

Traditional medicine is only one of the options offered to the population for the treatment of illnesses. Patients resort to both traditional and arthodox medicine depending on the circumstances. Their choices and the steps they follow are keys to understanding what traditional medicine means to the population.

Interestingly enough majority of the people seek treatment first from modern medicine, although the proportion is lower in the rural areas, where there is less accessibility to modern medicine and familiarity with traditional medicine and its practitioners.

However, 51% of the patients who consulted specialists for Psychic disorders first consulted modern medicine while 39% consulted only traditional medicine.

The proportion of other patients who resorted only to traditional medicine were very small primarily

comprising those who suffered from illnesses percieved to be typically African, such as epilepsy and delirions fits.=

The reasons for abandoning modern medical treatment probably include the shortage of modern drugs and equipment; the impersonal care provided by the doctors' or nurses relying strictly on somatic aspects; the patients expectation for instant cure; and the inability of modern medicine to treat certain African illnesses. However, the reasons most frequantly given by the patient or their families were the failure of western medicinee the wish to know the deep - seated cause of the illness, the ccst of modern medical care, the presence of specific symptons clearly indicating an African illness and referred to traditional medicine by a western medical doctor. Their reasons fall into two categories essential - those that are noted in culture, such as the second and third motives and accidental.

The patients reasons for consulting traditional medical practitioners cannot be viewed separately for their perceptions - which may not correspond with reality - of their ailments. The latter vary greatly and to catefories them requires the patients classification for the activity reports of medical units.

However, the patients view of the problems and hence their choice of healer may be influenced by where they live. For example the number of patients who sought either the Dibia or the Babalawo for treatment of psychic disorders increased from Enugu zone to Anambra zone and Onitsha zone where the rite originated and was more familiar.

Patients motives for choosing a particular

practitioner were related not only to their perception of their ailment but also to their own locality. The proportion of practitioners and patients belonging to kt the same local government area is greater in Anambra and Onitsha areas than in the Enugu zone. This probably, partially reflects a more homogeneous environment in these areas.

1.7. Mode of Practice

The medicine practiced by some traditional medical practitioners is holistic in that it cannot be reduced to a single dimension of treatment or remedy. The treatments are based on and inseparable from, knowledge and concepts such as the casuality, classification and diagnoisis of the illness. Consequently, a healer functions variously as a botanist, pharmacist, doctor, psychologist and sociologist in treating different illnesses.

Confronted with a patients ailments, the practitioner seeks to discover the origins of the illness in relation to natural causes - the how - and the deeper meaning or the motivation behind the causes - the why. Both levels of causes interact with one another and it is this interaction that is very ambiguous to understand.

Many practitioners attribute illnesses to specific natural causes, including some that correspond to descriptions in western medicine (real) and others that arise from their perceptions of the illness (imaginary) for example, a practitioner may explain that a patient's madness is due to consumption of excess Indian Hemp (real) and decide that anothers repeated miscarriages

are caused by a worm eating fetus (imaginary). Both causes are considered natural because they explain "how" the ailments occured and not "why".

When practitioners attribute illness to unnatural causes - Sorcery, Spirits, magic and fetishes - they must be willing to discover the unnatural cause and the reasons that it was invoked. Practitioners generally divine more than one unnatural /cause/ in one illness, although they concentrate on what to them appears to be the most important one. Sometimes they link the psychological or unnatural element to a natural cause.

For example, a practitioner may attribute madness to hemps-smoking and then explain that the patient's fetish for smoking has rebelled or that the patient has slighted a family member who has cast a spell forcing him or her to smoke hemp while another practitioner may tell a woman that her miscarriage is caused by too ardous work and divine that her paternal uncle offered her womb to group of sorcers because she had not given him many money. In each case the practitioner prescribes two treatment, one to address each cause.

1.8. Diagnosis In Traditional Medicine

Involved in diagnosis is the healers knowledge of both the causes and classification of illnesses. A diagnosis of the natural causes can be made by a more-or-less systematic questioning of the patient. Usually the pracitioner just listens to what the patient has to say, asking questions occassionally for additional detail. The patient generally describes ailments, their development, at times describing dreams and fears along with the

impressions of other family members concerning the illness. For herbal practitioners, they gather further information on symptons, their exact form and their location and undertake a physical examination of the patient while ritual practitioner on the other hand gather more details on the patients steps to cure the ailments, realising that illnesses already treated by western methods require speicial therapies.

For unnatural causes, the practitioner generally uses questioning as a means of diagnosing illnesses but they depend more on the patient who is possessed by a spirit, to engage in self-diagnois. The medical practitioners often give the patient medication such as eye drops which permits the the supernatural cause to reveal itself through the words of the patient. The fact that the patient's speech is attributed to a supernatural cause reinforces the credibility of the speech and prevents people from holding the patient accountable for what is revealed.

Other methods of diagnosing the unnatural cuase of illness by the traditional medical pracitttioners are categorised as follows - Diagnosis by Amnasia which irvolves the recollection of the patient's previous existence. This practice delves deeply into the patient's past and often varrifies into the patient's entire family and/or social setting (Tella, 1977). Divination is another method of diagnosing the unnatural cause of illness. Consultation of an oracle about the patient is performed here to diagnose a particular ailment

especially in witchcraft. For example some traditional practitioners in the Kigoma region of Tanzania use seven seeds from a particular plant. When a handful of seeds are thrown on the ground they form a pattern which the traditional practitioner is able to relate or interpret to the disease of the patient. This seed throwning of the Kogoma region of Tanzania is very similar to the bone-throwing process of the Igbos described by Ike Azabuike (1978) as part of the diagnositic tool of some traditional medical practitioners. Another method for diagnosing the root cause of unnatural illness is by the use of astronomical signs. The skilled traditional medical practitioner uses astronomical signs to diagnose a patients ailment. It is generally believed that some forms of insanity are aggravated by the new moon, the appearance of such a moon may explain a patient's restlessness. An analysis of a dream is sometimes used by traditional practitioners to diagnose a patient's problem and indicate the treatment needed or sacrifice to be made.

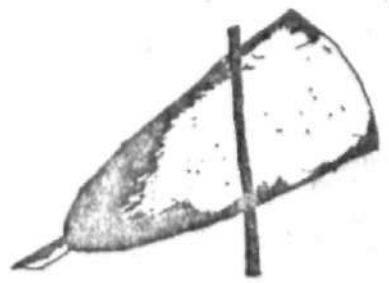
1.9. Treatment of Patients by Traditional Method

The comprehensive approach of traditional medicine is evident in treatments given to the body to social and spiritual relationships and to certain internal psychic states such as guilt and anxiety. Treatments may be directly curative or may include protective or preventive factors; they may just involve the healer and patient or they may involve the patient's family and c community as well.

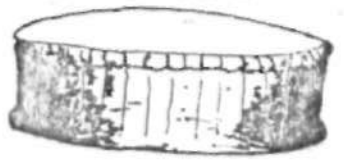
Whatever their form, all treatments are either

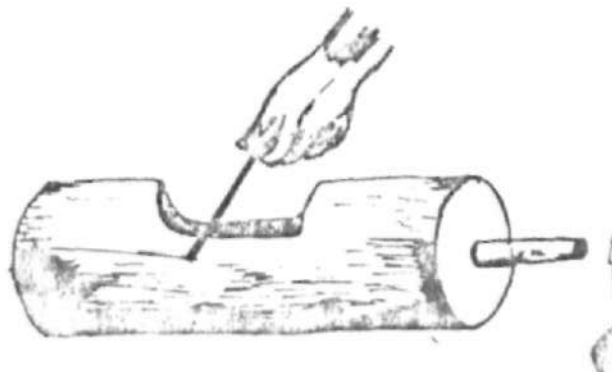
MUSIC IA TRADITIONAL THERAPY...

MUSIC ACTS AS A TRANQUILIZER IN SPIRITUAL HEALING. IT ALSO AID ORATORY MANIFESTATION IN RITUAL HEALING. MUSIC IN TRADITIONAL MEDICAL THERAPY CAN BE USED FOR TRANSFORMING THE HEALERS MIND INTO ASTRA STATE TO PREPARE IT FOR DIVINATION OF A PATIENTS AILMENT.



PSYCHIC PATIENTS ENJOY TO LISTEN TO COOL AND MELODIOUS TONES.







THESE MUSICAL INSTRUMENTS HAVE RITUAL AND SPIRITUAL THERAPEUTIC CONCEPTS

natural or ritual and most therapies combine elements of both.

Principal syndromes and their treatments are based on logical deductions and associations. For instance, patients complaining of gynecological problem are often treated with enemas to expel worms or other objects in the abdomen; patients with convulsions and syncopes are given pariful eye drops or are made to inhale strong odours to break psychosomatic withdrawal and reuinite the patient with reality, incisions in painful joints to ease reheumatism are based on the disire to get directly at the ailment; inducing vomitting in patients with chest ailments is a means to facilitate the body's natural expectoration process and treating fevers by funigation is related to the desire to rid the body of excess heat funigate is also associated with the notion that the illness is a type of impurity that should be expelled through perspiration.

Result of the research suggests that each traditional medical practitioner treats certain illnesses consistently and usually has a two-pronged approach; administering one treatment to all patients alike - for example, a product comparable to vitain aimed at strengthening the patient, whatever the illness or an enema to expel foreign bodies and then administering a treatment specific to the illness but flexible and adapted to the daily changes in the patient's health. Practitioners are thus very alert to any alterations in the symptoms as well as in the patients psychic condition and the patients feel that they are receiving proper follow-up.

There are circumstances where the practitioners of traditional medicine uses remedies to treat their patients. Remedies in traditional medicine consist of formulas prepared from various natural substances; animal, minerals and vegetables.

1.10. The Needs and Objectives of Research In Traditional Medicine

Traditional medicine have been used for therapeutic purposes since the dawn of mankind. Among the earliest records of the therapentic purpose or treatment of illnesses by traditional therapy is the use of herbal medicine. The earliest description of herbal medicine used in Egyptian traditional medicine can be found in the famous Ebers papyrus written about 1500 B.C (Prof. Obianwu H.O. 1984). The earliest plant medicine used in the Ayurvdic system which is the ancient Indian system of traditional medicine were described about 1200 B.C. With a list of 127 plants. Many of these plants used in these systems of medicinal therapy are still in existence today. Herbal or medicinal plants are part of nature just as man himself is part of nature and no matter progress science makes in the field of medicine, people are still likely to come back to the natural herbal remedies.

The application of scientific knowledge and modern technology in the development of plant medicines in some countries, notably, China and India, in the last decades or so, has led to resurgence in interest in the use of traditional or indigenous medical system for therapeutic purposes.

In the western countries natural products remain

primary source of supply of many important drugs, for example, although morphine and reserpine, two of the oldest, can be synthesised in the laboratory, it is more economical to obtain them from natural = sources. The herbal medicine may offer a better opportunity for the national health care delivery than organically chemicalised drugs. A survey by the United Nations Commission for Trade and Development in 1981, indicated that about 33% of the drugs produced in the developed countries were derived from herbal plants. From the same source it is estimated that in Nigeria about 40% or less of the entire population is served by the orthodox health care facilities and that more than 60% depend partially or entirely on traditional medicine for its health needs. There is therefore need for development or the system

Research into traditional medicine may lead to to the identification and development of suitable raw materials for standard drug production. Our traditional medicine is part of our culture and heritage and ought to be preserved.

In puruing the research, the aspects of the project that needs maximum concentration are the traditional medical preparations which are potential therapeutic agents and/or source of raw materials for drug development from traditional herbs.

Applying the Chinese situation as a case study, it is the most ancient and the best developed of traditional systems of medicine. It is probably the= most cost effective of national health care systems.

In the past decade or so, the Chinese have been applying modern scientific research methods for the development and standardisation of her traditional medicine. As a result of this trend, the Chinese traditional medicine is now better understood, accepted and more efficient.

The development of the Chinese traditional medicine and its satisfactory integration with orthodox medicine has enabled the Chinese to improve the quality of life for her people and to achieve total health coverage with one generation. No other nation has been able to achieve this feat. The developing countries have a lot to learn from the Chinese experience.

1.11. Objectives of Research in Traditional Medicine

The national, states and individual objectives and needs for urgency in research on traditional medicine should include the following:

(a) to evaluate all aspects of therapeutic claims of traditional medicine in order to identify those to be adopted and those to be discouraged;

(b) to improve the composition, formulation and the application of traditional therapeutic agents.

(c) to identify sources of raw materials and promote their use in drugs production.

(d) to promote the integration of proven traditional therapeutic agents into the orthodox system of health care delivery.

The calls for urgency towards the development and

research in traditional medicine can not be disassociated with the facts that the world health organization has declared the year 2,000 as a target date of "HEALTH FOR ALL". It is hoped that all people of the world will attain a level of health that will permit them to lead a socially and economically productive life by the year 2000 (WHO, CHRONICLE 1979; 33, 339 - 406). This target has been accepted as a commitment by several member nations of world health organization, including Nigeria.

Now considering the estimated population of Nigeria in 1983 which was 84.2 million with an annual growth rate of about 3.3% (one of the highest in the world) which gives an estimated annual increase of 2.78 million (Population Reference Bureau, 1983 World Pop, Sheet). If these figures are accepted, the estimated population of Nigeria by the year 200 would be about 129 million. It is estimated that Nigeria will spend about ₦1,000 million on drugs by the year 2000 (manpower development for Pharmaceutical services in Nigeria - Emafor, P.V. 1981). Presently, Nigeria imports about 80% of her drugs requirements, it is therefore reasonable to assume that most of the ₦1 billion will be spent on importation, unless of course there is a radical change towards self sufficiency in drug production. By the current annual economic growth rate, this type of money is unlikely to be available for drugs alone. It is also unlikely that the rate of development of health facilities will keep up with the rate of population growth. All these factors will result in greater percentage of the

population turning to traditional medicine for their health needs. There is therefore an urgent need to promote and develop traditional medicine so as to improve its' potentials geared towards its efficiency, availability and wider use at low cost.

There is also an urgent need for the pharmaceutical industries in the country to engage in the development and research drugs from our traditional medicine and rely less on importation

1.12. Constraints of Research in Traditional Medicine

The study of constraints in the area of research in traditional medicine is important because realisation of these problems and their solution, even if partial, will greatly facilitate research in traditional medicine. The first group of problems are those common to other types of research in most institutions. These include inadequate financial support, inadequate manpower and infrstructural facilities.

Inspite of the generally recognised need for research and development of our traditional therepeutic agents, little or no financial support is being specifically made available towards its implementation.

Another contributory factor to the slow progress of research in our traditional medicine is inadequate manpower. Most of the experienced research workers have other money making or administrative responsibilities and depend to a large extent, on research assistants and technical staff for

meaningful research work, while the competent technical staff with the requisite expertise and experience are not always easy to get and even when found, funds to hire them are not always readily available.

From the author's point of view, perhaps one of the most serious problems that paralyses research in our traditional medicine is the lack of facilities for prompt and effective maintenance and servicing of research equipment.

The other unresolved problems facing research in our traditional medicine include the secrecy surrounding the sources of traditional medicine herbs and the complex mixtures of some of the preparations, lack of reliable information on the stability of the preparations, regional or seasonal variations in the bioactive constituents of some of herbs and vagueness of the therapeutic claims by the traditional medical practitioners.

The traditional medicine practitioner guards the source of his therapeutic preparations very closely and quite often will only disclose it after protracted negotiation. Oftern, unco-operative attitude is adopted, including unreasonable demands. If the source of the therapeutic preparations is not known and the herbs used identified from the onset, considerable amount of time is likely to be wasted in carrying out research on such materials.

In their eargerness to impress both patients and researchers in traditional medicine some of the

traditional medicine practitioners make sweeping claims about the effectiveness of their therapeutic preparations. They often quote credibility, problems created by traditional medicine practitioners in promoting a single therapeutic preparation for the management of several medical conditions often unrelated, may not be justified.

It is not uncommon for a traditional medicinal preparation to consists of parts of several different plants, sometimes, including animal parts. Only one or two of the plants may contain the desirable bioactive constituents. Others may serve as flavouring, preservative and/or colouring agents. This situation from information guarded during data collection and field research shows that some traditional medicine practitioners may not be aware of this.

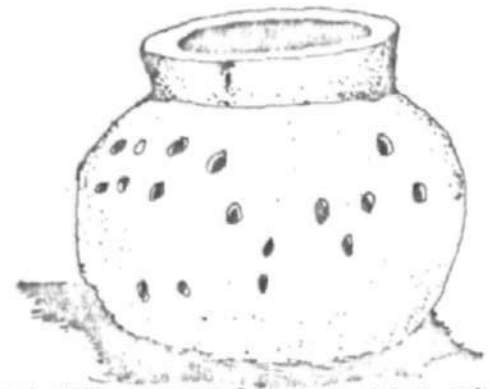
The stability of a particular preparation may not be known, at least not initially. There is a possibility that some of the constituents are not stable under conditions of collection, extraction, isolation and storage.

1.13. Containers Uses in Traditional Medicine

Since the large-scale production of medicaments does not yet take place in traditional medicine in Africa generally and Nigeria in particular, the packaging of large consignments is not a problem. Cost is also not a major consideration since containers used are usually available locally. Nowadays traditional medical practitioners often pack their products in glas bottles but the original containers

DRUG STORAGE
- TRADITIONALLY -

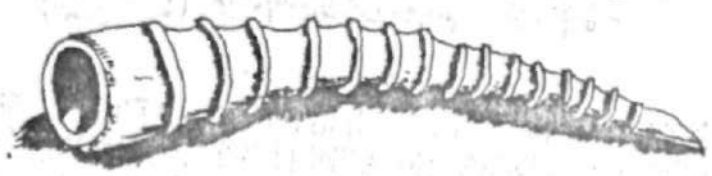






CONTAINERS

SINCE THE LARGE-SCALE PRODUCTION OF MEDICAMENTS DOES NOT YET TAKE IN TRADITIONAL MEDICINE IN NIGERIA, THE PACKAGING OF LARGE CONSIGMENTS IS NOT A PROBLEM. COST IS NOT A MAJOR CONSIDERATION SINCE CONTAINERS USED ARE USUALLY AVAILABLE LOCALLY. NOWDAYS TRADITIONAL MEDICAL PRACTITIONERS OFTEN PACK THEIR PRODUCT IN GLASS BOTTLES BUT THEIR ORIGINAL CONTAINERS ARE SMALL GOURDS, EARTHENWARE POTS, THE SHELL OF TORTOISE, HORSE HOOVES, HORNS OF VARIOUS ANIMALS, BRASS POTS. THE METALLIC CONTAINERS ARE MADE BY LOCAL BLACKSMITHS.





THE ANIMAL HORNS TEND TO BE W USED TO STORE PREPARATIONS GIVING THE USER A COMMAND OF EVIL OR GOOD OVER OTHERS. THE SMALL EARTHENWARE POT ARE USED AS CONTAINERS FOR OILY

used included small gourds, earthenware pots, the shell of a tortoise, horse hooves, horns of various animals, brass pots, as wells hollow tin rods plugged at both ends or sealed at one end into a conical shape.

The metallic containers are made by local blacksmiths. The small earthenware pots are usually used as containers for only preparations, calabashes are employed as containers for medicaments mixed with black soaps while animal horns tend to be used to store preparations giving the users a command of evil or good over others. Preventive medicines tend to be worn in the form of armulets or they are wrapped and sewn into leather waist-bands. Some also come in the forms of rings which can be made of iron, brass or copper.

The close of the container is as important too. The basic methods employed include folding, push-on caps, screw caps and fusion. In traditional medicine such a level of sophistication in choosing closures is lacking. The overriding consideration is that since only part of the contents of the container is used at one time, the closure should be easily removed and= replaced. Usually a bung made from cloth or other vegetable material is used. The calabash and earthenware pots have their own covers a perfect seal is never achieved. Although in traditional medicine a perfect /seal/ is seldom, considered important, other than to stop sillage, except in the case of very volatile preparations. Some loss is inevitable and as a result, a room containing a pot of a herb with a

strong odour smells readily of that herb.

Some traditional practitioners now use properly stoppered and sealed glass containers with printed packages, so that there is little difference in the storage of a traditional medicament and a modern pharmaceutical preparation.

1.14. Present Status of Traditional Medicine

Traditional medicine has become a part of the peoples' culture even though this form of medicine is not as well organized as for example in India and China.

Although most African states, Nigeria inclusive now have at least one research group investigating traditional medicine. In Nigeria, besides University of Ife which is the leading institution in this area, some groups in different Health Ministries in the states and local government area are financing research on traditional medicine. Research has developed from the screening of plants for bioactive agents to the development of drugs and dosage forms for natural products of merit.

The training of traditional medical practitioners is still by understandardised apprenticeship but formalised training of traditional birth attendance has started in Ife, Oyo State. There is even the national association of traditional medicine practitioners which is recognised by the government, even some states in the country has enacted laws recognising traditional medical practitioners.

1.15. Advantages of Traditional Medicine

Traditional medicine is cheaper than modern medince. The cost of the latter is increased by modern health technology which in many cases is inappropriate or irrelevant to the immediate needs of the people in the country. Also the cost of modern health care has recently increased due to the higher cost of basic commodities, fuel and agricultural products. It is generally accepted that the cost of this type of medical programme, which relies heavily on institutions and professional staff, is increasing faster than that of simpler health programmes, such as the traditional or indigenous system of medicine available in Asia and China.

Traditional medicine is more accessible to most of the population in third world. In fact, it is believed by the world health organisation that 60-85 percent of the population in every third world country has to rely on traditional or indigenous forms of medicine. This is mainly because of the shortage of hospitals and health centres, as well as of the medical and paramedical staff needed to man modern health care delivery systems. For example in 1973 Mainland Tanzania had 128 hospitals with 18,700 beds or only one hospital bed per 720 inhabitants. There were over 105 rural health centres, 1500 rural dispensaries and some 1500 health posts at village level. The plan was that each rural health centre would serve 187,000 inhabitants and each dispensary would cover about

9300 people. Also by the end of 1972, there was only one physician per 28,000 population, coupled with a low ratio of other health personel.

In an attempt to make modern health care more accessible to the distant villages of northern Nigeria, the Borno State operated a radio link system (Adeniy - Jones, Kalimo, and Torfa, 1975). However, this eventually broke down due to lack of spare parts for the equipment.

Traditional medicine enjoys a wider acceptability among the people of developing countries than does modern medicine. This could be due partly to the accessibility of modern medicine but the major contributory factor is the fact that traditional medicine blends readily into the sociocultural life of the people in whose culture it is deeply rooted. It was the only form of health care available to such people before the advent of modern medicine and there are instances today in Kenya, Ethiopia, Ghana and our Nigeria, for example, where people who are close to hospitals consult traditional medicine practitioners as a first choice (Maclean 1971).

Apart from sociocultural factors, the acceptance of traditional methods of therapy in a given community often depends on economic factors. Many= patients can only afford the help of traditional medical practitioners although they are unable to determine whether this form of medical aid is harmless, dangerous, useful or useless. Others

seek traditional medical help because of the community belief that certain types of disease especially psychological or mental cases only respond to traditional cures.

The practitioners of traditional medicine could serve as additional sources of health manpower in the country. This is important since the country is trying to achieve health coverage for its people. The traditional practitioners therefore would need to be refrained especially in simple hygiene, general modern health concept, health education, which include nutrition, elementrary health care, environmental sanitation, epidemic diseases and record keeping. Many other developing countries have realised this and the formalized training for traditional birth attendants has been initiated. Such training could, if well planned, enable such medical personnel to participate in primary health care, especially in maternal and child health, family planning and public health services.

Traditional medicine portions are mostly compounded from natural products. For this reason, it has been claimed, there is greater likelihood of their being accepted by the body than substances which have been invented in a laboratory. There is also the possibility that some revolutionary new drugs for treating such incurable diseases as cancer may be discovered in a medicinal plant.

In order to consult a modern doctor the patient

often has to undergo the complicated and time-consuming processes of registering at the records department, undergoing various diagnostic tests in the haematology, pathology or X-ray departments etc. Seeing a nurse; and finally waiting in a long queue before any consultation with the doctor actually takes place. Such obstacles are absent in traditional medicine where the patient has ready access to the doctore who devotes his undivided attention to his patient.

According to Ademuwagun (1969 - 1973) traditional medical practitioners can be useful to health care and their incorporation offers the following advantages.

(a) they can fill the vacuum in health care created by the shortage of manpower and the high cost of training modern health workers;

(b) they have developed traditional skills in the dispensing of curative, preventive and rehabilitative care;

(c) in their treatment techniques, they use an astute approach to human ecology and health;.

(d) they belong to the same cultures as their patients, sharing common beliefs, values and symbols of communication;

(e) they are effective in some aspects of psychosomatic medicine and in the use of local herbs, roots and bark of symptomatic treatment;

(f) they have skill in interpersonal relations, including counselling with sympathy, identification and concern;

(g) they are unhampered by inadequate transportation in rural areas.

1.16. Integration or Co-recognition of Traditional And Modern Medicine

Perhaps the greatest gain to be made in intergrating traditional and orthodox systems of medicine into the official health system of the nation in general and Anambra State in particular is that the increase in manpower would help to provide total health coverage for all. This is because after integration, some training for traditional medicine practitioners as well as legal control of this practice must follow. Primary health care which is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community and at a cost that the community and country can afford at every stage of development in the spirit of self-reliance and self determination at least would then be available to the whole population. It is at this level that the experiences of the traditional practitioner will be most useful. Intergration however faces several problems.

One major cause of strain between traditional and modern systems of medicine is the theoretical incompatibility of western and purely traditional

medical systems. As Conner and Sivin (1968) pointed out in their article "Health care delivery in third world", modern medicine which is evolved as a scientific method that originated in physics while Chinese or African traditional medicine or indigenous medicine in India are natural constructions, originating from basic conceptions of the type of integration followed must depend on the prevailing socio-economic circumstances as well as the cultural pattern and the wishes of the people.

The integration of these two systems of medicine, in whatever form will involve a public pronouncement by the government based on political policy decisions, modification of professional attitudes and public enlightement campaigns to guide and shape public sentiment towards changes in the existing pattern.

Considering the sociocultural situation in Nigeria, for example, where some elite consult traditional practitioners in secret but boast of using modern medicine, the second alternative would be best and that is the concept which this thesis intends to apply.

The following actions would be taken before aiming at co-recognition of both traditional and modern medicine especially where only modern medicine is recognised at present.

1. An autonomous division for traditional medicine is needed in the existing Ministry of Health.
2. A law setting up a council for traditional medicine

should be enacted. Such a council should consist essentially of traditional medical practitioners of repute, pharmacists and doctors. The traditional medical practitioners to serve on the council should be picked so as to represent various specializations in the provision rather than representation of associations of traditional practitioners. The traditional medical preactitioners on such a council should be men of demonstrable ability in their profession.

3. The following duties would need to be carried out, perhaps by seperate task forces:

(a) registration of traditional medical practitioners need to take place.

(b) training: The training of traditional medical practitioners, either as general practitioners or specialists, should be standardized. The present system of apprenticeship in many countries can continue but some traditional medical clinics could be financed and ungraded for formal sandwich training, involving apprenticeship and formal teaching.

(c) Registration of traditional medicine clinic or premises. Each traditional medical practitioner should have premises or a clinic registered in his name for his practice. In the author's view this will not constitute a problem to existing traditional practitioners

as many do operate within premises.

(d) Laws and regulations of practice and code of conduct. Laws and regulations and codes of conduct must be set up by the council to regulate the practice of traditional healing methods.

4. A national institute of traditional medicine would need to be established by law in the country if the co-recognition of traditional and modern medicine is considered. Such an Institute would be the equivalent of the National Medical Research Centre. Such an institution should set clear - cut objectives to meet the national needs.

Finally, the modern medical profession often opposes new types of health personel on the grounds that providing medical care is too important, too complex and too dangerous to be left in the hands of less trained or differently trained personnel. While health care is an important matter not to be treated lightly, the role already being played by traditional medical practitioners in the rural areas in health care should be given due consideration. At the same time, however, the need to evaluate traditional healing practices should be emphasized with a view to noting procedures which need to be eliminated or modified in order that the traditional practitioners contributions to health care can be improved upon.

PART TWO

COVERS CULTURAL, SOCIOLOGICAL,

ECONOMIC AND ECOLOGY OF THE PEOPLE,

THE CENTRE IS INTENDED TO SERVE

CHAPTER TWO

2.1. The People

The scope of this thesis, in terms of the people it is intended to serve, is limited to Anambra State, the home state of the author. The reason is that, to be able to provide an efficient and a very effective traditional medicine centre for the inmates and to provide a standardised research unit, a close look at the community that is expected to absorb them is required. Due to the diverstified nature of the Nigeria society, it will be difficult to incorporate all the requirements that would affect, a speedy restoration of every affected individual's health, especially in a diverstified culture and environment. Not withstanding this centre can also serve people from other parts of the country considering the impact which the centre tends to creat especially in the area of psychic unity. Moreover, the universal circumstances surrounding health services= especially mental illness have similar methods of tackling them and regarding the culture of every community is not static, a centre like this could serve various people. The thesis would however, concentrate on those aspects that are characteristic of the Anambra community and are relevant to the process of traditional medicine practice.

It is important to stress here that the immediate characteristics of the community would be demanded to aid the type of environmental and traditional clinical

facilities required.

Anambra State is made up of many social and economic classes with slight differences in cultural background and activities which are not important considerations for the purposes of the centre creation. All the relevant physical aspects worth utilizing for the centre seem to be common with all classes.

2.2. The Igbos of Anambra

The Igbos of Anambra occupy almost the - third of the former eastern Nigeria. Their area of inhabitation structures from Obolo - Afor in the North to Umuchi in the south where they share common boundary with Imo State. In the western area, the Igbos of Anambra are found among the Bendelites and in the eastern areas, they stretches into Ogoja people of the Cross River State. Population is about 5.7 million. The Igbos are occupationally farmers, they produce enough of what they eat and wear, traditionally they build their own houses. They are also craft-men producing various Igbo - made implements ranging from house hold equipment to vehicular spare parts and agricultural equipment. They are very subsistence economically. With the advent of education and technology, many Igbos in Anambra State are now involved in commerce, buying and selling both foreign and locally produced goods, while others are involved in formal economy such as civil service and other private jobs.

The Anambra Igbos generally live in rectangular or square houses, although the area having common

boundary with Benue State in the north, traditionally lived in circular huts, made of pounded mud walls and floors however, at present, the encroachment of vernacular mode of Architecture has led to the disappearance of the mud houses in the state. The houses were thatched with rafia palm leaves or elephant grasses braided into long strips. The overhanging eaves cover a narrow verandar where children play and a wife may set up her large granite grinding stone.

Every married woman who is a senior wife or who has a daughter-in-law, has a ganamy. In most parts of Anambra state, these categories of women ideally have their own house unit or at least after she has borne her husband a child, although in some areas around Onitsha a junior daughter-in-law continues to share a house unit with her mother-in-law. The ideal is often not realised, a man never refuses to build his wife a house unit, but he may procrastinate.

In addition, elders and some important women have reception huts (Obi) which may either be walled or supported on four or more mud and/or wooden columns, to allow more light to enter. Here the Igbos receive guests, eat during the hut weather or non-farming periods.

(The above paragraph provides the basis for the structural concept of this design thesis. This will be elucidated on, in the subsequent chapters.

The traditional Anambra Igbo compound (Ngwuru) is composed of as few as two or three different housing units. Usually a cleared space is left in the middle

of the housing units, this central open space (ama) is the centre of Igbo family life.

Beyond the housing units is a rectangular or square animal and yam barn. The area around the barn stretching towards the outskirts of the compond is not only the garden but useful medicinal herbs are grown. Usually, the Igbo compound does not posses any characteristic privacy.

Besides the urban areas, most of the myraid paths which cris-cross Igbo land lead from one compound to another although there exist main roads and main paths which people for centain reasons avoid when choosing sites for their compound.

The compound head (nna ukwu) who is always the oldest man in the compound would have a hut to himself where he sleeps with his male children, grown enough to require less motherly care. Each of the wives have houses to themselves where they cook and sleep with their children especially the females. A wife could sometimes sleep with her husband in his house but most of the time he visits his wives in their houses. The grown up sons who are married would each own a hut to share with their wives.

The number of people per housing unit depends on the size of the compound and vary from one compound to another. On the average, three persons live in each unit. The size of the compound depends on the number of persons in it and also vary from place to place. The average number persons in a compound is

seventeen. A large compound may contain up to twenty-four to thirty-six persons.

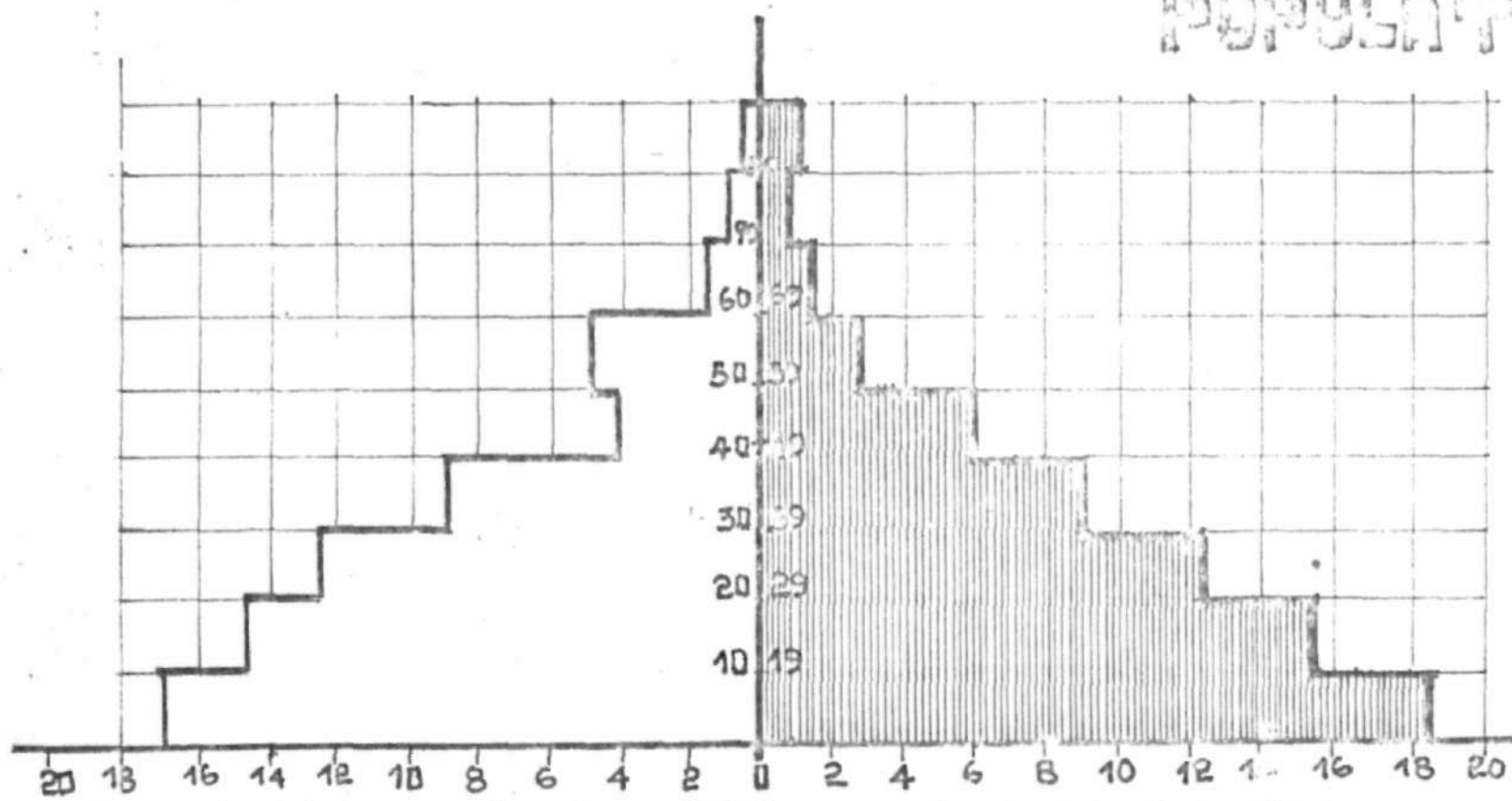
The area of each compound depends and is determined by the number of people living in it. The overall expance of the compound (gwuru) could sometimes be up to 50m perimeter, the small vegetable garden inclusive. Even the sizes of individual houses is determined by the capacity of the owner. Usually each housing unit could comprise of one to three rooms, one used for inner sitting substituted for the central reception but, often used by the compound head. The sizes of the rooms range from 9 sq.m to 12 sq.m.

2.3. Population and Religion

Anambra State covers an area of about 52.8 thousand square kilometers and by 1963, had a total population of about 2.6 million (Table 3 the age and sex distribution of the population contained in the table). Based on 3.3% population growth rate per annum projection, the total population by 1983 was 6.7 million, with the population almost doubled.

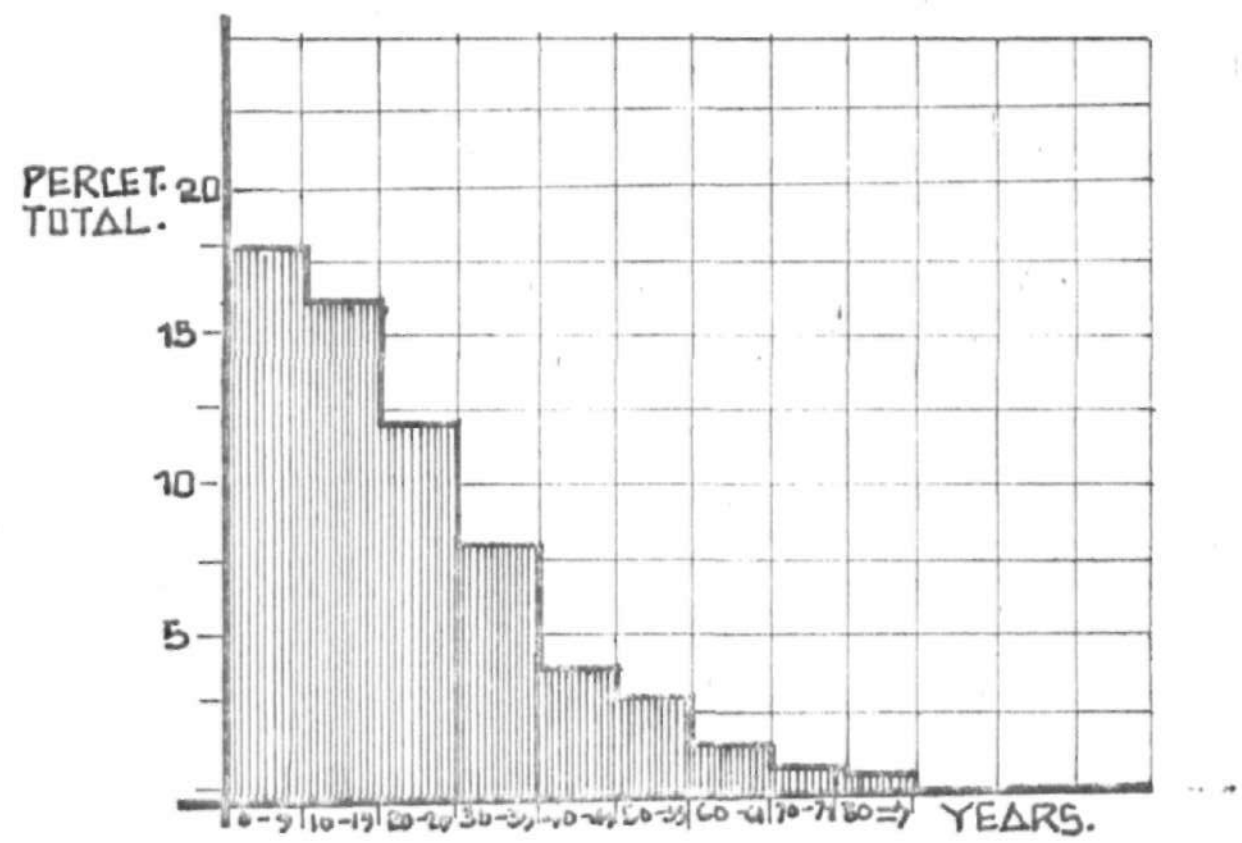
Almost the entire population of Anambra Igbos are christians while a slight number of the population do not have defined direction in religion, although various forms of traditional ritual worshipping are still conducted and these are not uncommon among the christian families. A substantial number of the population, mostly in the rural areas still believe in magic and sorcery. Certain kinds of illness in the Igbo society is still believed to be a malignant

POPULATION



BY SEX

BY AGE



AGE DISTRIBUTION IN PERCENTAGE.
TOTAL IS 5,749,394, BASED ON
1963. CENSUS.

disposition which is inflicted by certain persons on others and is treated with magic or sorcery, madness or memtal illness being one of them. Other causes of illnesses especially in youths are attributed to radical deviation from societal norm for mental illness and esoteric causes for physical ailments.

2.4. Labour Force

The rural population of Anambra State is predominantly involved in subsistence economy based mainly on farming and petty trading. (Table 4). Although there are a few more occupations with the formal economy especially in the urban areas which provides occupational facilities for the people. Table 5). The labour force is affected by the age distribution in the rural areas of the state.

Percentage of Persons In Rural Areas of Anambra State by Occupation 1981 - 1983

Occupation	Male	Female	Total
Total	100	100	-
Farmer	62.87	.15	63.02
Part-time Farmer	5.85	-	5.85
House Wife Only	-	11.41	11.41
Farm Labourer	15.24	11.25	15.97
All Others	11.32	6.96	17.28
Summary	100	100	

Source: Nigeria Rural Economic Survey 1981 - 1983.

(Anambra State Statistical Year Book 1984)

2.5. Income Distribution and Its Consequences

Due to the status of Enugu as the State capital,

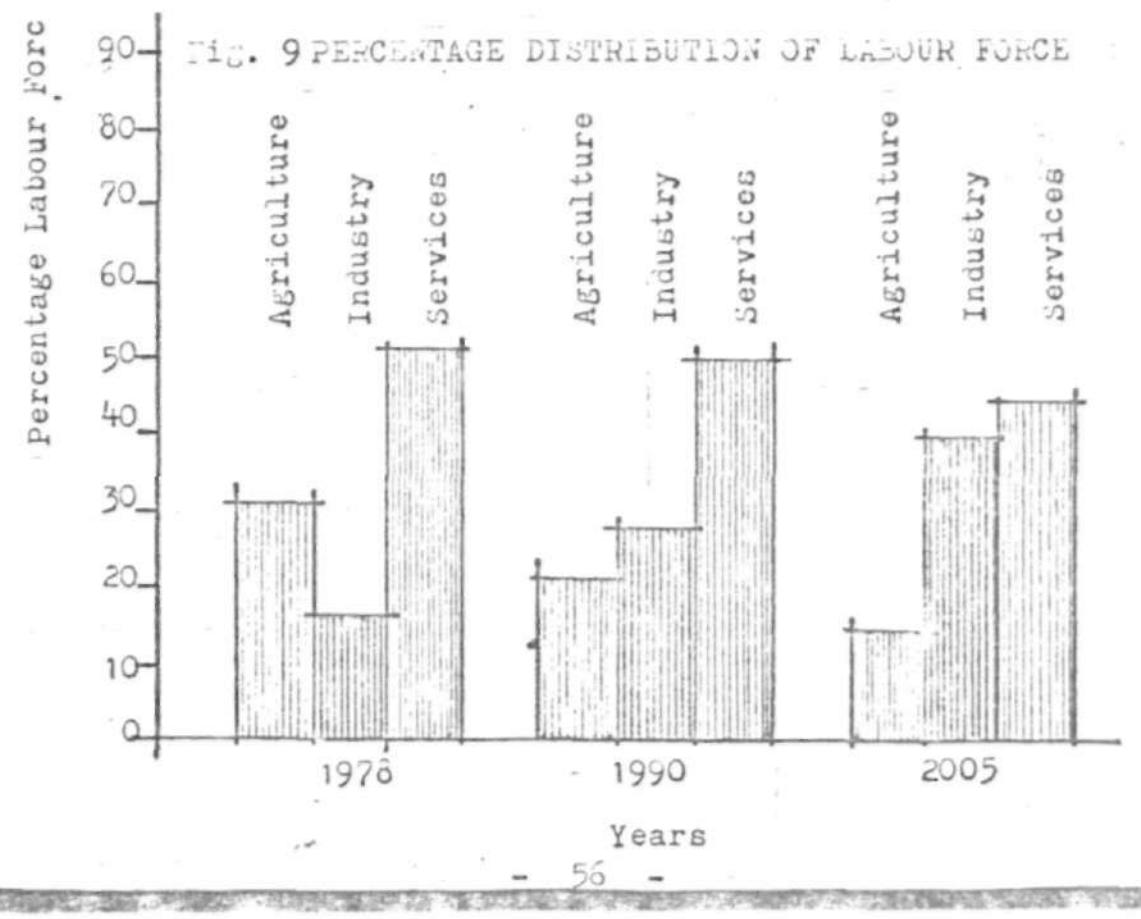
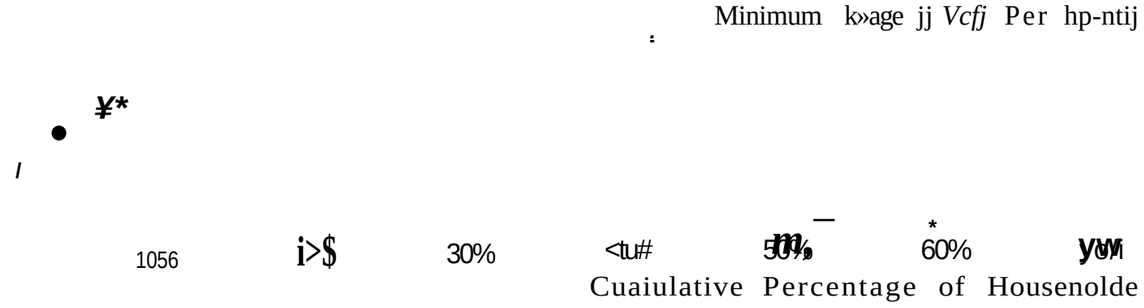


FIG. 9 PERCENTAGE DISTRIBUTION OF LABOUR FORCE

Fig. 10 INCOME JUlS'l'KlbUTlOtt *Y&n* y ^ - ' ^

Source: Socio-Econuadc ourvuy Report, *]36'd..*



the population projection over the year has shown that the current population stands at about 489,200. This is made up of various working class.

From the percentage distribution of labour force within the major occupations, agriculture, industry and general services, it will be noticed that, according to the projection of labour force, agricultural labour force is decreasing over the years while industrial labour force is increasing. This is an indication that more industries are springing up, providing more working opportunity for the people in the industrial sector.

It would therefore be important to provide local industrial facilities and training for the mentally disorder inmates of the centre as part of the occupational therapy.

From the income distribution for Anambra, it shows that more than 67.86% of the total population of the State has monthly income of less than 250 Naira. Considering the present value of the Naira and the economic recession in the country, such "low" income pose a treat to economic, social and health care of the people.

The problems faced especially in the organisation of better health facilities by the low income groups who by population are the majority are usually much more than those of the high income groups. The subsequent effect would be that low income group would develope emotional stresses that would result in

physical or emotional break-down. It therefore becomes obvious that both physical break-down and emotional illness occur much more frequent amongst low income groups while the high income groups are however faced with psychological stresses from strugles of maintaining a comfortable status quo.

2.6 Transformation and Changes in the Igbo Community - (Implication)

Anambra State like any other community, is not static. It is constantly changing. With the advent of technology and education, there has been drastic and dramatic changes in the whole society in terms of both cultural and social activities. Tools and agricultural equipment manufacturing are becoming more sophisticated and methods of cultivation are becoming more refined, mechanised and advanced, giving rise to more food production, many industries are springing up both in the urban and rural areas. Schools and higher institutions are becoming much more common developed and complex.

Health facilities are being standardised, although due to growing rate of population, it seems insufficient for the masses, however motality rate is presently higher. Commercial and transportation are much improved.

All these observations are necessary in determing the facilities to be provided at the traditional medicine centre and the form of set-up within the centre.

The impact of technological advancement on the society

can be manifested in the mode of living and warden facilities and activities the inmates are presently engaged in. In addition the social interaction of different people with various cultural differences has enhanced the dominance of psychologically superior cultures over the psychologically inferior ones. This is spontenously shown in the style of living, dressing, housing and language.

The social change has also some influences on the physicla environment. In the process of search for a high standard of living, comfort and convenience, people have been destroying the natural environment by pollution, road constructions etc. The social change has also aggravated the deterioration of the physical environment through mining, quarrying, excavation and other construction practices. The physical changes, influenced by social change and technological advancement constitutes a source of alienation. The struggle of the society to attain certain socially recognised modern standard could result in physical and neurotic tendencies in the society.

The implication and importance of these social change cannot inevitably be overlooked or religated due to its effect on the societal health for curative purposes of both the physically and mentally ill it is therefore necessary to consider most of the factors of social change since the ultimate aim of the centre is to creat an inevitable architecturally controlled environment for a better traditional therapy.

"TRADITIONAL MEDICINE TODAY"

"There is need to modernize traditional medicine. My cry for Africa is not to throw away the baby with the bath water, "my cry to Africa is innovation and not immitation". My urge to African countries is to enhance their traditional healing methods that is more relevant to African conditions than imported highly sophisticated technology - to counter - balance with the gradual changes of our society.

(Prof. Adeoye Lambo)
New-Nigeria, Tues. 25th, Jan., 1983.

The social and technological changes in every community are easily recognised in the physical structure of the community, the people, structures and buildings. In Anambra State for instance the common traditional housing style has finally disappeared from the physical environment after a prolonged metamorphis. What exists now in one housing unit is a complete emanation of the functions as used to be in a whole compound. The rectangular house has undergone a drastic physical change due to its form which is easily extended in all directions. In this new replacement the functions of a whole compound by structure, is often possibly incorporated within one building. A better effect resulting from the transformation of this form can easily be seen in large appartment buildings and other buildings of similar functions found commonly in the urban settings. These transformations could be as a result of such factors as tightness of spaces which is brought about by the rationing of land into plots; building laws edicted by the different states' planning authorities and the

influence of foreign cultures.

Nevertheless, the advancement in modern building materials has further contributed to this transformation of the traditional dwelling environment presently, more durable and fire-resisting materials have become available in the markets so that even in the rural areas, modern buildings have replaced traditional buildings. With fire-resisting materials like metal roofing sheets and concrete, modern houses can be seen frequently today in even the most remote areas of the state.

From the above analysis of the transformation in the state, the point to note is that the society has rapidly undergone some changes and is constantly changing, this is caused by the people to suit their purpose, desire, physical and mental state.

Therefore, in the design of a traditional medicine centre for a state that has undergone both technological and complete environemental changes, the provision of social, technological and advanced environment are primary considerations since these will influence the curative facilities which are provided. For the mentally disordered inmates will have to get prepared and trained to be reabsorbed into their community which is constantly changing and for the inmates who are physically ill, are parts and parcel of the constant changes and therefore require an environment that possesses the characteristics of the change. It will therefore be necessary that the activities of the centre, its social set-up and structure reflect these change so as to prevent any further alienation to the inmates.

CHAPTER THREE

ENVIRONMENTAL INFLUENCES

3.1. The Structured Environment

Society is a dynamic structure, constantly interacting with the built environment and constantly being modified by circumstances within the environment. In discussing man's environment we tend to underate the effect of architectural spaces upon his physical and emotional well being because a consideration of the family and community relationships, education, work situations or any other aspect of the physical environment will be superficial unless they are viewed in the contect of the structural spaces among which they are experienced. For all these situations and experiences are conditioned by their architectural setting; all are affected also by the individual's sense of his own identity (culture) and worth (value) and the quality of his motivation and these in turn are subtly and continously conditioned by his structured environment (Moller, 1968).

Architecture truely concieved is nothing less than the conscious and careful determination of our whole structured environment and its social implications has a tremendous effect on shaping the individual's personality. The fulfilment or frustration of the individual's needs, the impact of early life experiences and the standard or relations within the structural environment helps to determine

the individuals healthy conditions.

3.2. Social Environment

The architect who designs a house, builds its and/or designs a site plan also decides which direction the houses will face and how close together they will be, is to a great extent, deciding the pattern of social life among the people who will live in these houses. There is a role played by structured space in conditioning inter personal and family relationship and it is within the context of these association that the seeds of ill health or of general alienation often take root in the individual's personality. Sponteneous involvement in a topic of conversation is a precarious and unsteady state that is likely at any time to lead the individual into some form of alienation.

Structured space easily creates this social interaction which affects people's lives and thus their health; that is in its conditioning of extra familiar contracts.

Beyond these family direct influences, there is a suitable but pervasive role which the spatial environment play in the area of status. As French viewed it, status in the larger society, as measured by social class, has been found to be strongly related to various kinds of illness especially mental illness and to a large number of physical illness. The individual's self esteem may therefore be affected strongly by the spatial character of the structures and urban areas where he occupies or frequents as it may be of relativeimportance to his job or any other

environmental factors in his life. His evaluation of these spatial conditions will affect his sense of his status in the eyes of others and this in turn will react strongly upon his self-esteem. For as Miller points out, "a person's self concept is shaped to a great degree by his conception of other peoples' view of him. (Miller, 1961).

3.3. The Psychological Environment

There are two ways of characterizing environment; the objective environment which includes all identifiable physical and social factors and the psychological environment which consists of those aspects of the objective environment with which a given person comes in contact and which affects his perceptions and responses. These perceptions and responses in turn condition the individual's state of mental health or illness (French, 1963).

It is obvious that the objective environment would include, as a prime physical factor, the total structured-space environment. These architectural spaces also constitute a major element in the psychological environment, since they exert a profound effect on the emotional well being of the people who experience them.

There is a continous reaction on the part of the individual to the enclosed spaces in which he finds himself to such phenomena as size, scale, proportion, openings, closures, lights, colours etc. Long and seemingly endless corridors, for example are disturbing to both the mentally ill and to emotionally ill people.

They encourage a sort of distortion of perception which often encourages and increases anxiety. Ambiguous spaces where size, shape extent and purposes are not clear produce feelings of insecurity and even panic among those unfamiliar with them. (Osmond, 1966).

Scott, in his book, "Architecture is concerned with the controlling of space and the creation of meaningful spaces. Spaces affects us and can control our spirit. Large part of pleasure which we obtain from architecture, pleasure which seems uncountable or which we do not trouble ourselves to account, springs in reality from space".

Space is usually substantially detached, secluded or protected when buildings are erected. Every building functions in the creation of two kinds of spaces; its' internal space and it's external space or urban spaces, defined by that building and others around it.

Scott, further suggested that space itself is not obvious, "cannot be visually perceived; one sees only objects in space, or structural members that enclose the space"; but its effect is upon the emotion, and cannot readily be rationalised, measured or depicted.

One can guage and describe accurately enough the adequacy of an architectural construction in terms of its structural soundness; its provisions for warmth, ventilation, sanitation, light and other physical factors. One can criticize its components in terms of proportion, texture, colour and other aesthetic consideration. But beyond all of these and

including all of these, there is an overall effect which is exerted upon one's consciousness by architectural spaces and highly significant in determining individual's comfort or stress and consequently mental health or illness.

3.4. Structured Spaces and Personality

There is a dynamically reciprocal relationship between structured space and the psychological processes of individuals. This reciprocity occurs also in socio-cultural as well as the physical areas. As the developing growth of an individual from birth to maturity is the result of the interaction of organism with surroundings, so culture is the product, not of efforts of men put forth in a void or just upon themselves but of prolonged and cumulative interaction with the environment.

An important aspect of this interaction lies in the area of perception, the impact which a space has upon an individual experiencing it will be conditioned in many different ways by that individual's psychological states and his prior experiences. Even our reactions to the objects that are in space or that help to define it, are subject to the psychological impact of space. Thus the appearance of structure like walls, floors and ceilings and the materials of which they are constructed will depend a great deal on the perciever's experience of spaces, whether concurrently or in the past.

Perception, as defined by Ittelson (1968), is

"that part of the process of living by which each one of us from his own particular view creates for himself the, world within which he has his life experiences and through which he strives to gain his satisfactions". The built environment is as subject as any other element of our environment to the i interpretations and distortion exercised by human perception. It has no fixed character, indeed no real existence except in relation to people, ultimately to individual personalities. Thus it is possible that the personality of each individual experiencing it influences architectural space. No architectural space is concieved as having any character or reality apart from the human perception and the use to which it is to be subjected.

At this stage, it is worth stressing that personality cannot be viewed as an isolated element in the human system, but rather as dynamically related to the physical being of individuals, and to the world about them. We can therefore consider personality with reference to the action of a person considered as a living, self-integrating unit, thinking of a person as an organism. As such he has a number of different levels of integration from the biochemical to the psychological, bearing in mind an idea of a system and components; hence when personality is used, the reference is to the net effect of all the components, the system as a whole. It would be reasonable to say that architecture itself has a

personality, made up of the dynamic relationship between its physical, structural elements and is therefore effective on the people who use it. Its "personality" exists only in the image formed by the persons.

3.5. Personality and Culture

Personality trait or pattern which was mentioned earlier, manifested in life style, demonstrate limited adapture flexibility and certain relatively unchanging modes of expression and action. Sigmund Freud, as reported by Kroeber (1963), regarded the individuals' personality as the 'self' which he further defined as "a person's thoughts", actions and emotions, an inner identity which remain the same throughout life". As considered by Freud, the 'self' is made up of three parts:

(i) The 'id', which is the gratification of impulses; biological core of self, the animal nature of human beings.

(ii) The 'ego', which is the ability to reason, calculate results of an action, postpone gratification, avoid danger and in short engage in rational actions according to the 'reality principles'.

(iii) The 'superego', which is the voice of conscience to achieve demand of society.

Personality, composed of these three division and manifested in behaviour, is in turn guided and regulated by cultural norms and values. Culture, Kroeber considers, refers to, "the shared

ways of thinking, behaving and believing that frow out of group experience". "Cultural, ethnic variations and developmental experiences determines an individual's reaction to threatening circumstances of physical and mental illnesses (Mechanic, 1968).

To achieve a meaningful reconstruction of a functional and normal personality of an individual once faced with physical and mental illness, the author recognizes the necessity of providing a homely feeling, a friendly and elegant touch in the design of a centre with a traditional therapeutic background to aid a speedy attainment of normality and worth in such individuals.

Despite individual differences and cultural variations, there exists unhealthy unity in all human beings. This means that human beings are alike, similar in emotions, responses and so on and are subject to conditioning. Unhealthy unity do not make cultures the same but makes them similar. When the kinds of organisms respond to similar situations, similar outcomes can be expected. Any society is not static; it keeps changing with time in character due to association with other cultures, advancement in technology, various fields of knowledge and so on. Much of this is dependent on unhealthy unity and most at times factors of alienation are overlooked which from time to time plunge individuals into stresses and subsequently physical and mental illness.

CHAPTER FOUR

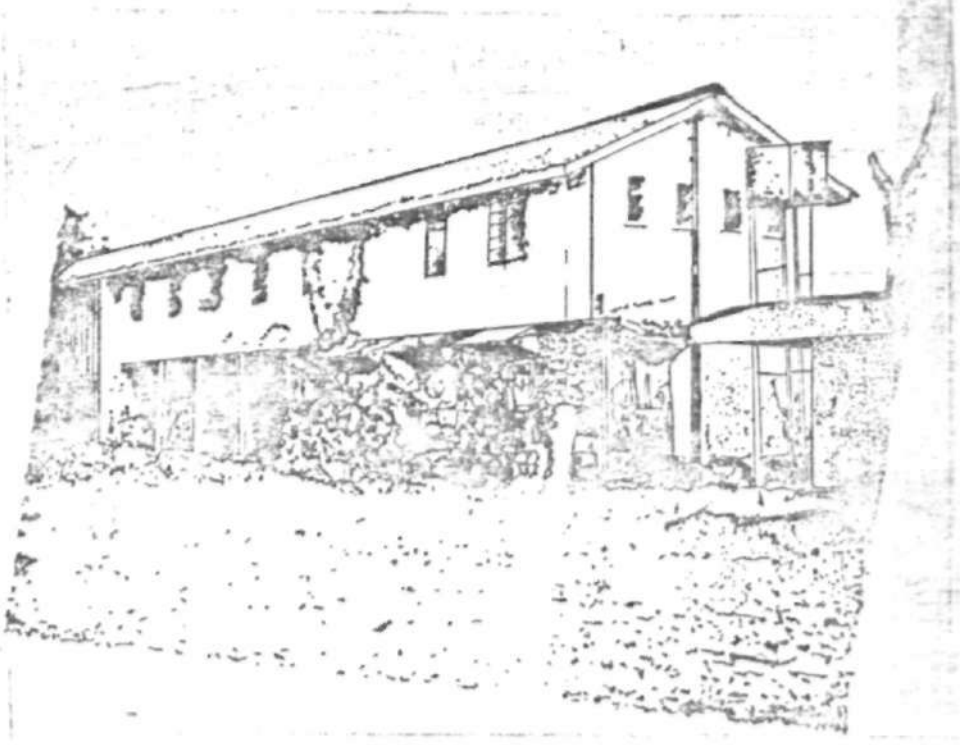
CASE STUIES

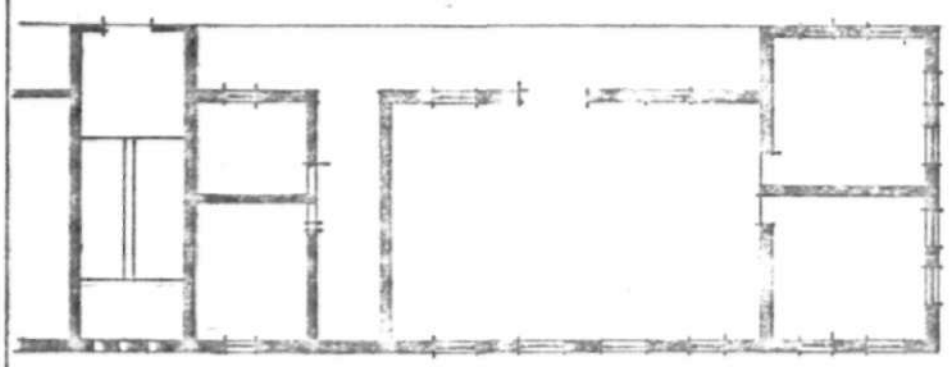
In order to successfully design for the traditional medicine practitioners and patients, it is necessary to study similar existing centres. It is worth mentioning here that this country has not yet got any standardised or specific traditional medicine centre up to date. Patients desiring traditional or indigenous medicine treatment have either resorted to consulting the unorganised traditional practitioners or out of their will, have turned to the orthordox medicine personnels for therapeutic treatment. In the area of psychiatry, patients are medically treated with occupational or vocational engagements as occupational therapy. They are discharged after they assumed healthy recovery into the community with no formal training in the various occupations for self-sufficiency after the discharge.

In the following case studies, there has been no common basis laid down for evaluation. This is because, the case studies vary in purpose for which each has been chosen. They are however relevant in this study due to the relationship they have with the people for which this centre is intended to serve and the functional relationship they have with the proposed traditional medicine centre.

4.1. Aro Neuro-Psychiatric Hospital, Abeokuta

This is the largest mental centre in the country at the moment. It was set up about 33 years ago to carter for cases of mental illness not only in the Western Region but also other parts of the country and infact patients come to it from many other parts of West Africa. The 200 bed medical centre accomodates mental cases that require serious medical attention and supervision.





VOC. THERAPY UNIT.,

Teaching and research facilities are available and it is at the moment a W.H.O. centre of research for world health organization (W.H.O.) in West Africa.

The day care ward, developed by Professor Adeoye Lambo in 1954, with a large outpatient department serving the Aro Village, Western Region and the rest of the country caters for large number of cases each day. The Aro village has admitted day patients who receive services from the hospital.

Merits

1. Patients who come from all over Nigeria, accompanied by one or two relatives are boarded in the village and come to the hospital everyday for treatment. The village setup has shown that when West Africans are treated in a community setting, they fell themselves as such in many areas which are apparently denied by the artificial hospital situation. Symptoms of ill nerve, such as excitement have been used in classification in assessing the clinical picture of hospitalised patients.
2. The village farm provides the main occupational therapy. Patients are assigned to plots of land for gardening purpose.
3. Opportunities are available for patients to erect their own huts on the farm and run a normal community life.
4. The social stigma which is associated with patients and mental illness and their relatives also is greatly reduced.

parameter for all references to the peoples traditional cultural and social life.

Historicals:

Although the age is yet uncertain, the long Juju oracle was the common instituion of the entire Arochukwu Community. The shrine was accepted by the Ibos and their neighbours as the home of the supreme God and the Aro who owned it naturally occupied a very influential place among the communities which extends from the Cross River boundaries with the Ibos westwards to the Niger. The shrine was located on an arable land which for generations had not been claimed by any individual or group but is probably the common property of all the Aro. The origin of the Long Juju can be traced to the version of story= about the origin of the Aro held by themselves today.

Function:

The Long-Juju was used in maintaining the traditional cum cultural, social and ritual hegemony in the whole area of the south eastern part of the eastern Nigeria. As such the Aros in particular got control of the slave trade which was growing fastly in the area through the skill and services which was exhibited by the Niger city delta states middle men. The long juju also afforded protection to far ranging Aro traders, oracle agents and settlements. It was also the court of appeal to which serious internal and inter-group disputes were referred.

At the long run, part of Long Juju oracle was eventually destroyed by the European Christians in 1902. This destruction of the long juju oracle had left the Ibos

and the Ibibios leaderless.

4.3. African Science Hospital, Bariga, Lagos

The hospital which is owned jointly by the Lagos State Ministry of health and a private traditional medicine practitioner, Dr. Olusheshi B.A. is made up of an administrative room, a two apartment consulting room, wards, Labour room, pharmacognosy section, research section, stores for herbs and a lecture hall with an adjoining courtyeard for outside demonstration.

The subjects which are taught in the hospital include English, Ifalogy, mathematics, health science, tradoscience and Igulogy.

Researchs:

The proprietor of the hospital claims that he carries out researches with his preparations, with a view to perfecting and improving them. Since according to him, certain prepared drugs work only in a particular season, the development of formulars to improve their all season application is necessary.

Because of its location in the central part of Lagos, most of its equipment are modern. During peak periods the hospital can contain upto 50 patients and has a herbal garden attached to it.

Wards: There are different wards for different categories of patients. The male ward is opposite the administrative section while the female ward is opposite the consulting room. Only patients with serious ailments are admitted into these wards. There are 3 beds in each ward of

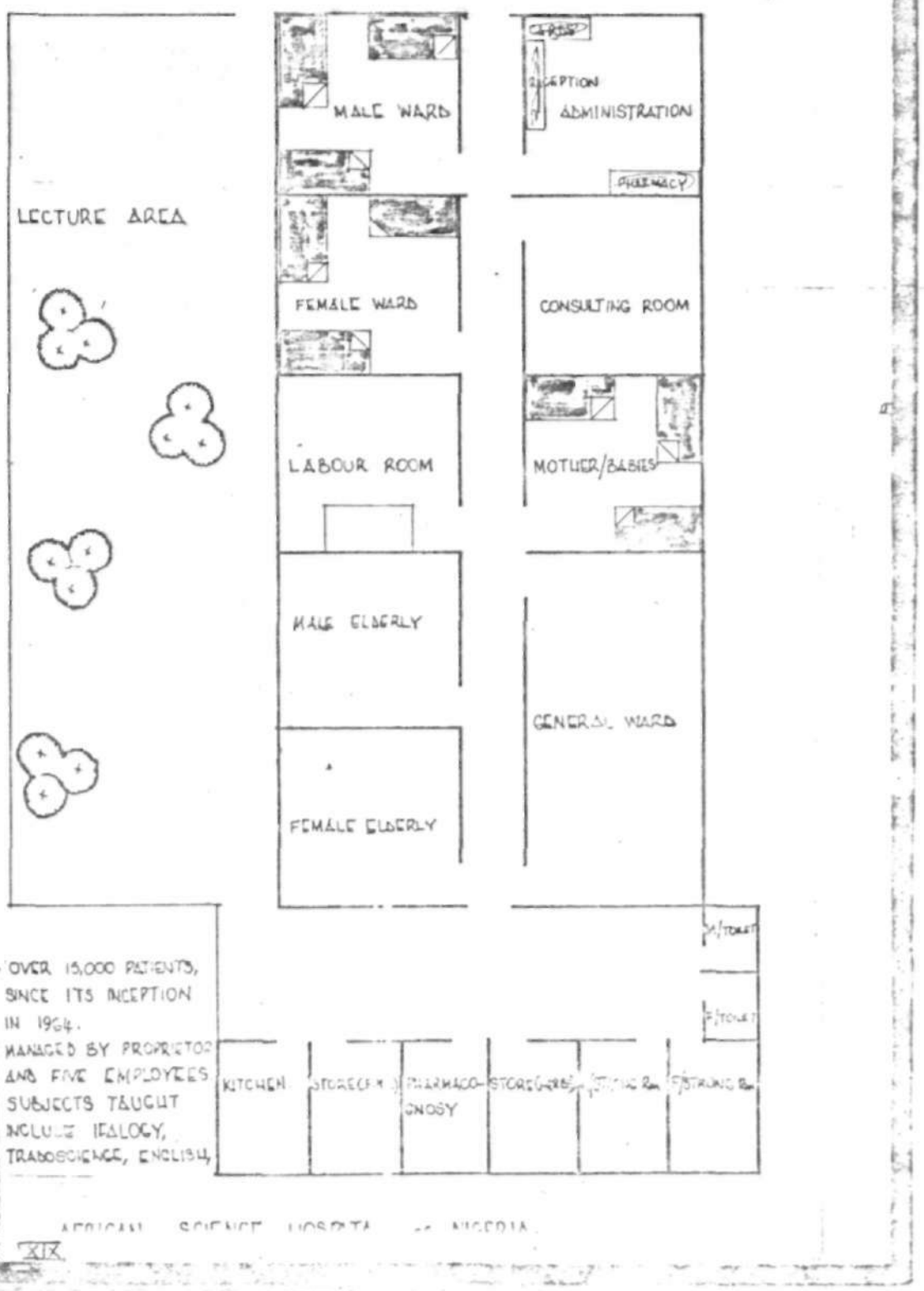

LECTURE AREA
MALE WARD
RECEPTION
ADMINISTRATION
PHARMACY
FEMALE WARD
CONSULTING ROOM
LABOUR ROOM
MOTHER/BABIES
MALE ELDERLY
GENERAL WARD
FEMALE ELDERLY
M/TOILET
F/TOILET
KITCHEN
STORE
PHARMACOGNOSY
STORE
TREATING Rm
TREATING Rm
• OVER 15,000 PATIENTS, SINCE ITS INCEPTION IN 1964.
• MANAGED BY PROPRIETOR AND FIVE EMPLOYEES
SUBJECTS TAUGHT INCLUDE IDEOLOGY, TRADOSCIENCE, ENGLISH,

PLATE XIX

4 x 35m.

Almost opposite the female ward is the labour room. There are three metal beds in each of the labour rooms and each of them have a hole through which the lequid waste pours into a metal box attached under the bed.

The ward opposite the labour room is for the mothers who have been delivered of babies. The three beds in each of these rooms have a cot next to them.

Parmacognosy:

The pharmacy section is situated in the adminstrative room. The drugs prescribed by the resident herbalist is dispensed here. Here standard cups are used for measuring out qualities. For the powdered drugs, they are stored without preservatives.

Adminstrative Area:

There are five employees in this section, with area at 4 x 4m. Cards of patients are stored in pigeon holes.

Here, patients are registered according to the type of ailment. There are different drugs kinds of drugs which are coded according to ailment. The employees are proprietors themselves.

Auxillary Section:

This section contains the store which is located in a seperate building behind the wards. Different kinds of prepared and raw drugs are stored here. The strong room which is next to the store is divided into two, one for the female while the other is for the male insane patients. The pharmacognosy is where the drugs are prepared and mixed standardised. It is also here that researches are are carried out.

CHAPTER FIVE

DESIGN REQUIREMENTS

5.1. Facilities for a traditional medicine centre

Planning for a traditional medicine centre means thinking in terms of spatial and human inter-relationship. The interrelationship between the several areas of activities are varied and complex, added to these, the problem of good site selection, consideration of finance and which then becomes apparent that sound planning requires rigour and thoroughness.

One most basic planning principle is organisation. The best organization for a traditional medicine centre demand a serious consideration of the sensitivity of the users and patients to the physical environment especially for those with physical ailment and disability that require traditional medicine curatives and rehabilitations.

For traditional bone setting, traditional birth attendance, traditional psychiatry and other African and tropical originated diseases are better organised in functional groups and integrated into a hierrarchical organization together with the research and training services.

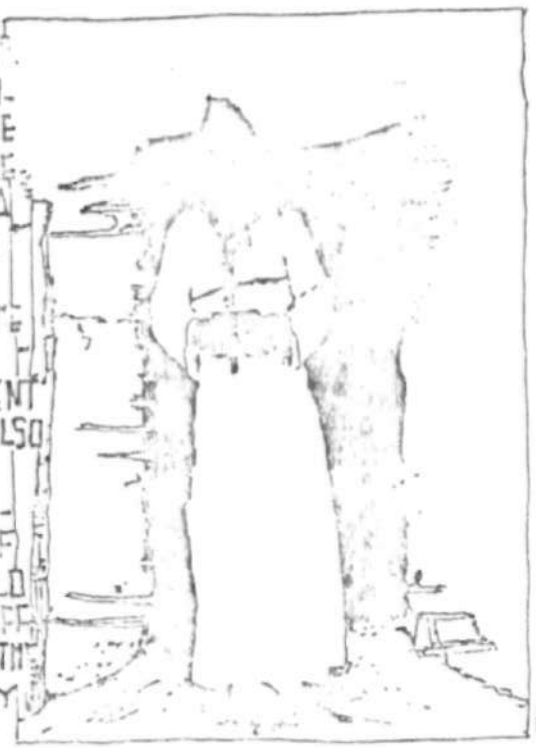
A. Traditional Bone Setting Services

Bone setting is a specialised section of traditional medicine, although, it is usually performed without the aid of X-rays, the experienced traditional bone setter uses his

[DIBIA]BABALAWO



THE SKILLED DIBIA [BABALAWO] USE AS
TRONOMICAL SIGNS TO DIAGNOSE A PATI-
ENT'S AILMENT. FOR EXAMPLE, IT IS BELIE
VED THAT SOME FORMS OF SANITY ARE
ARE AGGRAVETED BY NEW, THE APPEA
RANCE OF SUCH A MOON MAY EXPLAIN
A PATIENT'S RESTLESSNESS.
CONSULTATION OF AN ORACLE ABOUT THE
PATIENT IS ANOTHER POSSIBLE ROUTE
TO DIAGNOSIS OF A PARTICULAR AILMENT
ESPECIALLY IN WITCHCRAFT AND ALSO
TO THE APPROPRIATE TREATMENT.
SOME DIBIA OR BABALAWO USE A MIND-
CHANGING DRUG IN THEIR DIAGNOSIS OF
DISEASE AND ILLNESS. THIS DRUG COULD
BE ADMINISTERED AS AN ANAEMIA, A SNIFF
OR ORALLY. AFTER TAKING THIS DRUG THE
PATIENT TALKS FREELY AND POSSIBLY
REVEALS THE STORY OF HIS LIFE.



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TRADITIONAL PSYCHOTHERAPY...

MANY MEDICAL PRACTITIONERS ARE
GOOD PSYCHOTHERAPISTS. THE MEDI-
CAMENTS GIVEN, SOMETIMES ONLY FOR
A PLACEBO, IS NOT THE THERAPEUTIC
AGENT. IN CONTRAST TO MODERN
DOCTOR THE TRADITIONAL PRACTI-
TIONER HAS TIME FOR HIS PATIENT
AS A RESULT THE MEDICAMENT
PRESCRIBED MIGHT NOT BE USED
AT ALL BY THE PATIENT OR IF
USED PRODUCES LASTING EFFECT.
THE FACT THAT TRADITIONAL



hands and fingers to feel and assess the type and extent of damage to a broken bone. In the case of a broken leg, the patient is made to lie down or sit with the fractured leg lying flat. Herbal preparations and dressings are placed on the fracture before planks or sticks are tied round the leg with string or the stem of a climbing plant. The patient is required to keep the leg as stationary as possible throughout the treatment. By the next day, the leg would have swollen, these swellings are treated with hot fomentations. Traditional bone setters are known to repair compound fractures and some are said to be so skilled in the art that they can heal fractures which do not respond to treatment in modern hospital.

B. Traditional Birth Attendance Services

The practice and services of obstetrics and gynecology in traditional medicine is worthy of inclusion. The specialist is often termed a traditional birth attendant (TBA) or traditional midwife. The TBAs' play a major role even in the big cities of developing countries especially in Africa where maternity hospitals are overcrowded and women in labour have to seek help elsewhere. The duties of the TBA are similar to those of a modern professional midwife. However TBAs use herbs to aid delivery and difficult births are managed with the aid

of incantations. Various gynaecological or other female disorders are also handled in traditional medicine by the TBA specialist. Prenatal and post-natal care exist in both traditional and modern medicine. The pre-natal treatments given in traditional medicine are made from herbs unlike the iron and folic acid tablets used in modern medicine. Strangely enough, most of the herbs contain these essential nutrients.

C. Traditional Psychotheraric Services

Many traditional medicine practitioners are good psychotherapists. It is believed that confidence in the traditional practitioner and his ability to relieve anxiety explains a good part of his success in this field. The medicament given sometimes only for a placebo, is not often the therapeutic agent. In contrast to modern doctors, the traditional medicine practitioner has time for his patients. He is ready to listen and he authoritatively assumes that he knows the cause of the disease as well as the correct treatment while the modern doctor relies on his expert ability in diagnosis, his experimental proven medicaments and the use of readily available diagnostic tests. This complacency can lead to doubts in the patients mind as to the doctors' ability. As a result, the medicament prescribed by the doctors might not be used at all or if used produce little or no lasting effect. The traditional

practitioners also deals with mentally disturbed patients. The violent ones are isolated either in cells or strong rooms. The old method was to chain them either to trees or to wood blocks or made them to wear handcuffs or shackles. The patients receive sedative decoctions regularly and carryout ritual dances, caring faith healing and certain prayers are included in the treatment of certain cases offerings are sometimes made to the gods in order to allay the harmful effects of evil spirits on the patients and their families.

To aid the speedy recovery, reintroduction and reinstatment of the patients into their community, new methods of therapeutic application has been introduced by the traditional medicine practitioners which helps in subsiding the patients feeding and financial standard. These methods include:

(i) Vocational Therapeutic Services

The vocational services are provided to aid the easement of the patients anxiety and mental retardation. Since the Psychotheraric medical system in the traditional concept lasts for quite sometime, it has been necessary to provide these basic services - wood works, leather work, basket and mat weaving etc to keep inmates occupied during their proposed long stay in the traditional medicine centre.

VOCATIONAL THERAP



THE VOCATIONAL THERAPIC UNIT INVOLVES PROVIDING VOCATIONAL ACTIVITIES SUCH AS IN AND OUTSIDE WORKSHOPS TO SPECIALLY PERFORM SUCH JOBS WHICH SETTLE AND SEDECT THEIR EMOTIONALLY UPSETTED MINDS. THE INCLUDES SUCH ACTIVITIES AS SEWING, POTTERY, CARPENTARY, ET CETERA.

(ii) Occupational Therapic Services

A substantial occupational therapic aids in the form of agricultural practice is also provided to supplement for the food supply in the centre. This is easily achieved by the presence of the Nkisi river which is used for irrigation and the fertile nature of the site.

The main aim of this therapeutic system is to try to conserve the skill inborn in each of the psychiatric patient who participate in either voactional or occupational therapy depending on which aspects he or she is gifted and to try to rehabilitate and reinstate them back into their previous society.

D. Services for Ordinary Tropical Diseases

In the case of the medical treatment for ordinary tropical and African originated diseases, leaves, barks, roots, seeds of trees can be used besides wholly or parts of animals such as chameleon, tortoise, snail, snakes head, the penis of various animals, bone, clavus etc. Also used in the medicaments are mineral substances such as allum, powdered ferruginous clay, kaolin, ant-heap earth, common salt or rock salt.

Although, the medicine prescribed may contain only a single active item, it is often a multicomponent mixture and there is a reason

for this; Viz: some of the components are there as preservatives, others to act as flavouring agents while others are colouring agents. This practice of adding non-medicinal components to a preparation is not uncommon in modern pharmaceutical practice,

The prescription of traditional medicine preparation are done in several forms. They can be liquid, solid, semi-solid or gases for example steam inhalation preparations, fumigations like incense etc.

E. Research Services

The approach to be adopted in the development of a research unit for the traditional medicine centre will depend on the objectives of the exercise. Since the objectives among others include, to isolate and identify the bioactive constituents of traditional medicine and to formulate them into drugs, the products which= will then be treated as new drugs in which case, the general procedure and services employed will be handled similarly as in a drug manufacturing laboratory. Secondly, since the objectives does not exclude the inclusion of certain possible orthordox services such as X-ray, the research unit has relevant and evaluated intensions not to exclude such substantial services.

F. Training Services

The training unit will provide resourceful avenues for the purposes of developing greater understanding of traditional medicine and its application, here subjects such as Ifalogy, Igulogy, tradoscience and English could be thought alongside the idemification of traditional medicine.

It is possible to incorporate the services of the department of phar pharmarcognocy of the University of Nigeria Nsukka in training and researching of traditional medicine at the centre. Secondly, the possibility of the inclusion of a department of traditional medicine into the programme and scheme of the faculty of medicine the same University for easier affiliation of both the traditional and orthordox so that medical students can offer, appreciate and develope a better understanding of the traditional medicine and its application.

These six major services has formed a framework for the development of the functional facilities required in in the centre which are better organised in functional groups.

5.2. Design Principles

The principal objective of this thesis is to design

a well planned therapeutic environment within which patients would be aided to recover and develope a stability for self - sufficiency as well as where the staff could carry out their duties efficiently - a "therapeutic community".

The intension is that all the patient's time spent within the centre is thought of as a therapeutic treatment weather he spends it either executing occupational and vocational services or that he spent it troting round the landscaped area. Treatment to be effective will involve not only the handling of the patients various physical and mental ailments but also an awareness of the fresh problems which the fact of being in a traditional medicine centre with an organised site would create for the patients. The patient, the community in which he lives and the centre of which he become temporarily a member are all very important and interact on each other which is aimed at achieving one goal.

The environment conducive for the patients depend on the total organization of the centre as it relates to their interaction which vary from time to time during their stay in the centre, which also depends on the treatment which is designed to be received in the centre and the progress they make. There would be need for groups in the wards for the in-patients although depending on the kind of individual ailment and sometimes groups would be prefered especially in the psychiatric therapeutic system. This grouping would

vary in sizes, the groups in different categories of accomodation (wards), groups for out-patient treatment, different sizes of research groups and teaching groups. The environment will therefore provide a gradation of spaces and some measure of flexibility in the arrangement of spaces.

The need therefore arises for buildings to conform with the existing environment with its undulating roughged terrain. It is important for the patients to appreciate a certain sense of purpose in the architecture as well as the comfort and friendliness of a closely related therapeutic environment. It is also important to consider the fact that certain activities require the use of traditional equipment and research equipment which are better arranged in certain design pattern which can be manipulated to fit into the intended design with its unusual geometry.

A compact, non-distingrated and functional architectural complex will be provided which will contain the majority of the functions of the centre. Another four other seperate buildings would be needed to provide accomodation for the psychiatric patients, this would be grouped together to form a village or a town precinct. The architecture which is provided in each case would be associated for a purpose which would be appropriate to their therapeutic role. All the seperate functional groups would fall according to the components parts required in this desired traditional medicine centre as follows:

(a) The administrative section for management and other specialised staff, conference room, reception and waiting rooms and other necessary functions.

(b) Traditional medicine clinic where the diagnosising of patients and appropriate treatment or steps would be taken for the out-patients. This section would house also the traditional medicine practitioners, offices diagnostic rooms.

(c) Boarding quarters for the in-patients and all night accomodation for the staff whose duties does not permit their stay far from the in-mates. Such functions which this section will perform include programmes for warding activities, bathing, laundry, toilet use, sleeping, cleaning or tidying up and storage facilities.

(d) Training section which consists of classrooms workshop for the vocational services for the psychiatic patients who has the tendency to stay longer than other inmates, common or restrooms and demonstration areas.

(e) The research and traditional medicine evaluation section which consists of laboratories which perform different activities, raw medicine and finished medicine storage facilities, X-ray utility research section, with reservation for extension services for the other Universities and research institutions working

on traditional medicine and its improvement.

Though grouped, the functions possess a long linkage and interrelationship with each other since they are integrated into one centre aimed at performing and achieving one goal. The functions are integrated into the centre with a humanizing scale, providing the best possible interaction.

5.3. Design Considerations

> "A landscape: "land is one of the basic commodities of the world, its' planning for use and conservation is a central political and social issue. Land becomes landscaped when it is described or seen in terms of its physiographic and environmental characteristics. Landscape varies according to characteristic and according to shyschological impact of man on it. Thus landscape is a reflection of dynamic, natural and social systems. Landscaping is concerned with the planning and design of land and water for use by society on the basis of an understanding of these systems. Planning implies a futunistic approach to land. Land is regarded as a resource to be considered in relation to the demands and predicted needs of society and its values. Design refers to the qualitative and functional arrangements of percels of land set aside in the planning process for some specific purposes such as housing, education, recreation or hospitals"
> (Michael Laurie, California, Berkeley)

The landscape design approach and consideration has inevitably been considered, although the consideration nevertheless were conditioned by the backlog nature of the terrain, the existing vegetation, traditional practice which has influenced the designing of the existing water course within the lengendary site, and the attitudes towards nature which is influenced by the cultural context from which each of the patients and other users of the centre has been considered to have grown and the society duely represented.

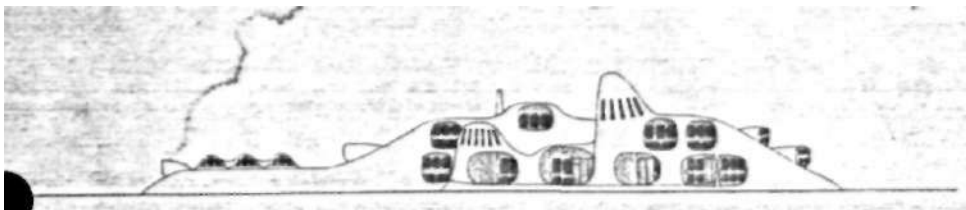
The adoptation of the inmates to new landscaped

environment is also considered, for example, their adaptation which is related to the use of kthe land for= a therapeutic purpose is dependent on their mode of percieving one of the most important function of landscaping which is to create and preserve beauty in the surroundings of human habitation and concerns the promoting of comfort,convenience and health of the user.

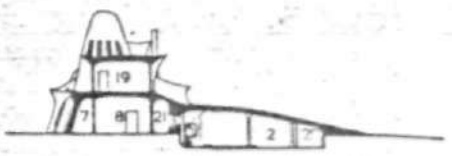
"Experiments In Buildings Form"

"B Forms: "The international style will probably remain the best form of design for most buildings for some time as it uses industrial products now on the market, it is relatively easy to design and most contractors are familiar with it. Unfortunately, the design of most buildings in West Africa copies only the superficial gimmicks of this style, in particular sun brakers which are often applied so that they actually heat up the building or deflect breeze away from the body level". (West African Builder and Architect).

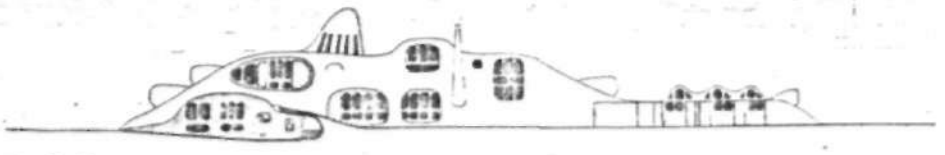
The design considerations geared towards "experimenting on new building forms" which the author received the inspirations from the great works of ALAN VAUGHAN-RICHARDS, includes an attempt to pursue a line of thought that tries to combine what is known of medicine, climate, terrain, organic, architecture, sculpturalism and relevant research to use the readily available materials to absorb some of the atmosphere of traditional buildings and to syncronise with the cave environment. In-spite of these good intensions, the constraints and difficulty which is involved with the use of T-Square and other instruments inevolving the desired architecture considered suitable for the cave environment alongside its medical (clinical) functions are largely resolved intuitively and finally, the impression which may be



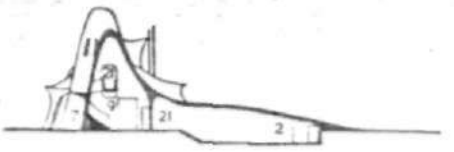
South Elevation



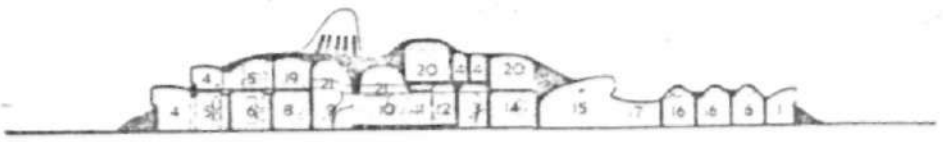
Section A-A



North Elevation



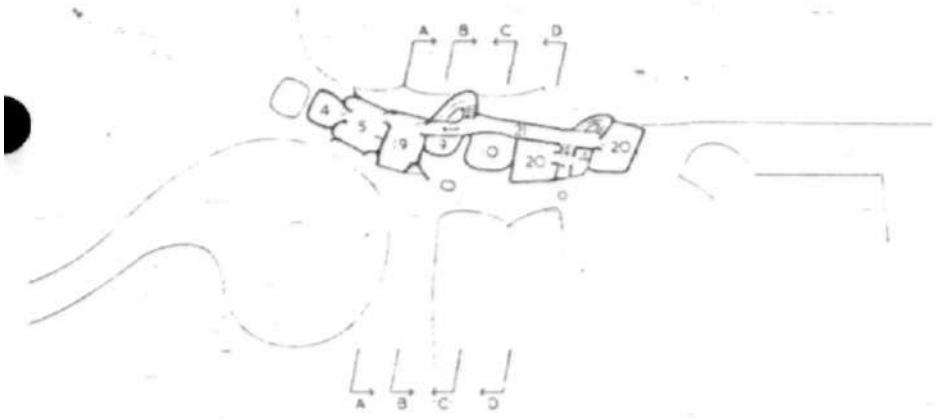
Section B-B



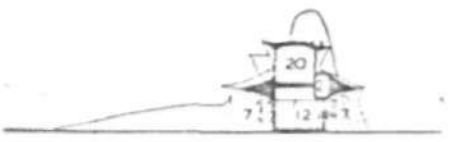
Long Section



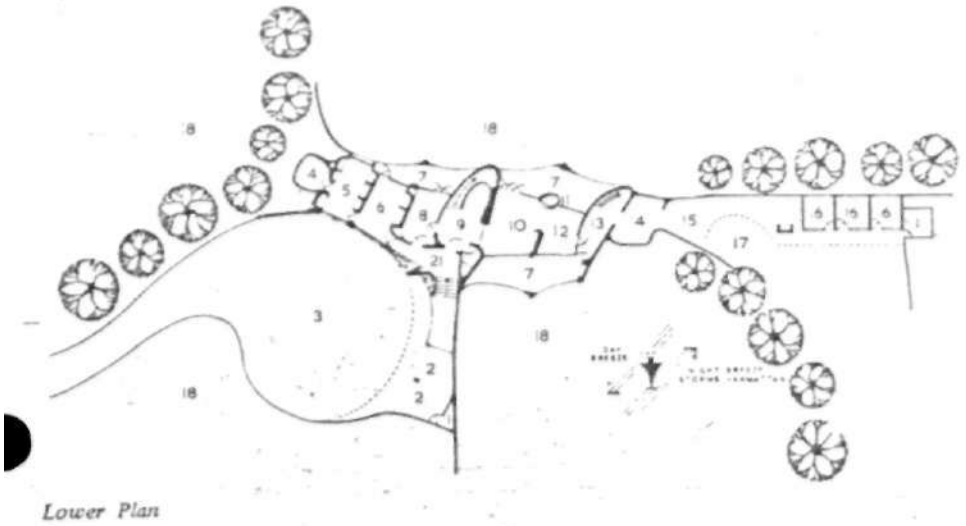
Section C-C



Upper Plan



Section D-D



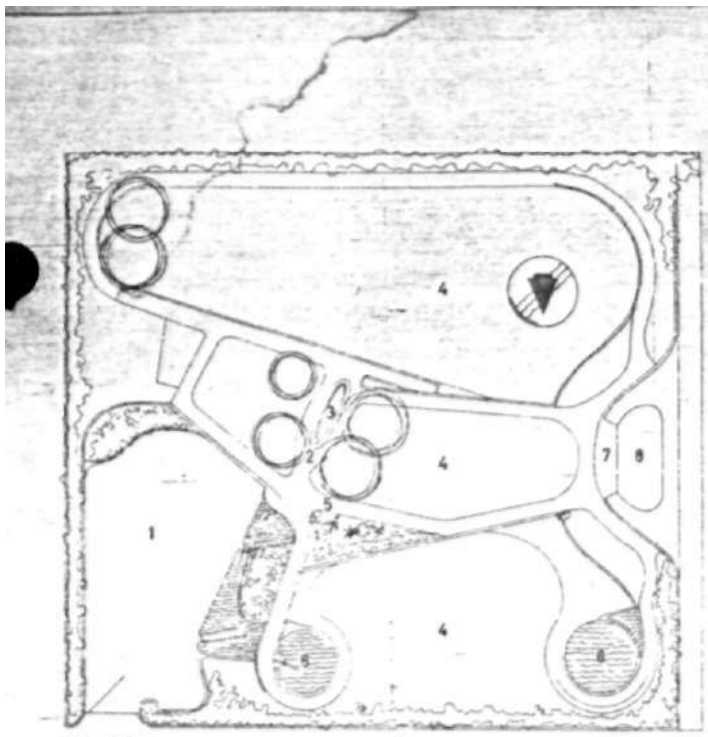
Lower Plan

Proposed House at Alagbon

Architect: ALAN VAUGHAN-RICHARDS

KEY TO PLANS

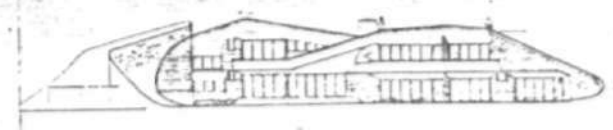
1. *Store*
2. *Car Ports*
3. *Drive*
4. *Bathroom*
5. *Dressing Room*
6. *Guest Room*
7. *Terrace*
8. *Study*
9. *Hall*
10. *Living Room*
11. *Bar*
12. *Dining Room*
13. *Pantry*
14. *Kitchen*
15. *Laundry Room*
16. *Servants' Rooms*
17. *Yard*
18. *Lawn*
19. *Master Bedroom*
20. *Bedroom*
21. *Passage*



Site Plan



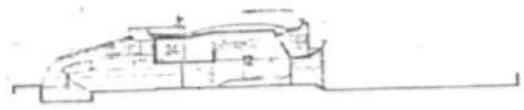
North East Elevation



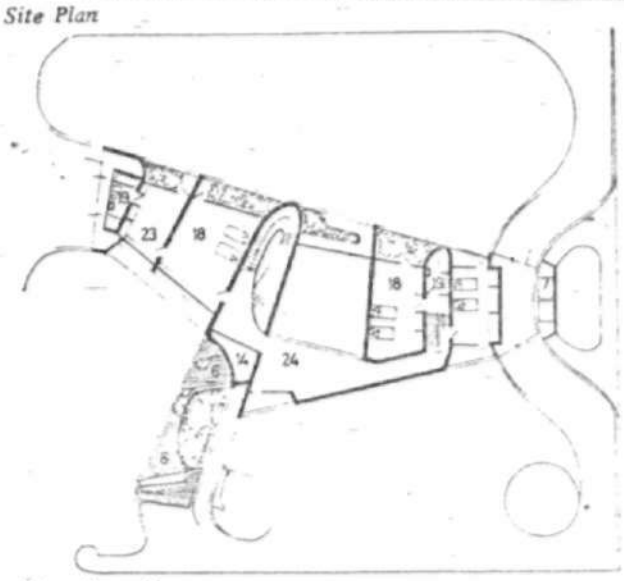
South East Elevation



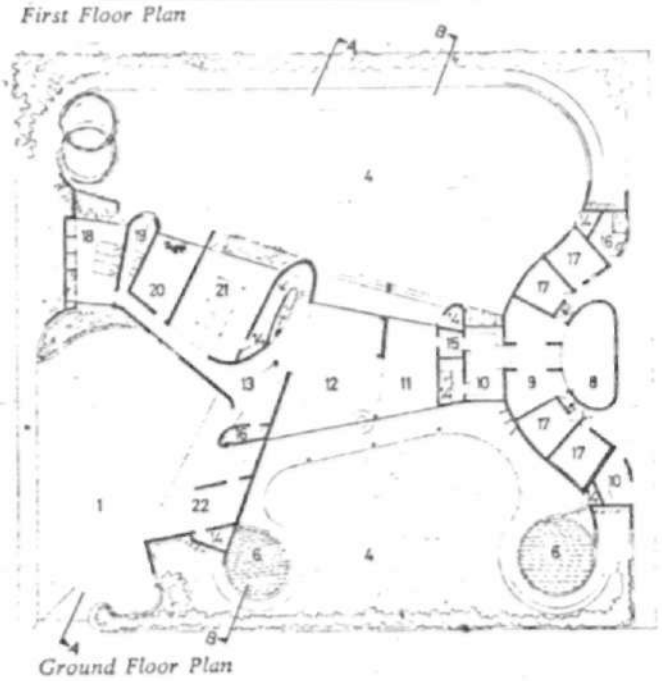
Section A-A



Section B-B



First Floor Plan



Ground Floor Plan

Proposed House for Mr. Akerele at Ikeja

Architect: ALAN VAUGHAN-RICHARDS

Engineers: OBI OBEMBE & ASSOCIATES

KEY TO PLANS

1. *Drive*
2. *Pergola*
3. *Skylight*
4. *Lawn*
5. *Path Over with Rainwater Drainage Channels*
6. *Pool*
7. *Water Tank House*
8. *Kitchen Yard*
9. *Laundry*
10. *Kitchen*
11. *Dining*
12. *Living*
13. *Hall*
14. *Store*
15. *Pantry*
16. *Lavatory*
17. *Boys*
18. *Bedroom*
19. *Bathroom*
20. *Study*
21. *Billiards*
22. *Cars*
23. *Dressing Room*
24. *Balcony*

considered subjective and possibly superficial.

The architecture is intended to archieve specimen of moulded forms which have some afinity to traditional buildings. It is planned to give maximum comfort and visual appreciation consistent with organic approach to designing and intended to provide a serial continuity of the organic nature of the site as one moves around inside and outside the complex.

It is not the intention to make a copy of traditional buildings in the sense that columns are stuck on pseudoclassical buildings or planks nailed on gables to make fake mediavel styles West African architecture is for a different society but this moulded architectural form started by Alan vaughan - Richards is an attempt the author has made to catch the feeling and to learn how to sue the theme of moulded forms that have been successful in the past.

At present the forms are not particularly cheap but with development and familiarity by contractors it should be possible to reduce prices. They are not therefore directly applicable to the great need for low cost housing.

This design for the centre therefore has been chosen by site conditions rather than by the author's reflection

(c) Organism - Approach to the site manipulation

The theory of organic architecture was derived from ancient Greek and Roman architecture and further developed during the renaissance. As for the Greeks the proportion of human figure was used

used as a standard for the design of temples. This concept was developed by vitruvius and many artists adopted the theory. Vasari once remarked that "architecture must appear organic like the body" and Michelangelo held that "acknowledgement of human figure led to a comprehensive architecture". Great artist Einfulung held that "bodily feelings are projected into the forms of a building", the basis of modern theory of organic architecture. The concepts appear to share the same ideology but a critical analysis differentiates them. While one is the recognition that our bodily existence and bodily feelings must be the measure of the world around us, the other is the application of the principles of that organic life to design.

The theory of organic architecture was demonstrated in the work of some of the most important architects of the age. Amongst them were Henry Van de Veld, and Erich, Mendesohn from Europe; Louis Sulliran and the master - frank Lloyd Wright in America.

It is not surprising that the theory as it continued to be developed by various artists tended to loose its original meaning. Thus various writers confused that idea of organic architecture with functional buildings according to social needs, so that a house designed in stages to meet the changing needs, that is regarded as organic. This might be accepted as organic building for social needs but too ordinary an idea to embody the concept of organic architecture.

The concept of organic architecutre can only best be explained by the nature of organic structures. In

all natural organisms, all parts are in harmony with one another in relation to the whole body and each part appears to be conditioned by the work the organism in question is designed to perform. It is also true that the plan of an organism influence **the** character of the subordinate organisms. This applied to a building will mean the harmony of all the part with the whole, so that the design of the whole influences the design of the subordinate parts. Subsequently, the forms of the building harmonousely made one, should express a function liken to the conditioning of the forms of an organism by the work it is created to perform.

The theory over the years has influenced the work of many famous modern architects like Van de Velds and mendelcohn. Most architects guided by this concept of organic architecture, contend that the building should not only be in harmony with its surroundings but also with the earth on which it stands. Famous among architects with this concept was Frank Lloyd Wright, who even protests that "the building shouldn't be on hill but of a hill, appearing to grow out of the earth". He further said "house and garden should be one and making it difficult to discern where the house ends and the garden begin".

From the foregoing, organic architecture can be said not only to be the complete harmony of the part with the whole but a harmony of the building with its environment and the site in particular. Frank Lloyd Wright made frantic efforts and contribution in the field of organic architecture from which such works as documented errupted:-

"The Robie House" (Frederick C.) Chicago

The Robie house is a typical example of Frank Lloyd Wright's works, designed for Frederick C., Chicago in the United States of America. This master piece like many others such as the "Falling Water" exhibit the designer's ingenuity and architectural skill most especially in the way nature was being sympathised with which in itself is an organic expression. How Wright achieved his objectives of sympathising with nature is what this thesis will consider.

In order to achieve the organic ideal Wright exploited the colour and texture of the material and also by making correct use of the chimney which radiates the elements of the building from it, to creat the impression of the building growing from the earth. He further fragmented the compositional elements of the building, interweave the materials and space and also made use of light and shade pattern thus creating the effect comparable to the interplay of the solid and void, of the sunlight and shade which occurs in nature. As for the plan, organic concept was revealed by the gradation of elements, from the bulky, thickest chimney to the smallest element. In a nutshell, the exterior massing of the house pervade its interior space as well. Interior spaces enhance continuity by opening into one as experienced by viewer.

Before the Robie house project, Wright had the viz opinion of organic architecture:

(i) That a house should posses simplicity and response in addition".

(ii) "There should be as many kinds (styles) of Houses as there are kinds (styles) of people".

(iii) That "the building should appear to easily grow from the site"

(iv) That "colours should harmonize with nature, the soft warm optimistic tones of earth and autum leaves in preference to the pessimistic blues, purple or cold greens and greys of the ribbon counter"

(v) Lastly, "that materials should reveal their natural colour and texture.

From observation, Frank Lloyd Wright used the above stated fundamentals as a base for the design of the Robie house and to achieve organic ideal in his subsequent works. It also appears that many architects influenced by the concept of organic architecture use the same created base by Wright, to achieve the organic ideal in their works. These fundamentals of organic architecture has been reflected and considered by the author to achieve a definite continuity of the cave environment so as to carry the exterior into the interior and vis-vasa.

(D) Terrain: "Terractectural Principles".

One primary objective of this thesis is to develope as well as conserve the natural and organic nature of the care environment. This is to be achieved by light application of the terractectural principles especially in the areas of the care interior which naturally exists underground.

The ward "Terratecture" originates from the Latin

word "Terra" meaning earth constructed by cut and fill method, which means underground buildings to split basement building whether man made or naturally occuring. It is important to note that this method of construction is not recent in practical sense of it since mankind in the beginning was known to have occupied various forms of underground dwellings such as Caves. for the last three quarters of a million years. According to Dr. Sydney Baggs' article on terratecture, over 10 million people are living in underground structures in China and thousands in Mexico, Tunusia, Turkey, Spain and Australia not to talk of United States where about 6000 or more underground structures exists. Currently in many parts of the world, keen interest has developed for terratecture over the years. For instance, in Sweden there are underground residential and hospital structures while in Japan over 70 underground shorping complex exist.

The sole purpose of this application of terratectural principles within the cave visinity and interior is principally to preserve the natural quality and visual integrity of the site, and to exploit its advantages in the planning and design of the traditional medicine centre.

Underground architecture has the advantage of energy conservation, it is therefore assumed that the cave interiors would be a great equilizer of climatic changes. This phenomenon explains why summer is averaged with winter over time and with depth so that

earth's temperature eventually becomes constant throughout the year. This phenomenon of thermal changes in the underground environment attacts the peak and average rates at which a building exchanges heat with its surroundings. The reduced rates of energy transfer results in reduced heating and cooling loads.

In view of the fact that heat exchange between underground environment and the surrounding soils is rather difficult to determine; the thermal effects can however be explained by considering individually the climate of undisturbed ground and the means by which the earth isolates underground spaces from the surface under an assumed condition of steady heat transfer.

The temperature variations from the earth's surface (terratecturial temperature) decreases with depth along the soil profile untill a constant temperature is attained. Daily ranges of temperature remain at a constant at a depth less than two feet, which implies that any earth covered dwelling of this depth will not notice any temperature variation. On the annual basis, temperature variations in undisturbed soil penetrates to depths of 16 - 32 feet, depending solely on soil type and the degree of terrecturial variations, for a $1^{o}F$ sub-surface fluctuation. The other advantage of temperature in underground surrounding is that the temperature wave in the soils lags behind the surface temperature wave in linear relation to depth so that when it is "December" at the surface, it is "September"

at a depth of about 12 to 13 feet. This eventually implies that the maximum heating loads attributed by conduction to the ground and by heating of intake air are seperated over time. The reduced temperature variations with "depth" can further be enhanced by vegetation cover on the earth covered environment.

CHAPTER SIX

THE SITE

Considering the execution pre-requisite for this project, it becomes necessary that a suitable site be chosen to the best of planning ability and requirements for a traditional medicine centre. To enhance successful research, training and therapeutic procedures in traditional medicine and to aid a convenient reabsorption of psychiatric patients in their community there is need for a close site planning since the confinement concept of these psychiatric patients has long been realised by the traditional medicine practitioners to be rather detrimental to the objectives of treaming the mental patients, because seclusion encourages deprivation of the patients' sense of belonging to their community. Therefore, this calls for a site planning with maximum good landscaping which will provide= the desired environment for its purposes.

6.1. Site Location

Ogbunike is one of the oldest and lengendary towns in Anambra state, it is located about twenty (20) kilometres east of river Niger in Onitsha. It falls on latitude North and Longitude east and bordered on its western and north-west by Oze and Nkwelle, while on the eastern part by Umudioke. On the whole it lies about 20 kilometres south of the Igbariam farm settlement with Ogidi bordering it on the south. Ogbunike is a fairly large town in the local context, it occupies about five square kilometres of land with a population estimate of about 30,000 who

are mostly farmers.

6.2. The Terapeutic Importance of the Site

The reasons for the selection of this site in Ogbunike is not that this thesis is connected with only architectural exercise. For the community to which it belongs but also dde to the town's therapeutic potentialities in a traditional context and the presence of the fetish and traditionally lengendary care "Ogba". The location of Ogbunike along Enugu-Onitsha high way which is the busiest road in the state due to the commercial status of Onitsha and Enugu being the state capital shows evidence of the possibly easy accessibility for all the patients within and outside the state.

The care environment which has been selected as the actual site is situated on the North Eastern section of Ogbunike, behind the age-old St. Monica's Teacher's college. This site has been specified by the state government as an institutional area or a resort centre. Now due to the criteria for an institutitional development out-weights that of a resort centre, it is expected that this thesis would form an immediate social and physical limk with the area bearing in mind the following characteristics of the area.

(i) The spiritual significance of the site.
(ii) The healing and herb potentialities
(iii) The symbolism of the site as an object of justice and santuary.
(iv) The town being one of the oldest east of the Niger is considered as the melting point of Igbo tradition.

(v) The site (care) acts as an assylum for the oppressed.

(vi) It posses some ingredients of fetishness

(vii) The tranquilated conduciveness of the site for healing the sick.

(viii) Finally, it acts as a symbol of unionism for Igbos of Anambra.

All these characteristic faction contributed to the selection of the care town as the most suitable for a traditional medicine centre.

6.3. Outline History of Ogbunike (Origin)

Mythological influences surrounds the origins of Ogbunike cultural life and traditions. The name Ogbunike believed to be derived from Egbunike, the first son in a family of five children whose father and mother were called Nnamenyi and Igwedo respectively Umuleri, Nando and a sister Nwomcha. These brothers were the fathers of the generation of people now living in the towns in Anambra Local Government area that go by the names Awkuzu, Umuleri and Nando.

Nwonicha was married to Ado from Ezechima family of Ogboli quarters in Onitsha, during the early years when the people immigrated from Benin city. This formed the basis of the link between Ogbunike and Onitsha, thus giving the historical background of the adage "Afulu Onitsha, Ogbunike Ewelu". Ogbunike was a great hunter and a courageous adventurer. He founded his place of Abode "Ogbunike" during one of his hunting expeditions. His first hut was pitched at a site called "Eke-Olisa"

commonly known as "Okwuana" Ogbunike and referred to this day as a shrine to which the people of the town Ogbunike pay yearly homage. Ogbunike married two wives. His first wife begot four children namely Ukalo, Osile, Azu and Umueri which form the Ikenga group and the other wife begot two children Amawa and Ifite which form the Ezinifite group. These formed the six villages in Ogbunike.

6.4. Missionary Influences

In its early days Ogbunike people were predominantly non-christians and kept idols through which they worshipped the supreme being and creator God whom they called "Chukwu". The church missionary society arrived about the year 1894. Their first teacher was late Walter Amobi of Ogidi who later became king Igwe Amobi of Ogidi. He was later followed by the late J. Kodilinye of Obosi who was the next Head Master of the school and later became the king of Obosi from the year 1902, before which period the church Missionary Society had a not too brilliant progress, the people embraced the teachings and way of life preached by the missionaries.

People started quite early to take advantage of the schooling facilities and men of distinction in many works of life, were produced. The Roman Catholic Mission also came in and contributed immensly in training famous sons and daughters of Ogbunike. A girls school St. Monica now a Teacher training College was founded in 1906 on the "Ogba" hill (care hill) hence the name "Ugwu Ogba". Its first principal was the late

Miss Edith Warner who was succeeded by the late Miss P.M. Rowe.

6.5. Culture

The custom and tradition of the people is rich and of absorbing interest. The natives have their system of dating seasons, months, weeks and days in each year. There is the "Okochi" and "Udumih" describing the dry and the wet seasons and the "Izu" describing the week of four market days. Important historical events are prior to the advent of mass literacy in the English language, used in describing years; 1918 being described as the year "Ikuku" (of Influenza). There are a number of traditional festivals which are designed to correspond= with particular seasons or times of the year. Some of these are:

(i) Emen Olisa:- This is the feast in which general thanks-giving is made to Okisa (God) for his goodness to and protection of the people.

(ii) Emem Nwafor: This is the biggest festival falling in July of each year to mark the close of the planting season. It lasts for four days during which period crouds of guests and visitors mill around the town.

(iii) Awamji: A feast of new yams, in September of each year. It marks the end of the period of famine which sets in with the planting season.

(iv) Ngba Agbo: A festival for unmarried girls. Featured by display dancing and wrestling. This

festival brings out much of the social life of the people.

There are also title accorded to men and women who have performed certain traditional rites. The men take the "Ozo" title while the women do the "Ichi Ekwe".

6.6. Social Progress in Ogbunike

The people of Ogbunike have to their credit a rich tradition of Agriculture. This has survived the strains genereated by the evolutionary changes of the past decades. Patterns of community development activities also feature greatly in the life of the people, caught off in the general strategy of the six year development programme. Ogbunike is left with a vast mosaic of resources to develop. Its water resources, rich fields and farmlands, beautiful country side with delicate scenic beauty, location and other undiscovered potentials, all combined with the energy of the population, to offer scope for a lively agricultural, industrial and traditional activities. The general social and cultural activities are organised by age grades.

6.7. Arts and Relics In Ogbunike

Arts in Ogbunike dates from the origin of the town itself. To the people of Obunike, it was a desideratum and an integral part of the life they lived, crude at the intial stages; it became gradually improved with the influences of age, practice, usages and social change bearing on it.

Like the Benin's and Awka's specialising in wood carving and smithing, the people of Ogbunike had their

own specialisations. They engaged in wood-carving, basket making, smithing and making of artistic implements of trade e.g. hoes and axes.

The culture of the people was expressed in body decoration which is made with "Uli" a brand of indigo producing a temporily indelible pattern and in their artistic hair do involving different patterns produced by the use of locally made razor (Aguba).

Another body decoration known as "Ogalo" is effected by the use of a special root sap which reacts chemically with the body. Different patterns such as circles, semi-circles and curved lines are made on the body with this root sap which on drying out throws the initially engraved pattern into a bold relief in relation to the body. Music and wrestling also had their place.

6.7. The Ogbunike Cave (Ogba)

This world famous cave is found in Ogbunike Town, not far away from the Onitsha - Enugu road and situated behind the age-old St. Monica's Teachers' College, Ogbunike, many tourists have been fascinated by the cave. It seems to be the most widely known cave in Nigeria. People have come from near and far, inside and outside Nigeria, to tour the cave and inscribe their names on the walls and roofs of the care and on rock surfaces outside the care. Every year hundreds of school children, students and under-graduates travel to the Ogbunike care with their teachers and lecturers to admire the wonderful cares or the "holes in the ground". Also,

tourists from all over the world come to the cave and take photographs home.

A young man from Aba local government area of Imo State in Nigeria once wrote his impression of the cave in an account of his tour and had this to say

> "My friend and I set off for the cave in the morning. It was a tideous journey for we had to trek along the narrow paths in the thick forest; we descended and assended many hills passing through the dense fofest and avoiding dangerous parts - such as deep valleys, until we reached our destination.
>
> What a horrifying place! A region of bats, trees and rocks - A mighty tunnel naturally fenced with impregnable rock, formed the entrance. With the help of a ladder we descended 30ft into the tunnel. Here I was asked to remove all my clothes except my pants. This I did in comformity with the rules of the care and in order not to stain my clothes. We said a short prayer at the entrance of the care before settint out into it. On top of the outer rock were incriptions of different names of people who had visited the care before. My friend who had been familiar with almost every part of the care took the lead. I folowed him and other people queued up. A little step led us into darkness, darkness and nothing but real darkness which is better seen than described.
>
> Each and every one of us had torchlight, with these we were able to probe into the darkness. Inside the care are several routes through which one could travel about three miles underground. We took one of the routes where we saw a flowing stream broardened further into a river. This part of the care gives some striking features: luxuriant grass on the cliffs, the rocks with a variety of colours are astonishing. The soft parts of the rock crumble into small piece dropping into the milky blue river. At the right hand corner of the care is a dry land, so dry that it served us as a resting place for some time.
>
> Having left this route, we came to a place where we were compelled to crawl like snakes into a thick darkness. We continued with this movement until we dashed out at a place where we saw the wonderful work of nature - a city - like region, naturally constructed with rocky walls to protect any inhabitant. In the city are stone, chairs and stools which looked like the early man's furniture.
>
> I stood speechless for some moments gazing at the wonderful work of nature.
>
> A greater part of the care was damp and cool. I

asked my friend why such should be the case, he told me that during the dry season, it become extremely damp in the care in the rainy season it becomes very dry".

6.8. Origin of the Obgunike Care

Although the geologic ages of the rock units in which the care is situated, are known but the age of the care is as yet unknown. The origin of the care is also unknown. An attempt has been made here to provide some answers to these nagging questions. It is not uncommon to find even the educated indigens or guides to the care who are citizens of Ogbunike stubbornly insisting that the cares were created the way they are now - by God. That they were found that way, have remained thus and would continue to remain so enternally. This belongs to the realm of legends and it is unaccentable.

The origin and development of the Ogbunike cave in Anambra State is as a result of a combination of many factors. The factors include tectonism, physicochemical weathering, erosion and anthropogenic factors and sediment transport. These have jointly brought about the genesis and expansion of the cave in the course of geologic time.

The cretaceous and cenozoic sediments of eastern Nigeria have been strongly affected by tectonic and igneous activities. This resulted in the Abakaliki Antichines and the synclinal Anambra Basin. The tectonism brought about folding and fracturing of rock masses, jointing and faulting. These giant fractures are easily observed at the Ogbunike cave region. This region was subsequently filled up with sediments and later uplifted and warped greatly.

However, all over the cave region part of the younger

sediments have been extensively eroded by progressive erosion and denudation. The Ogbunike cave formation seems to have been post-Miocene in age, that is, the caves are younger than 26 million years old. Tectonism and denudation have left extensive rolling hills and dry valleys. Infact to get into the tunnels of the cave one has to descend great heights down the valleys where the entrance to the caves are exposed.

It has been established that much of West Africa was subjected to climatic oscillation during the glacial phases of the Pleistocene epoch dating 7 million years ago. Furthermore, local and regional tectonism that characterised the latter part of the Pleistocene of W West Africa, contributed immensely to the creation of dry valleys. This erosional activity has brought down further the age of the cave genesis to possibily during or after the Pleistocene (7 million years).

Denudation, eluviation and erosion during the formation of this cave was localised such that while sediments were eroded and transported away, some of the rock units were more resistant and stable. These resistant rocks were fractured and differential weathering which occured along the fractured zones generated the caves. Plants animal, and human activities also contributed immensely to the widening of the cave.

Erosion and gullying of the cave environment coupled with the cave formation were greatly influenced by the activities of running surface water and flowing groundwater. Investigation have shown that the majority

of samples of surface waters and groundwater in the whole of Anambra State are slightly to strongly acidic. The acidic water dissolves the cementing materials of the sandstones, disaggregating the sand grains, weathers and widens the fractured zones and renders them easily erodable. The eroded materials are then transported away by running water. These complex geologic, hydrogeologic, geochemical and anthropogenic activities must have gone on for thousands or millions of time. The more resistant fermuginised parts of these sandstone units carry the roofs and walls of the cave while the less resistant parts are eroded to form the tunnels, channels and rooms and large chambers in the cave.

6.9. Brief Description of the Cave

The rocks of the Ogbunike cave are believed to belong to the geologic rock group called the Ameki formation. The geologic age is about 54 million years. The rock is predominantly of consolidated and cemented sand stone. The sandstone is highly is highly ferruginised and fractures appear in places, all over the cave walls and roofs. Because of the coarse nature ofthe sandstones and the poor cementation, the cements are easily disaggregated by the slightly acid groundwater and sand grains loosened, eroded and transported away by moving groundwater to create and widen the cave. Percolating and infiltrating groundwater also moves through the fractures or cracks and aids in the cave widening and growth. The cave is also widened by the anthropogenic activities of animals and humman beings.

They inhabit and distrub the cave environment.

The Ogbunike cave have an inter-connecting network of channels, tunnels, large rooms and chambers, hewn out of the rock by the natural forces of physico-chemical weathering, groundwater flow, animal and human activities. Reptiles, insects and large bats inhabit the cave in abundance. Running water in the forms of small stream helps to transport weathered sediments out of the cave. Inflitrating water drips and flows continously to the ground from the cave roofs. The major fractures are being widened by erosion and seepage water forces, which threatens the possible collapse of the roof, to block the major entrance to the cave. So far, nobody or any government has shown any interest to protect the golden and precious environmental attraction from collapsing or being gradually destroyed,

A large river flows from the cave. It has a large waterfall. The noise of the waterfall maybe heard several kilometres away. The small streams running out from the cave discharge into the river. Except for its slight acidity, the water is of good quality for use for various purposes, such as domestic water supply, irrigation, aquaculture, sports and animal farming. The water of the river can be put into full use by damming the river and creating a large reservior in the form of an articificial lake that would enhance its speleo-hydrogeological importance, of some parts of the cave environment.

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There are serious religious attachments to the

cave by the people of Ogbunike. They also want visitors and tourists to relaise this. Hence nobody should go= into this cave, under normal circumstances without a guide who is an indigene of Ogbunike. The natives call the cave OGBA. Sacrificial rites are performed in the cave area and chickens, yams, money, clothes etc are used. Even members of some spiritual churches and prayer homes hold group services and worship within the cave. Before any government investment is to be carried out in the cave, there has to be a sociological and religious - cum -psychological study made of the people, to really ascertain the extent of fetishism attached to the cave.

Though many people from Ogbunike town hold their great Ogba to a high esteem and attach some element of fetishism or legend to the cave, the people are always happily eager to show off the cave to tourists and at no cost. Sometimes, even when no prior arrangements have been made, they cheerfullydirect tourists around the area and inside the cave, giving details of the legends and fetishism of the cave.

6.10. Speleohydrogeology Of Ogbunike Cave

The most common feature of the Ogbunike cave is the presence of large subterranean reservior in giant aquifer, within the cave environment. These aquifers have not yet been studied or delineated in any significant detail. However, large volumes of water discharge from the cave.. They form noisy waterfall

that continues as large rivers down the flow system.

The water is of fairly good quality. It colourless and odourless. The table below shows the geochemical data from the Ogbunike cave water. Ground water from the cave, in addition to surface waters and borehole groundwater from nearby towns are included. The only significant parametre is the slight acidity of the cave groundwater. Otherwise, it may be acceptable for domestic surplies and animal farming. With little laboratory treatment it can be fully utilised in the centre for domestic chores besides curative applications.

The groundwater is a major agent in the formation and expansion of the cave. See page forces set up by the percolating groundwater erode and widen existing fractures resulting in rockfalls and rock slides. These threaten tourists to these cave. The ground water is also an agent of transport. It continuosly carry away weathered materials from the cave interiors, thereby widening the cave and creating new surface areas for further erosion.

The river discharging from the cave - could provide large artificial lakes if they are dammed, The dammed lake may provide water for domestic consumption, irrigation water for agriculture, aquatic environment and other sport facilities. Sport fishing, boating and other sport facilities. Since the ground water discharges at a very fast rate, the articificial reservior could be a source of hydropower for small communities within the cave environment such as the traditional medicine centre.

Geochemical Parameters	Ogbunike Cave (Entrance)	Ogbunike Cave (Inside)	Ogbunike Cave (Waterfall	Nkisi River Onitsha	Borehole at Onitsha
Colour (Hazen units)	5.00	20.00	30.00	20.00	15.00
PH Value	5.30	4.90	6.10	6.60	6.00
Turbidity (Mg Standard	0.38	4.60	5.90	2.00	4.20
Electrical Cond. (Umhos)	0.70	1.70	1.20	-	28.00
Total Hardness mg"	2.00	2.10	4.00	6.00	7.50
Calcium Hardness "	0.90	0.70	2.50	3.00	3.00
Magnesium Hardness	1.10	1.40	1.50	3.00	4.50
Ca^{++} "	0.36	0.28	1.00	-	-
Mg^{++} "	3.00	0.40	0.40	-	-
Silica as Si02 "	16.00	16.00	16.00	20.00	18.00
Chlorides as CL "	4.30	9.20	6.40	4.00	3.50
Chlorides as Nacl"	7.00	15.20	10.50	-	-
Nitrate as NaNo3 "	0.08	0.30	0.05	0.25	-
Sulphates as S04 "	nil	Nil	Nil	-	-
Total alkalinity "	5.50	6.00	9.50	-	12.20
Tatal Solid at 103°C	13.00	55.00	54.00	76.00	45.00
Total dissolved solide	0.20	0.50	0.30	-	17.00
Magnese	-	nil	nil	-	-
Suspended solids	-	55.5	53.7	-	-

Table : Shows the geochemical data from the Ogbunike cave water - groundwater, surface water, and borehole groundwater from nearby towns.

Source: B.C.E. Egboka, Asutech, 1985

6.11. Physiography of Site and Cave Environment

The physiography, soil types, geology, anthropogenic factors and physico-chemical weathering of the physical, chemical and bioctive or the abioctive environment have played major roles during probably, the geologic time to bring about the origin, growth and expansion of the

Ogbunike cave in Anambra State. The extensive erosion and gullying that are presently affecting many parts of Anambra State are strongly related to the cave origin, generation and expansion.

Vegetation:

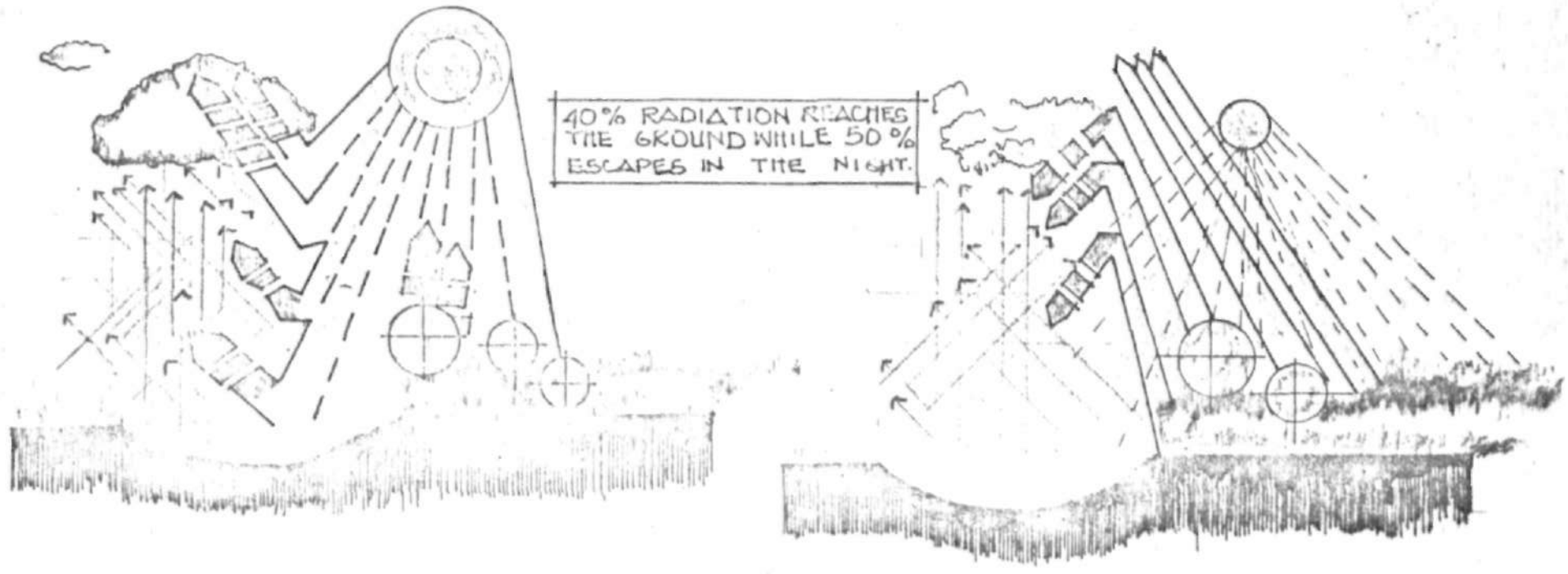
The area of the cave lies within the humid tropical rain forest region of eastern Nigeria. The vegation is predominantly Savannah type with patches of thick vegetation occuring in valley areas or water courses as remnants of the thick tropical forest cover.

The landscape is dominated by a north - south cuesta called the Udi - Orlu uplands. The eastern margin forms the scarp-slope, while the western margin forms the dip slope. Both the scarp-slope and dip slope have been ravaged by erosion and qullying, although the scarp-slope has been gullied more intensely. The crest of the cuesta stands at over 370 metres above sea-level in many places. The entire area has rolling hills and valley that offer great aesthetic views on both the left and right of the Enugu - Onitsha Expressway. The cave is formed bellow this hills and tends to form extensive networks.

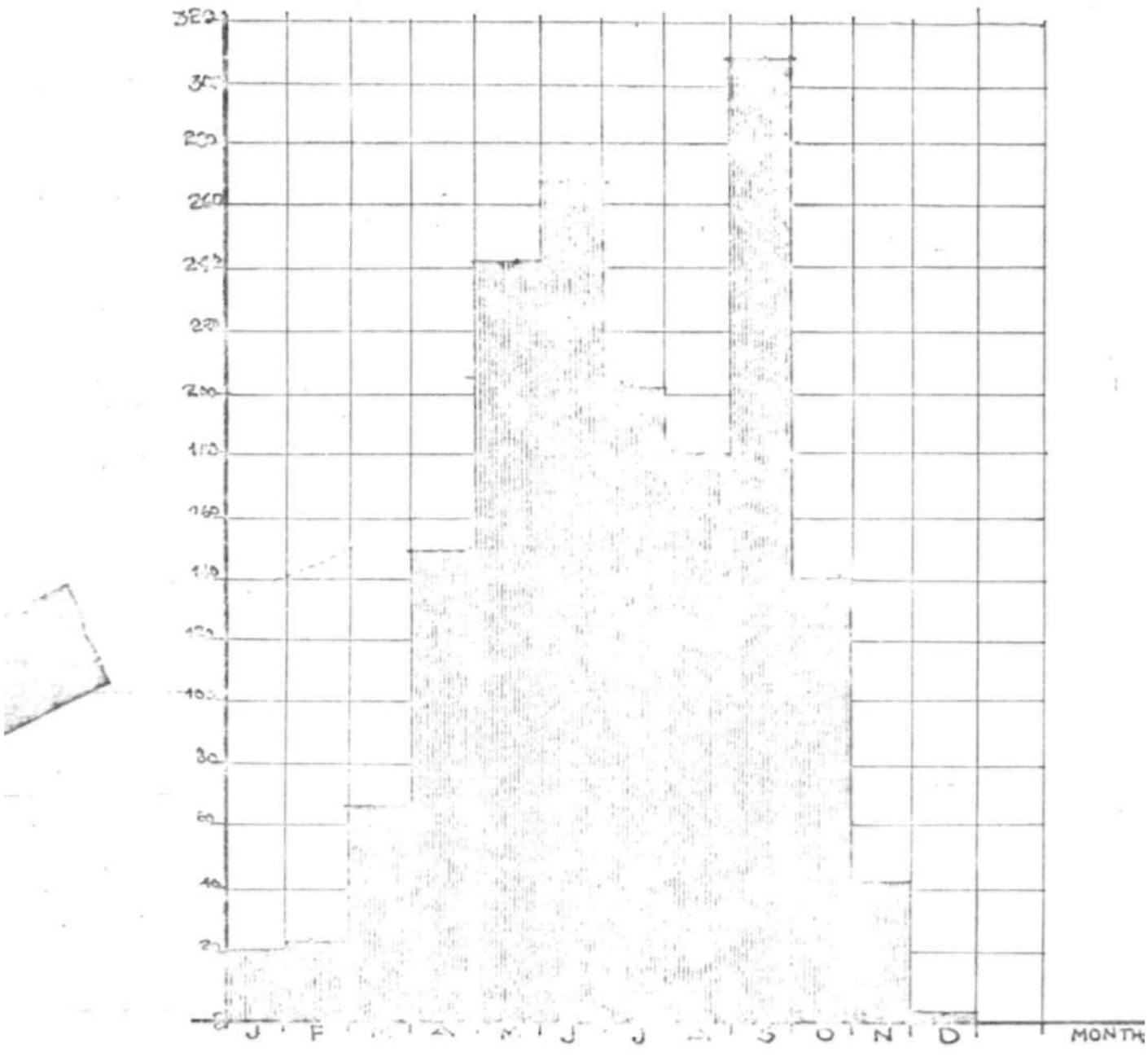
Climate

Two major climatic conditions exist in Nigeria, the dry season and the rainy season. The climatic conditions are caused by the north - south fluctuations of a zone of discontunity between the dry continental sahara air and the humid maritime Atlantic air (Gavnier, 1967). The southward bound Sahara air mass causes the dry

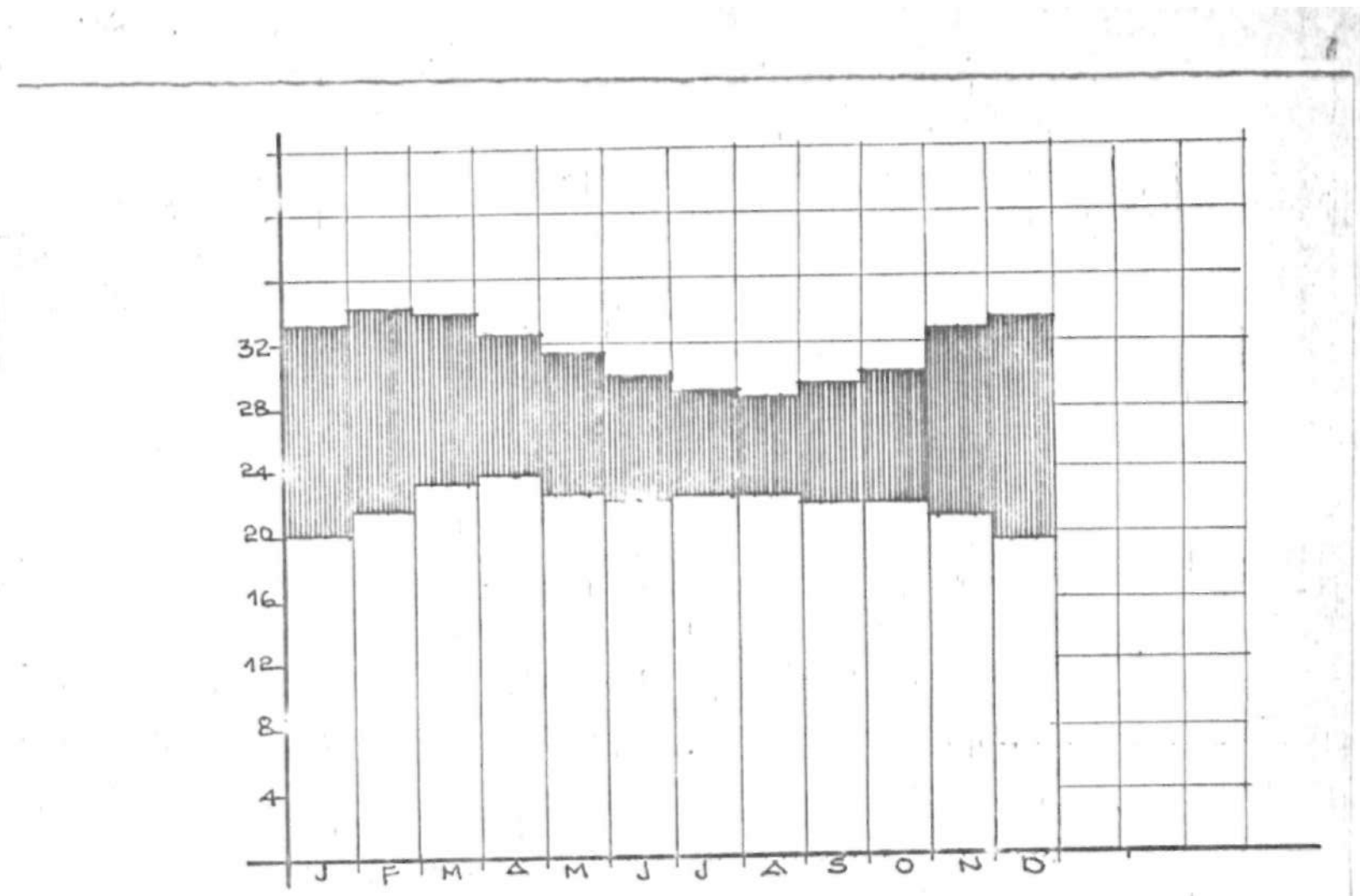
CLIMATIC FORCES



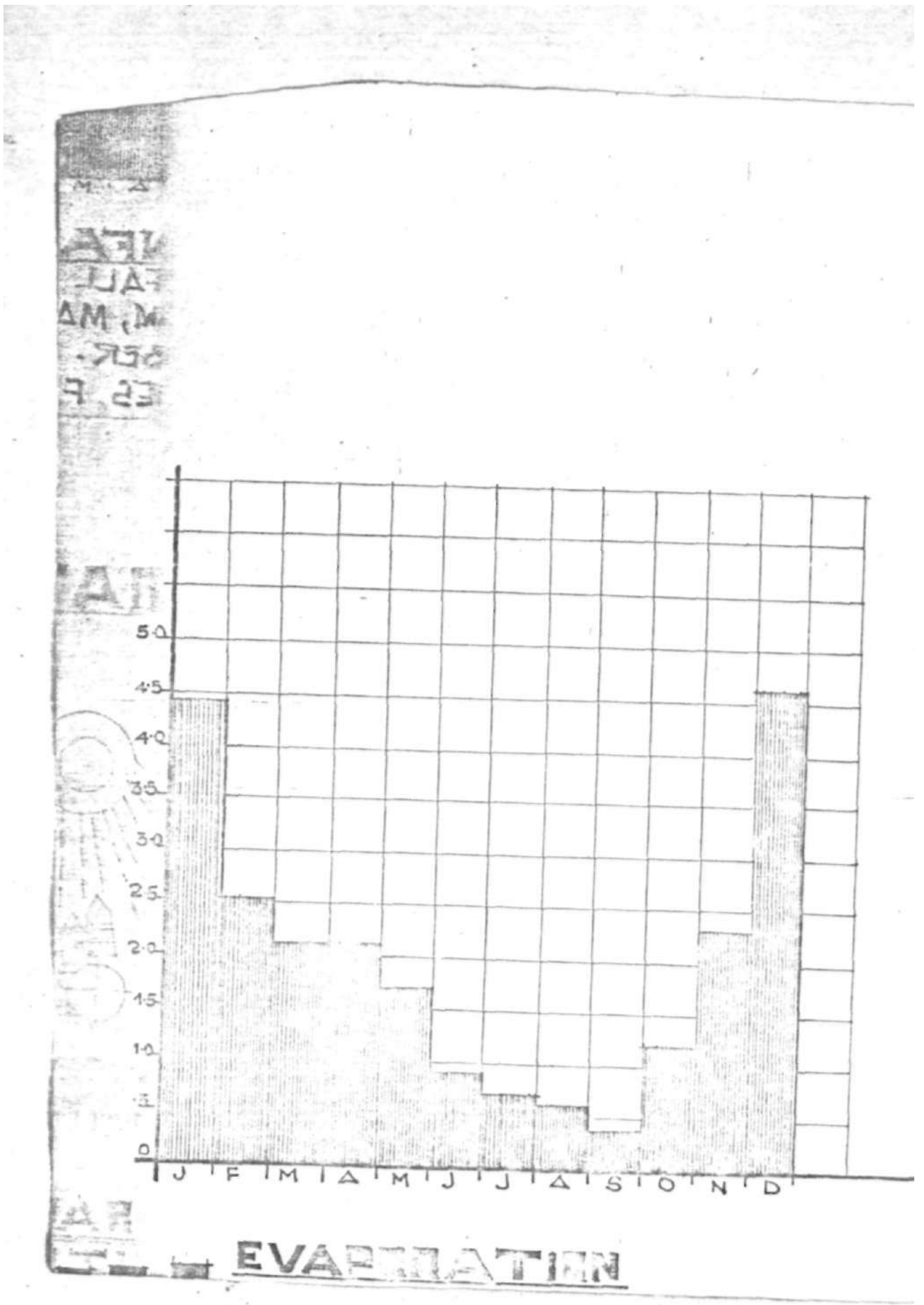
EFFECT OF RADIATION ON THE SITE



THE SITE HAS AN AV



TEMPERATURE TEMPERATURES IN THE


5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
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EVAPORATION

season while the northward advancing maritime air causes the rainy season. The site has an average rainfall period of seven months per annum mainly received from April to October. The total amount of rainfall varies from month to month. Torrential rainfall occurs and the storms are most veilent in the months of June, July, September and October. The central parts of eastern Nigeria which includes the areas of present study, have an average annual rainfall of 2m a year (Ogbukagu, 1976). Thus the high rainfall is very significant in cave formation.

Temperatures are sometimes as high as 36°C within the site environment with the minimum temperature at 18°C. The highest temperature is in February, which is the period of transition from dry to wet season.

Geology:

The geologic deposits that outcrop in the study area is the Ameki Formation. The geologic characteristics of lithology, stratifigraphy structures, et cetera contributes immensly to the formation of the cave. The Ameki geologic formation to whcih Ogbunike cave belongs consists of a thick series of sandy clays with cakerous concentrations and white clayey sandstones. The Lithology includes a lower fine to coarse sandstone with shale intercalations and an upper coarse, cross-bedeled sandstone with bands of sandy shales. (Egboka, 1983).

6.12. Site Services

The site is accessible either by the major trunck A

road from Enugu to Onitsha or by the Federal Express-way which also connects Enugu and Onitsha. By motor ways has traffic capacity of not less than 300 car per hour. The main entry into the site is from the Enugu - Onitsha trunck A road, although it may be accessible from other directions.

Before the site, exists the age-old St. Monicas Teachers' College which has a 450mm diameter water pipe with a capacity enough to supply the site with adequate clean water. There is a 33KV high tention electric line from Oji River Power Station which runs along this trunck A road to feed some parts of the town and an 11KV line from the Onitsha substation passing into the Teachers College right in front of the site. These two lines are capable of supplying the site with enough electricity as required. Also connected underground along the road to the college is a telephone line from which telephone services could be obtained.

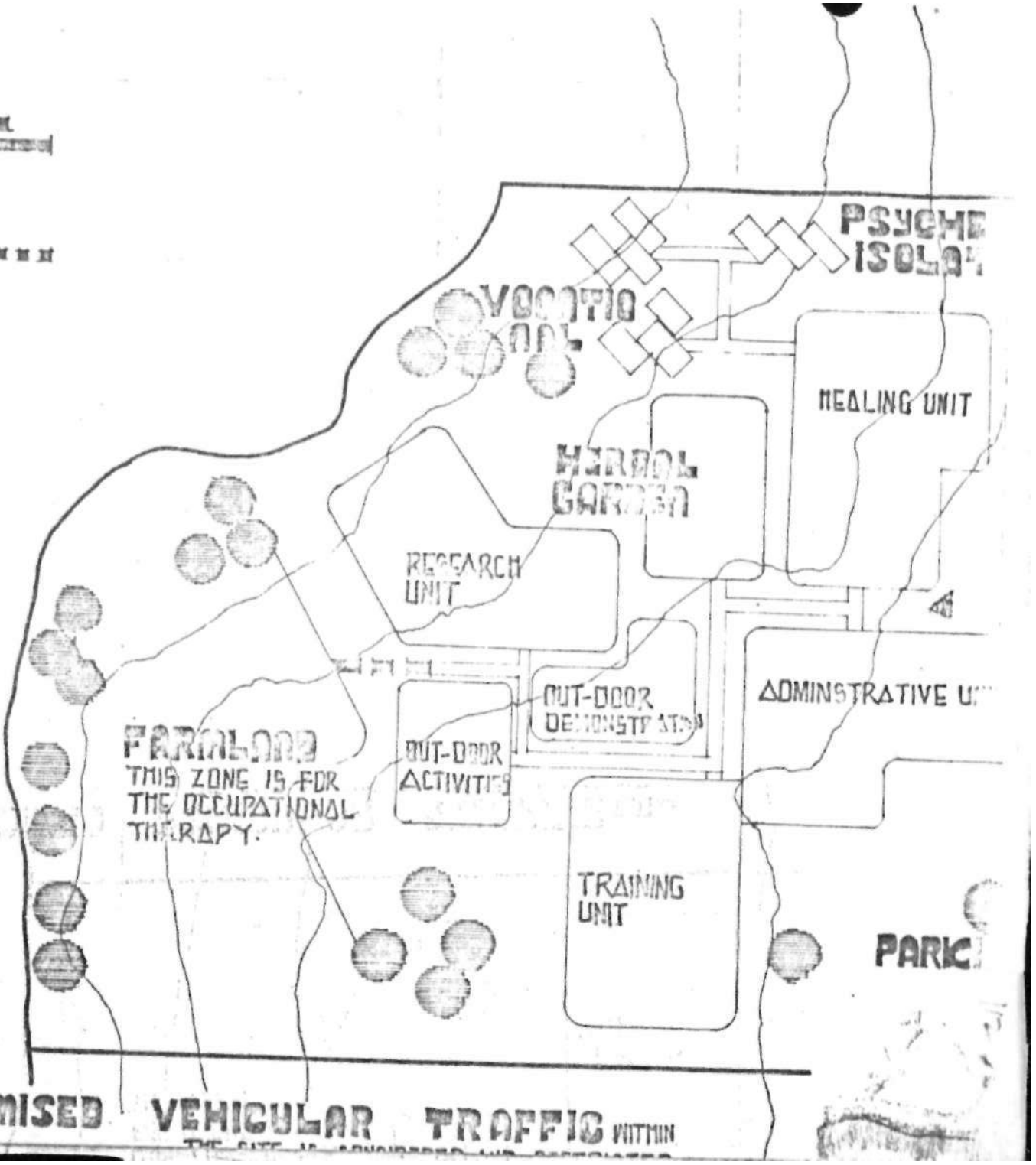
6.13. Site Concept

To provide a well structured environment which would be therapeutic in all aspects of its function and would still conform to the demand rough contour and open terratecture immensly demands careful site planning and functional arrangement. The facilities for a well planned traditional medicine centre is grouped according to public and private zones, noisy and quiet zone. The quiet zone is backing the man made steps which leads visitors down to the cave plains while

SITE CONCEPT....

CONCEPTUAL PRINCIPLES....

TO PROVIDE A WELL STRUCTURED ENVI ROMENT WHICH WOULD BE THERAPEUTIC IN ALL ASPECTS OF ITS FUNCTION FUNCTION AND WOULD STILL COMFORM TO **ROUGH CONTOUR** — DEMANDS CAREFUL SITE PLANNING AND FUNCTIONAL ARRANG MENT. THE FACILITIES FOR A WELL PLANNED TRADITIONAL MEDICINE CENTRE ARE GROUP ED ACCORDING TO PUBLIC AND PRIVATE, ALSO, NOISY AND QUITE ZONE. THE QUIET ZONE. THE QUIET IS BACKING THE MAN-M ADE STEPS WHILE THE NOISY ZONE IS BACKING THE ST. MONICA'S TEACHER'S CO LLEGE AND THE MAIN ROAD. THE SLOPE OF THE SITE IS SLIGHTLY STEEP ABOUT 16 IN FLAT AREAS AND UPTO 50% IN T HE STEEP AREAS. THE ARRANGMENT OF STRUCTURES ON THE SITE ILLUSTRATES THE DESIRABLE BUILDING ORIENTATION RELATIVE TO PREDOMINANT— **WIND DIRECTION** AND **SUN PATH** AIM IS TO FACILITATE EASY NATURAL VENTILATION, NATURAL LIGHTING AND TO PROTECT TO PROTECT THE OPENING FROM UNDESIRED SUN RAYS DURING BOTH SUMMER WINTER SOLSTICE AND EQUINOXES THEREBY ENSURING COMFORT WITHIN THE BUILDINGS.



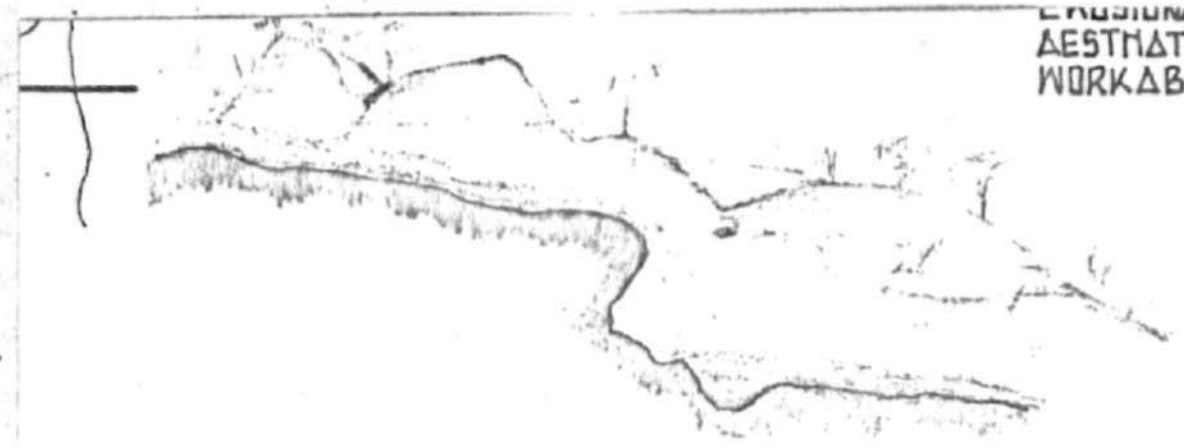
the noisy zone is backing the age-old and lengendary St. Monica's Teachers' College and the main highway. The slope of the site is slightly steep, about .16 in the flat areas and upto 50% in the extremely steep areas.

The arrangement of structures on the site illustrates the desirable building orientation relative to predominant wind direction and sun path. This is to facilitate easy natural ventilation, natural lighting and to protect the opening, from Direct sun rays duriing= both the summer, winter solafice and equinoxes. Thereby ensuring comfort within the buildings.

Vehicular traffic is minimised within the site and restricted only to locations and areas where the demand requires it, such as the parking spaces, delivery and despatch yards.

The landscaped areas are well organised and schemed for a better therapeutic purposes and intensionally handled to carter for quick recovery outdoor activities. The organisation of the site is done in bid to reflect a town precinct where communual facilities are better located strategically to facilitate easy accessibility from all parts of the set up.

EROSIONAL EFFECT
AESTHATIC -VIEWS
WORKABILITY OF SITE.

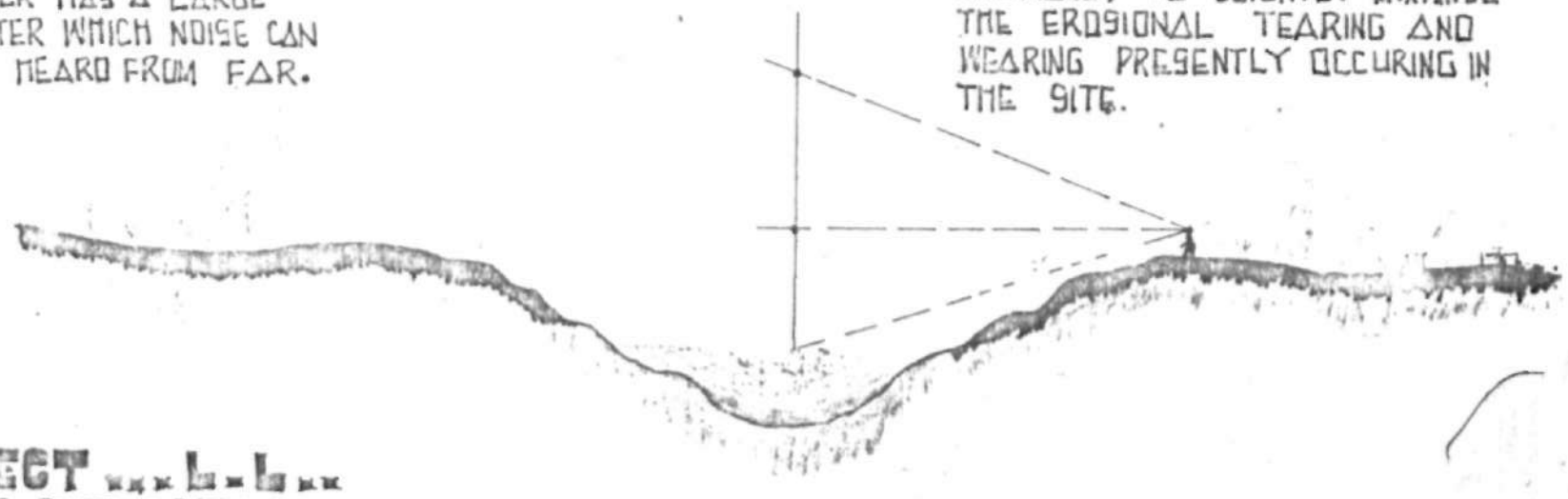


SECT... T-T..

A LARGE RIVER FLOWS NEAR THE CAVE [SITE]. THE RIVER HAS A LARGE WATER WHICH NOISE CAN BE HEARD FROM FAR.

TERRAIN EFFECT...

THE TERRATECTURAL INFLUENCE SHOWS A POSSIBLE ORIENTATION OF THE STRUCTURES ALONG THE SLOPE OF THE TERRAIN FOR EASY DRAINAGE, TO SLIGHTLY MINIMISE THE EROSIONAL TEARING AND WEARING PRESENTLY OCCURING IN THE SITE.



SECT ...L-L...

THE RIVER TERRAIN HAS AN EQUI-ORIENTATIONAL EFFECT ON THE SITE CONCEPT.

CHAPTER SEVEN

SPATIAL DESIGN

In the previous chapters we have observed some aspects of the community for which this centre is designed; its physical environment; the interaction of this people with this environment; the transformation of its prominent community and architectural features, i.e. housing and the implication of such transformation. These have been studied in order to derive an organisation for traditional medicine facilities and design suitable required spaces accordingly with regards to a way of life of the people. Since one of the ultimate objectives of this thesis is to evolve a conducive environment for the unhealthy inmates and traditional medicine researchers of the centre to attain self sufficiency, it is desirable that the set-up of their therapeutic environment depict as much as possible their own community.

7.1. Conceptualisation

> "With new building materials now becoming available and with the use of computers we appear to be on the threshold of a new architecture of moulded forms, Africa is the continent which has always used moulded forms and it could well take the leadership in Architecture in the latter part of this century. (The new Generation. Part II) West African Builder and Architect)

Due to the fact that the community is changing socially and technologically with time, in which case, the physical environment becomes the primary object to undergo such changes, architectural features like houses are drastically evolving into various new shape

and non-geometrical forms. The organisation of functions in houses is also affected, people no longer attach only one function to a hut such as sleeping as - done earlier. Presently, a single house could comprise of resting rooms, reception room sleeping rooms, kitchen, toilets etc. Different building materials are employed in the the construction of modern buildings and could be integrated in various ways to achieve variation in outlook of buildings.

The aspect can be further expaciated by representing the changing forms of buildings with an open ended process of 'structural metamorphsis' in which the various forms would be structural progenies within the process.

The above hypothesis can be likened to natural processes of organic metamorphosis in architecture where there exists a feeling of contininuity of the building onto the site, appearing to be growing easily from the environment and possessing a romantic feeling between the inside and the outside, which can be compared with the natural theory of mankind evolution where man is believed to have evolved from primates through stages of evolution to form a continuity or chain (Links). Therefore this design concept has been influenced by site conditions and not the author's reflections. The reason being manifested by the fact that an achievement of a syncrronised site and design is desirable.

For any particular design concept, there are supporting nomenclectures, therefore enumerated below are genesis of this nomenclectures.

(1) Durability of new building materials

With the emergence of concrete which has

replaced mud bricks due to its greater strength, many other forms of buildings have sprung up over the past years. The metal, aluminium and asbestos roofing sheets have replaced thatch roofs which were easily devoured by fire. Steel has aided much more complicated building forms to be constructed and height can easily be achieved through its use.

(ii) Flexibility of Materials

Most of the new building materials are easy to handle and convenient in their construction process. For example, concrete can be cast in form; panels can be manoeurved easily to suit the purpose of design and roofing materials can be used on any form as covering.

(iii) Improved Technology in Construction

Various methods have emerged with technological advancement in construction, Different machines could be used for different purposes to facilitate construction. The mixer replaces manual mixing of concrete, the crane aids construction at heights, transportation of materials by trucks instead of heads, escallators are used for fast vertical conveyance of mixed concrete at sites and so on.

(iv) Changing Modes of Living

The interaction of various cultures cause the psychologically superior cultures to dominate over the psychologically inferior ones

We tend to feel inferior living in mud and thatch houses these days than living in concrete houses with corrugated metal roofs. The latter is an adapted feature of the white man's culture and we usually tend to over look the problems from such stuctures for the purposes of social status.

(v) Spatial Multifunctionality

As opposed to single functions per unit within a compound set-up traditionally, modern design tend to be put into various functions. A single building can therefore serve various functions.

The conceptual manifestation in the actual design can be visualised through:

(a) Moulded load bearing walls - The entire walls k of the complex form the main structural elements supporting the floors and roofs. Their non geometric nature is in comformity and sympathy with the cave site, which is the tap-root to the design. The entire walls are therefore load bearing which does not require the distribution of grid columns.

(b) Free standing walls - Walls are mostly of sandcreed blocks, burnt bricks and concrete. The internal walls of the wards in many instances could be replaced by wooden or platic movable or demountable partictions to create a multifunctional spaces.

(c) Slanting fins - - To some walls are attached projected and slanting fins which are supposed

to provide anchorage for shading devices and also compliment the form which is being carried over from the plans to the elevations.

(d) Shapes - The two - egg shaped forms which are dominant in the plan is intended to represent the spiritual concepts of egg. in the practice of traditional medicine. The other functions which revolve around the two forms is due to the other functions which revolves around the egg beside the use for ritual and spiritual functions.

(e) Horizontal Openings - Apart from consultation, and X-ray rooms all other enclosed spaces need clear day light due to their functions. To provide enough of this day light, horizontal openings have been found to be much more suitable. Since the walls are load bearing walls the openings span short distances.

(f) Entrances - These are placed for easy accessibility to individual units. Most of such entrances are directed into common resting spaces, waiting rooms, reception or entrance lobbies.

(g) Functionality of the Complex - Each of the units in the centre constitute an integral part of the complex with various related function. No one function is enclosed in a seperate structure, toilets, rest rooms, offices, consultation, wards, research laboratories are grouped according to the requirements for each unit.

7.2. Finishes Recommendation

Foundation - Ferrugineous soils are generally of good bearing capacity, there fore seismic forces would not be a problem to the foundations of buildings in the site. All foundations would be of concrete strip along the bays with pad at the corners. Although retaining walls might be necessary along the axis through which the stream has been channelled into the complex. The strip foundations are to be not less than 450mm both below the ground level and above. The depth of the foundation generally will depend on the load to be borne by the walls, however, in stance will the depth be less than 750mm below the ground level.

Floors - All upper floors are 150mm thick concrete slabs supported on loading walls and finished according to the use of the space. The ground floor laboratories are to be deeper for effective capacity to bear blending machines. The workshops floor surfaces are to be finished in 20mm thick cement-sand screed. All other floor surfaces are to be finished in 25mm thick terrazzo slabs cast in-situ.

Walls - All wall are load bearing. The external walls of the complex are to be finished in cement-sand screed, massaic figures, rubble stone finish and brown textured burnt bricks with white strips to bond, which is blended with broad blank walls finished in strip concrete. The internal walls are to be cladded with various designs in wood carvings. Plane inner wall surfaces to be provided with mosaic tie treatment to depict certain

traditional impressions. Paintings to be done whether on walls or in other case hung on suitable background. The colour scheme adapted for each room to be in coherence with activity practised in it but to romance uniformity with the outside to carry the started continuity k unto the site.

Openings - All windows are finished in glass, aluminium and wood, while each door is hung with double swing hinge so as to enable self return of the door to position after use. The use of wide openings is to give the effect of gradual continutiy of inner space to external open space.

Roofs - For purposes of internal comfort, wood and asbestos are recommended for roofing, where it is not possible concrete roofing with adequate insulation can take the place since the climate within the site is harsh. For long span roofs corrugated asbestos roofing sheets are used on timber rafters. Plywood is used for the bukateria as the roofing material which is coated with tar and stone chippings and finished with aluminium paints. Decorating celotex ceiling tiles are used for all the ceilings.

7.3. Design Schedule of Accomodation

It would be noticed that most of the spaces allocated for certain functions are exaggerated. This is to allow for interior decoration and easy manoeuvering of spaces. It is hoped that such interchangeable and decorative spaces would provide conducive working atmosphere for both the medical staff, research personnels and the inmates.

The total gross area of each unit is arrived at by the summation of the areas for working spaces and circulation. The circulatory area falls with 15 - 30 percent of total area of the working space.

A: Administrative Unit

Functions	No. Of Units	Floor Area of each	Total Floor Area M
Entrance lobby	1	36	36
Waiting	1	34	34
Receiption	1	12	12
Stores	2	15	30
Unit head's	4	16	6 64
Chief herbalist	1	35	35
Matrons	2	24	48
Common Room/ Conference	1	58	58
Common/General Office	1	38	38
Bukateria	1	50.5	50.5
Secretary	1	23	23
Toilets	5	7.5	7.5
Total gross area	470m^2		
Working space	446m^2		
Circulation	24m^2		

B. Research Unit

Functions	No, of Units	Floor Area of each (m^2)	Total Floor Area (m^2)
Raw material Store	2	25	50
Finished drug store	2	20	50
Research Laboratory	2	64	128
Special Laboratory	1	52	52
Preparation Pantry	2	36	72
Balancing Room	3	30	90
Equipment Store	2	32	64
Conference room	1	56	56
Offices	3	16	48
Sample Exhibition	1	52	52
X-ray Encorporation	1	44	44
Coating room	1	12	12
Culture room	1	16	16
Toilets	3	1.5	4.5
Herbal Garden	1	*	*
Total gross area		769.5m^2	
Working space		728.5m^2	
Circulation area		41m^2	
(See Design)*			

C. Training Unit

Functions	No Of Units	Floor Area each (m^2)	Total Floor Area (m^2)
Lecture Room	4	56	224
Offices	3	15	45
Demonstration	1	*	*
Relaxation	1	*	*
Store	1	12	12
Toilet	6	1.5	9.0
Total gross area		307m^7	
Working space		290m^2	
Circulation Area		17m^2	
See Design*			

D. Healing Unit (Out Patient)

Function	No. Of Units	Floor Area of Each Unit (m^2)	Total Floor Area (m^2)
General Waiting	1	45	45
Records	1	15	15
Consultation	4	12	48
Drug Issueing	2	20	40
Healers Resting Room	4	24	96
Drug Store	2	25	50
Toilets	6	1.5	9.0
Total gross area	$404m^2$		
Working Space	$384m^2$		
Circulation area	$20m^2$		

E. In-Patient

Function	No. of Units (m2)	Floor of each Unit	Total Floor Area (m2)
Labour Rooms	1	48	48
Child Deliver	1	36	36
After Deliver	1	56	56
Infertility and Others	1	67	67
Bone setting (male)	1	64	64
Bone setting (female)	1	44	44
Other diseases (male)	2	52	104
Other disease (female)	2	68	136
Drug Stores	2	25	50
General store	2	31	62
Common rooms	1	38	38
Visitors room (waiting)	1	40	40
Entrance lobby	1	*	*
Night attendants	2	36	72
Female attendants	2	24	24
Male attenddants	1	20	20
Toilets	11	1.5	16.5
Laundry	2	4	8
Cleaning store	2	28	56
Total gross area			
Working space	$942m^2$		
Circulation area			
See design*			

F. Psychiatric Accomodation

Function	No of Units	Floor of each (m2)	Total Area (m^2)
Living room	9	32	288
Bedroom	27	16	432
Workshop	9	52	468
Toilets	18	1.5	27
Store	9	24	216
Strongroom	9	36	424
Store for Workshop	9	25	225
Laundry	9	16	144
Shaded courtyeard	9	52	468
Utility room	9	30	27
Consultation	3	16	48
Farmland	*	*	*
Total gross area ..... 290m^2			
Working space .....2767m^2			
Circulation area ..... 140m^2			
(See Design)*			

The total work space in most instances include circulation space in lobbies entrances and courtyards. (See Drawings).

CONCLUSION

The architectural contribution to this subject of traditional medicine centre is manifested in the provision of "a site controlled structural space". The concept of a "therapeutic environment" is of paramount importance to the pratice and recieption of traditional medicine. It is expected that the centre would provide the desired conducive social, traditional, sychological environment, and therapeutic environment.

Architectural spaces constitute a major element of the psychological environment which exerts a profound effect on the emotional wellbeing of the people who experience them. The social and therepeutic interraction of people within such spaces also exerts an effect on each individual's self-esteem. All these call for a careful architectural design that would encourage those desired aspects rather than stresses. The design has to reflect the characteristics of the architectural features due to the site which can be easily associated with the community concerned, not forgetting the possible changes likely to occur with time. Familiar and fantacy features produce on more friendly environment to an individual than a monotous set-up which occasionally produce psychological stresses.

It is honed that this centre will constitute the ideal structured, space for effective practice of traditional medicine and restore the useful diginity of the traditional therapeutic system which would otherwise be wastful. The problems encountered by patients on discharge from orthordx

general hospitals would be taken care of and the patients would be encouraged to respond for self sufficiency to the treatments by traditional therapic system. The proposed centre will also provide facilities for traditional medicine specialists, researchers, and trainees to acquire broader knowledge in traditional medicine and other related social welfare.

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APPENDIX A

1. THE QUESTIONNAIRE SURVEY INSTRUMENT

1. Name of the Healer .....
2. Present Address .....
3. State of Origin .....
4. Sex ..... 5. Age .....
6. Marital Status ..... 7. Ethnic Group .....
8. Profession .....
9. Previous Studies and Qualification.....
   .....
10. Are you a full or part-time healer? .....
11. Please list the illnesses that you treat .....
    .....
12. What are the illness that patients most often consult you about? .....
13. Does your method of healing have a name? .....
14. Do you belong to a group that includes bothe healers and former patients .....
15. To which of the following categories of healers do you belong? .....
    . Those who heal only with Plants.....
    . Those who treat only with Plants and Spirit.....
    . Those who use mainly Spirits .....
16. Do you do divination? .....
17. Do you have a place reserved especially for the sick?
    .....
18. Can your patients spend the night at your house? .....

19. Do you have a hospital? If so, how many persons will it accomodate? .....

20. About how many patients do you see

    . Per day? .....

    . Per week? .....

21. Do you work alone or do you have assistants?.....

22. Do you have contacts with doctors or nurses in your work?

    . Never .....

    . Sometimes .....

    . Regularly .....

23. Do you have any remarks to make? .....

24. Do you belong to a healers association? .....

    What is it called?.....