

Original Research Article

Ethnological Study of the Perceptions and Representations of Diabetes in Socioculture Yeminkol De Soa, Region of Centre-Cameroon

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Abstract: *Objective:* It is to analyse the perceptions and representations of diabetes with alternative medicine in the Yeminkol culture of Soa, Centre Region of Cameroon. *Methods:* The study is purely qualitative with interviews administered individually at the respondents' homes simultaneously in the cities of Yaoundé and SOA in March 2020. The sample size consisted of ten informants: two health professionals, three radiotherapists, five members of the community predominantly former patients until saturation, i.e. until no new information was available, and sources of potential variation properly explored. *Results:* Representations and perceptions of diabetes in the Soa's Yeminkol socio-culture focused on the community member's knowledge of diabetes. It is anthropology of the inner body showing it works when it is healthy and how it works when it is unhealthy. *Conclusion:* In Yeminkol's socio-culture, each member of the community perceives and represents diabetes by referring to the cultural patterns of the society to which he belongs. He gives opinions on the history, origin, causes, and therapeutic routes. The perceptions and representations that diabetics have in this cultural universe are a concern because there is the refusal to accept this pathology thereby explaining the failure of medical care.

Keywords: Diabetes, representations, perceptions, alternative medication, care, therapy, Yeminkol.

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INTRODUCTION

Diabetes is a major cause of blindness, kidney failure, sexual weakness, frigidity, heart attacks, strokes, and amputation of the lower limbs. The WHO (2016) report outlines that, globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global (age-standardized) prevalence of diabetes has almost doubled since 1980, from 4.7% to 8.5% among the adult population. These figures indicate an increase and its associated risk factors such as for overweight or obesity. At the beginning of the 21st century, more than 10 million people were living with diabetes on the African continent and it is estimated that this figure is likely to double by 2025. New data from the IDF indicates that the number of people living with diabetes will rise to 552 million by 2030. This statistical data is a serious problem to the agencies that are in charge of handling health problems in the world including the governments of various countries. In 2012, diabetes

caused 1.5 million deaths. Higher blood sugar levels than the optimal level is a cause for an additional 2.2 million deaths for it increases the risk of cardiovascular disease and other health conditions. Of these 3.7 million deaths, 43% occurred before the age of 70. The percentage of deaths from hyperglycemia or diabetes occurring before the age of 70 is higher in low- and middle-income countries than in high-income countries. Among the so-called non-communicable diseases (NCDs), diabetes is today undoubtedly one of the most widespread in the world. Due to the new eating habits and lifestyles, there is an incidental increase in diabetes. According to a WHO report (2016) on Cameroon, it indicating a diabetes profile document that in a population of 23,344,000 million, the number of deaths due to diabetes is 1120 men aged between 30 and 69 and 1220 women of the same age compared to 800 men compared to 1260 women aged 70 and over per year. Proportional mortality for all ages shows in the same document that the number of deaths due to hyperglycemia is 1680 men compared to 1730 women aged

between 30 and 69 and 1180 men compared to 1840 women aged 70 and over. This document presents associated pathologies including trauma (8%), cardiovascular diseases (11%), cancers (3%), respiratory diseases (2%), other NCDs (13%), and maternal, perinatal, and nutritional (61%).

This article focuses on the analysis of perceptions and representations of diabetes by members of the Yeminkol community. Emphasis is on the approach of the disease in negro-culture, mainly health-disease in Yeminkol concerning alternative medication.

METHODOLOGY

This study is qualitative research in Social Sciences, mainly in Anthropology. Thus, the techniques and tools of investigation used in anthropology have been mobilized here. Data were simultaneously collected in Soa, in the Mefou and Afamba subdivision, and Yaoundé in the Mfoundi Division, Centre Region in October 2019. The sample population was made up of two health professionals, three diabetic patients, three caregivers, two tradi-therapists, five members of the community with a predominance of former patients. Interviews were conducted using semi-directives, focus group discussions organized, and interview guides were used to saturation, i.e. until no further information could be obtained, a variety of sources of potential variation were properly explored. Each interview guide is designed according to the CAP [1] (Knowledge, Attitudes and Practices) principle consisting of themes and sub-themes related to the perception and representation of diabetes in the Yeminkol socio-culture of Soa. Direct observation from an observation grid in the field made it possible to obtain ethnography of the health facilities, hospital, environment, the places of residence in the villages and neighbourhoods surveyed. This made it possible to see the interior of homes to establish a close link between this pathology and the standard of living of the patients, which is an undeniable element in the care of patients. Indeed, in the health facilities where the interviews were carried out, one could notice a low attendance of patients seeking medical care. An observation grid also made it possible to take notes from the health books of the respondents, to observe diabetics suffering from other associated diseases. The life stories took into account the target populations, namely the Yeminkol, as they perceive and represent diabetes in their cultural universe. A contribution of documentary sources was of paramount importance in the article. Textual and content analysis were combined to find the fundamental elements structuring the reflections in the work. In addition, the data from the in-depth individual and group interviews were analysed based on the classic content analysis as prescribed by Quivy Campenaults

[2]. The interpretation and analysis consisted of processing using the Kobo software collected data transcribed literally, in French to identify the themes, the sub-themes, the verbatims. This exercise aimed to identify, through a series of short expressions of themes in the conceptual framework of analysis, the essence of the statements in the corpus submitted for analysis. The units of meaning have been extracted from the original text and reorganized under the appropriate themes or sub-themes.

RESULTS

Health and disease in the Yeminkol socioculture of Soa

In the Yeminkol dialect, "mvoè" health and "nkoan" disease are two generic terms for health and disease. The localisation of the disease on the body is grafted to the word "nkoan" to specify the evil. For example "okoan a boum" means stomach ache. When the disease has a specific name, it is no longer referred to "okoan", but by itself. For example "Okoanésseuk"; "ésseuk" means liver and "okoan" disease. Literally, "okoanésseuk" means liver disease and refers to hepatitis disease. Far from making a complex nosography of the disease, one rather makes a metonymy, in the sense that certain pathological disorders are designated by the affected organ. They are also named in terms of a local perception or symptomatic manifestations. For example, cold is referring to fever or malaria, hot or heat for hot fever in children. They can still designate the presumed cause or origin. The explanations given by the respondents on this subject point to the fact that this disease is identified from the fact that it causes weight loss in their victims and would give rise to the impression that certain parts of the body would be "eaten" in the course of the disease, just as the meat of an animal could be.

Perceptions and representations of diabetes

Diabetes as "Evu"

We are in a context where conventional medicine is not trusted by many. Health facilities are only used as a last resort after several unsuccessful attempts at healing by the traditional doctor. In popular parlance, diabetes comes from "Evu" witchcraft and falls under the competence of a traditional healer. Thus, there are two causal categories: diseases attributable to an agent external to the patient that is either human (the sorcerer) or natural (sugar). In the first category, the disease has a prose native conception which appears more dangerous in terms of the prognosis in the life of the patient. Diabetes that occurs suddenly is often associated with sorcery "Evu". The pathogen is then the vital principle of a sorcerer who splits and metamorphoses to transmit the disease. Informants also say on this subject that sugar itself does not make you

¹ CAP : *Connaissance, Attitudes et Pratiques*

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sick or is not the cause of "diabetes mellitus", but that it is the malefactor sorcerer who metamorphoses to come and suck a person's blood at night during sleep.

At night, the sorcerer comes, he begins with violence, aggression and the diabetic patient agitates, fights, defends himself by saying for example that he has not done anything bad, that he should be left alone, or that we hits the walls of the house that want to fall on him. This aggression causes an alteration of the anthropological compounds (the body, mind and soul) of the patient which has the effect of a deterioration of bodily functions [3].

However, in the case of severe diabetes, the patients may have symptoms such as seizures and convulsions that put him in a state of auditory and visual hallucination. In the first case, the patient hears strange voices and in the second, he sees "men with tails", "women with horns" etc. Seen in this way, it is the sorcerer who is solely responsible for this pathology. From the survey done in health centres, no staff mentioned the psychological care of patients in the fight against diabetes.

In the Yeminkol context, the motivations are numerous. The sorcerer may decide to transmit severe diabetes to an offspring out of jealousy, in the faced family success. One aspect where witchcraft regularly intervenes is in cases of inheritance and in land matters with succession rules of succession moving from generation to generation. Conflicts may escalate and pass through illnesses when the heir wants to appropriate all the lands for himself. The relationship between the disease and the pathogenic situation is carried out by the family in relation to representations and sometimes reported to the soothsayer of the village.

Perception of diabetes as a "disease of civilization"

Diabetes Type 2 has often been described as a "civilization disease". In his interview for the WHO Bulletin (2003), Chris Feudtner [4] argues that, in more than 90% of cases of type 2 diabetes, we deal with conditions that are the products of modern technology [5]. In Africa and in Cameroon in particular, to

³Entretien réalisé avec l'informateur le 14 mars 2020 à Soa

⁴Chris Feudtner, (2003), interview pour le Bulletin de l'OMS

⁵Le Dr Chris Feudtner est professeur assistant en pédiatrie à l'École de Médecine de l'Université de Pennsylvanie (États Unis d'Amérique). En tant que chercheur, il s'est attaché à mieux comprendre l'épidémiologie des affections chroniques complexes de l'enfant et l'expérience qu'ont ces derniers des soins de santé et en particulier des soins palliatifs, de l'accompagnement de la fin de vie et du deuil, ainsi que des soins hospitaliers. Il a publié de très nombreux articles ainsi que l'ouvrage intitulé *Bittersweet* :

understand this disease, the patient will ask himself several questions "Why me?", "Why now?", "Why him?" "Why here?" These representations will help him respond and have an understanding of his illness. The objective here is to determine what disease he suffers from, its origin, or to determine why the disease developed at that time, in this form and in this person. To interpret the disease from which he suffers, the individual seeks answers in the community, which will go beyond those given by health professionals. As noted by Herzlich *et al.* (2005), an individual's representations of the disease are not related to poor patient information or knowledge. They are related to his experience.

In a bit to fundamentally understand his healing, determine the diagnosis, care and prognosis of each patient, it is an essential step in the choice of the therapeutic route of the patient and his entourage. The determination of the origin of the disease by a traditionalist is essential since understanding is not just centered on the personality of the individual, but also on his history and that of his family. The element that should be treated with care is external to the individual. This research will lead him to supernatural causes, especially if the disease is unusual, persists, does not have the expected improvement following treatment or worsens. Indeed, in the finding healing through traditional medicine, the traditionalist is not only treating, but try to establish a link with the community as a whole, whether visible or the invisible, to determine the origin of the ill. The vision he shows can reveal a punishment, a warning, an attack or revenge. In traditional medicine, listening to the diabetic patient and his entourage is important. The questionings are not limited to the symptoms and the facts told by the patient, but an atmosphere of trust must be created between the patient and the healer.

Diabetes: social fact

Diabetes is a biological disease that is considered a social fact in the perspective of Marcel Mauss, not only because of its increasing importance but also because of its ability to influence the production of the labour forces in the patient, the family, and the community. In addition, early diagnosis and required care is a challenge to the entire system as diabetes is constantly increasing despite the proliferation of pharmaceutical industries that daily produces impressive tons of drugs to eradicate it; How to understand this controversial contrast.

Diabetes: viewed as a disease as curse, impure, and disease from the outside

Diabetes is characterized by micro-angiopathic and macro-angiopathic lesions due to the effect of

diabetes, insulin and the transformation of illness en 2003.

glucose in the blood (blood glucose) on organs. The higher the amount of glucose in the blood (hyperglycemia) for a long time, the more likely the lesions are to be numerous and severe. In many patients, these lesions are present on the foot, tibia, and in some cases in the soft parts (the buttock, the penis ...).

For the Bamilékés, a diabetic who dies with skin, bone and joint lesions are a carrier of "Fâ", a disease of impurity, curse. Mbonji Edjenguèlè (2010) recognizes this form of defilement under the term Mbaka in a Negro African context and says that it is probably the same word through people's languages spoken who do not share the same cultural area.

Each diabetic patient comes from a culture with different eating habits and different ways of caring for the body. The refusal to accept the disease explains the failures in its management with conventional medicine. The poor geographical distribution of public health services is also a factor. The latter would be operational in most part in the urban centers where hospitals with adequate technical facilities are concentrated, while rural areas, such as the villages of SOA, where the majority of the population resides, do not in most cases have specialized health facilities to care of diabetes. It becomes difficult to transfer these patients to the big cities.

Diabetes is perceived as pathology not considered in a Cameroonian health system

Indeed, Cameroon's health profile for diabetes and national actions are almost non-existent. For example, the policy/strategy/operational action plan for diabetes does not exist, let alone to reduce overweight/obesity, or even physical inactivity. The country does not know or better still does not have national guidelines/protocols/standards based on evidence on diabetes. The Standard criteria for upgrading patients from primary to higher health care do not exist in all health facilities. There is also no recent national risk factor survey in which blood glucose was measured. For example, the *nóg pilí* or ethnic-diagnostic which is a practice that consists in discovering the superstition behind the diseases and less considered origin. It consists in applying (*pilí*) until death a gallinaceous on the abdomen of the patient who transfers his evil to this animal. Then the practitioner disembowels it, examines the viscera of the bird to indicate what the patient was suffering from. People resort to this rite when healing has not been sort of modern medicine or not satisfactory.

Diabetes is an incurable, unmanageable disease

Diabetes is not a disease that can be cured simply by any pharmaceutical prescription or dietary restriction. It is up to the health professional to give a prescription for each patient, rational and precise, subjected to regular checks by laboratory examinations.

But it is also up to the patient to scrupulously and patiently follow up, the medical prescriptions and to periodically submit themselves to the regular checks. Appropriate treatment but followed in an irregular, intermittent or incomplete manner is doomed to failure. The diabetes treatment can last for years, twenty years, thirty years, sometimes a lifetime depending on the treatment opinions given by the medical professional; but it is to this regularity, to this patience that the patient will enjoy a more or less normal existence. The diabetes treatment can also take a very short time to balance up the blood sugar levels; this is based on the opinions of informants and information collected in the field. Successful treatment is linked to early diagnosis and continuity in care and control. Whenever the first signs and symptoms are neglected and resort to the doctor only when it is in an advanced phase, greater sacrifices, with uncertain chances of recovery are evident. A well-known and convincing diagnosis is to piss on dusty earth and observe the place where we urinated. Sometime later, if ants roam the urine to suck it, it is because the urine contains a lot of sugar and immediately we have to get tested. The one who does not have the chance to follow a methodical and regular treatment will carry the disease all their life and will gradually worsen in time.

Diabetes is a constitutional disease

Studies have shown that among the factors that cause diabetes, importance should be given to individual constitution. Moreover, it is believed that, regardless of the importance of all the other causes that determine the disease, the fundamental and indispensable factor is always represented by the predisposition that constitutes the very essence of the disease. In other words, it is believed that none of the other causes can be sufficient, without this constitutional basis, to determine the onset of diabetes. Nonetheless, it is not uncommon to encounter cases of diabetes in which none of these causes are present. Considerations that diabetes is considered, essentially, as a constitutional disease is explained by the fact that the disease can manifest itself spontaneously from childhood, independent from any recognizable external pathogenic factor. This constitutional predisposition is expressed, probably, by a congenital weakness of the pancreas, or more precisely of its endocrine part, which would be easily subject to malfunction and easily vulnerable to the slightest pathogen. From the morphological and typological point of view, how is diabetes constituted? What, in other words, are the most important constitutional characteristics that can make it possible to know a person who is predisposed to diabetes? On this subject, there is no particular and typical diabetic constitution. Yeminkols believe that diabetes is more common in people who are small or have a very large development of the abdomen and chest compared to the limbs. These should, therefore, be the most predisposed elements of the disease. This is not the case since diabetics patients are found amongst

individuals who do not have any particular constitutional characteristics. In short, among diabetics' patients, there is a predominant morphological type, but not absolute. Therefore, the appearance of diabetes is certainly related to the individual constitution and does not result in a morphological type always and easily recognizable. This constitutional predisposition, although preponderant, is not exclusive. For instance, it cannot explain the fairly frequent cases which appear around the age of seventy. Indeed, it would be incomprehensible if a constitutional disease that affects the body from birth takes enough time not only to develop but also to manifest itself.

Diabetes: as an inherited or cultured disease

In Cameroon, there are diverse opinions as to recognising diabetes as a hereditary disease. Members of the Yeminkol community believe that biochemical treatments simply contribute to improving the health of patients since this pathology is hereditary, thus cannot cause death. A 48-year-old diabetic investigator says: *I have been diabetic for a long time and my mother was also diabetic, she died at the age of 79 and it was not diabetes that killed her. There are many of us in the family who live with diabetes and it is no longer a problem to us. Our ancestors lived for a long time with this disease, I do not know why it kills many today*⁶.

As reported above, diabetes in its symptoms and complications are accompanied by memory loss, forgetfulness, fatigue, boils, even injuries. These signs or symptoms of the disease we were informed of during interviews with patients and are interpreted in culture as an inquiry, a reminder of the return of ancestral cultural values. Diabetes, although known to the medical public, has an ethnological dimension that is worthy of understanding. Diabetes through the injuries it causes is a "revealing disease". It brings the sick person back to his cultural identity, to the settlement of debts to ancestors. Diabetes injuries challenge the patient to health-related cultural beliefs and practices. The Bamiléké of Cameroon speaks of the "Fâ" related to the injury unlike the "Fâ" related to the death of a person as a result of drowning, accident or suicide with bloodshed etc. The "Fâ" occurs here when the individual has had his foot amputated or has wounds with blood flow. The diabetic who dies with wounds or amputated legs is unclean for his family and this impurity is related to many generations to come.

Diabetes through its complications is one of the so-called group or culture diseases. Group diseases are those that affect several people in the same family and persist for a whole generation. In Bamiléké context, group diseases are referred to as "Fâ" which means to have blood. Situations that expose an individual to "Anger" are, for example, a crime by

bloodshed committed by a third party or of which he has been a victim in a situation of war, an accident, as a result of a falling tree, or of an individual who dies with wounds or a wound on the body. The diabetic patient whose evolution of the disease has generated injuries or amputation is, therefore, a carrier of the "Fâ". If he dies with his wound, he thus transmits the "Fâ" to his lineage. For instance, other people from this lineage are likely to have sugar disease. Having demonstrated the influence of tradition on the appearance of diabetes, it is logical to admit that heredity plays a big role in the spread of this pathology within the family line. The constitution, the temperament, the predispositions are indeed among the individual peculiarities most hereditary diseases show. The health professionals we met at this instance told us that diabetes has very often been inherited. It is transmitted from offspring to offspring and from generation to generation. This mode of transmission is dominant. This means that most diabetic patients have at least one diabetic line. Considering indirect heredity (that is if we observe the same disease in grandparents or close relatives), it is also important. Juvenile diabetes, in particular, has a specific hereditary character. This form of the disease that appears between ten and thirty years, the in descendants.

Diabetes analogue/similar heredity

According to responses for a medical practitioner, other factors such as nutrition, gout, obesity, uraemia, and arthritis to some extent should be taken into account when considering cases of diabetes linked to heredity. As one informant spoke: *"This type of heredity can be demonstrated in at least half of the cases of diabetes, by carefully examining the family history of these patients, in 55 to 60% of cases, we found out that a more or less close relative suffered from diabetes or another disease as a result of nutrition"*⁷. Diabetes, in other words, represents only one particular aspect of hereditary insufficiency in an entire endocrine system, present, among the different members of a family group, various forms of disease.

In Africa, beyond institutional and political considerations on chronic diseases and particularly in the case of diabetes, there are sociocultural factors that remain and are encountered by preventive measures. For instance, in many cultures, being overweight, especially among women, is seen as an indicator of well-being and social respectability, this encourages obesity, thus predisposing to a high prevalence of T2D. Similarly, in the Yeminkol, a native cannot easily admit that obesity is a sign of diabetes. But anyone who has an exorbitant morphology is rather considered wealthy, a sign of well-being. Gout, for example, is perceived as a disease of the rich because it is attributed to a certain category of people such as Yeminkol populations who live in precariousness and extreme poverty situation.

⁶An interview carried out on the 25th March 2020 in Soa.

⁷Interview carried out on the 23rd March 2020 in Soa

Diabetes is perceived as sugar disease or food abuse disease

In the Yeminkol cultural community, diabetes is also perceived as a disease of food abuse. It is a simply, a notion that is widespread, to ensure that anyone who consumes sweets is at risk of suffering from diabetes. It is no less certain that excessive use of carbohydrates (starches and sugars) predisposes to the disease. We eat, in general, more than is necessary for our organic needs. It is common to hear people say, *"We eat too much and often badly."* One respondent said: *"Food abuse is always harmful. It is fortunate in to an extent that some disorders are immediate (indigestion, gastric colic, etc.), because they are a brake for future excesses"*^[8]. Otherwise, such abuses eventually produce general alterations in the use and digestion of foods subject to disturbances in the nutritional system. In other words, the digestive organs are subject to over work hence less resistant. It should be noted that it is not only the abuse of starches and sweets that promotes the appearance of diabetes, but also the abuse of other groups of food substances. Excessive consumption of protein substances (especially meat) and fats are determinants, in predisposed individuals, with the appearance of the disease in a more or less serious form. It is rare for a young person to become diabetic only by the excessive consumption of sweets, unless he is affected, unless he is predisposed.

Diabetes perceived as a disease of laziness

In Yeminkol socioculture, diabetes is perceived as a disease related to lack of hygiene, coupled with a low lifestyle, absence or lack of sporting activities. These factors slow down and delay natural organic combustion and food use, thus creating the conditions for the onset of diabetes. It is a common observation, in fact, that diabetes is more common in individuals who by their profession or trade have little physical activity or in those who are: lazy, constant softness or physical indisposition (for example, obese), give up a more active life. On the contrary, diabetes is rarely observed in people who by nature or by obligation have an intense sporting activity (athletes, fencing or gymnastics masters) or practicing physical exercises, etc. It is said in this community that once identified as a diabetic, the individual no longer makes any effort physical effort. It is risky for him to practice any physical injury for fear of injury. It is popularly conceived in this community when a diabetic is injured it will lead to death.

Diabetes as an infectious diseases or sexually transmitted infections

In Yeminkol as elsewhere, the diabetic patient is vulnerable. He is exposed to infectious diseases, either acute or chronic, such as syphilis, which can affect the pancreas and thereby alter endocrine function.

Cases of urea pancreatitis that improve after specific therapy are quite common. However, reported cases of tuberculosis diabetes are very rare. Instead, it should be said that the relationship between diabetes and tuberculosis is a harmful, reciprocal relationship of influence (in the sense that the two diseases are becoming mutually aggravated), and not cause-and-effect relationships. Finally, cases of diabetes that can be attributed to malaria are extremely rare. More striking is the relationship between diabetes and acute infectious diseases. In children, for example, there are cases of diabetes occurring after epidemic parotitis (mumps), a disease that is well known to be frequently related to the pancreas. There were still cases of diabetes appearing immediately after the cure of typhoid, scarlet fever, influenza, angina, diphtheria, pneumonia, an intestinal infection. When one of these diseases precedes the onset of diabetes, it is legitimate to suspect a cause-and-effect relationship that can be explained by the fact that the agent of the infectious disease determines toxic alterations or even true anatomical lesions of the pancreas or other. Presently, it is important to explain diabetes in the light of other diseases, or at least in their great majority. A predisposition to diabetes manifested in latent forms, where the infection only makes obvious. There are also socio-cultural ideologies that are linked to the epidemic. There is therefore a form of aversion to weight loss in diabetic patients for fear of suffering the stigma associated with HIV/AIDS.

Diabetes perceived as a sign of discrimination or marital conflict

When Susan Sontag [⁹] speaks of this disease as a metaphor, she wants to show that the ailments caused by this disease psychologically and psycho-emotionally affects man, or reflect the socio-economic status of the patient and his family. Lim Keuky (2009) refers to the case of the patient Sokhann in Cambodia whose income did not allow her to manage herself when her doctor diagnosed type 2 diabetes in 1997. For more than a decade, she lived with diabetes without treatment, education or follow-up. Attending a diabetes clinic and buying diabetic medications was well beyond her family's means. Diabetics, regardless of sex, is subject to all kinds of discrimination. Diabetic women are frigid, constantly tired and cannot make any great effort. Our informant, widow, 43 years old, diabetic says:

I can drink 10-20 litres of water a day and go to the toilet once every 5 minutes. I inject insulin 3 times a day. I have realized that I am a burden to my children and my family. It bothers me a lot.... It was since my husband's death that I was diagnosed positive for diabetes. I have been living with this bad disease for 13

⁸Interview carried out on the 25th March 2020 in Soa

⁹

years, I would have liked to have had another disease than diabetes [¹⁰]...

This disease endangers the life of a couple in the sense that the majority of diabetic men complain of sexual weakness and total loss of erection. An informant, thinks that:

It is a permanent danger for a man his sex life no longer active. I have pity for my wife because I imagine what she feels, what she lacks, I really think about looking for a solution to our problem, we can save our families [¹¹].

We know all the importance of sexuality in a couple and we can also imagine the disadvantages when it is not sufficiently experienced. Among the Yeminkol, as soon as a married woman goes into prostitution, the spouse is already suspected of being diabetic, especially if previously the latter has given birth to offspring. In women this frigidity is not noticed except the man discloses.

Diabetes: an incurable disease

Most patients believe that diabetes is a disease with a difficult to cure and can't be cured: this pessimistic conviction is already an obstacle for a successful cure. This is a false idea. Diabetes is almost always curable, sometimes easily, and it is, in reality, this conviction that must give the patient, constancy, and perseverance in the pursuit of treatment. In short, the diabetic must never fall short of this confidence in the quest for a cure. The reasons why diabetes can be cured, and what it is, can be easily understood.

Diabetes: a functional and not anatomical disease

Above all, it must be taken to mind that diabetes, in the majority of cases, is a functional disease and not anatomical. This means that diabetes is not supported, by a characteristic anatomical-pathological lesion, that is, by irreversible physical alteration of tissues this disease consists only in a malfunction, more or less serious, of the glycol-regulatory organs (in the first place, of the pancreas), that is to say, organs that are intended for the regulation of nutrition and the use of carbohydrates. It is a disease that depends on a chemical disorder and not on an anatomical or histological alteration of some organs. Certainly, diabetes is related to an anatomical lesion of the pancreas or other organs, exist and even these are curable, as we will see, by surgical intervention, but are extremely rare, so rare that they should not be taken into account when we talk of expensive diabetes: diabetes is an essential functional disease, Because diabetes is characterized by an organism that is unable to use carbohydrates, it is easy to understand what is

meant by curing diabetes. We will say that diabetes is curable if the organ has regained the ability to accept sufficient amounts of carbohydrates for the needs with regards to a healthy individual, without presenting glycosuria or hyperglycaemia. Precisely, the diabetic can be considered cured, when he is able, after a more or less long time of gradual and progressive experiences, to accept an average of 300 to 500 grams of carbohydrates per day, distributed between the different daily meals, sufficient amount for a healthy individual. It is an average that can always be achieved by a rational and progressive rehabilitation of the glycol-regulatory organs. We know hundreds of cases of people living with diabetes who have been cured: after months or years of dietary (and sometimes insulin) treatment, it has been possible to interrupt all dietary restrictions and any specific treatment, without periodic checks to reveal neither glycosuria nor hyperglycaemia.

DISCUSSIONS

Early diagnosis, established through examinations of urine and blood, is essentially based on the fact that early symptoms are seen, which lead to the detection of the disease and to the immediate use of the most appropriate means of detecting it. It is up to the patient to know that the first signs are the first manifestations and to draw the attention of the doctor or any health professional capable of taking care of patients with this pathology.

Even if the basic forms appear constant and well determined, diabetes is a disease that can present an extraordinary variety, either in its symptoms, in its clinical course or in its degree of severity. There are extremely mild cases of diabetes, and it can happen accidentally, through a urine examination following an ongoing disease. On the contrary, in cases of extreme severity, at short notice, the patient can suffer acidosis and coma. It is therefore not possible to establish a clinical framework for diabetes that can include all the causes. It is difficult to establish from the onset, that it is diabetes because the very first manifestations are generic.

The first sign that most often attracts the attention of the patient is asthenia. This happens when a person who has until then enjoyed good health and was full of energy, begins to experience an unusual feeling of fatigue and weakness. These increase rapidly to the point of making it inactive. This weakness is felt as an unusual factor by the patient. No particular disorder justifies this new condition. This asthenia is usually accompanied by a feeling of depression and a general malaise impossible to define but very annoying, sometimes accompanied by headaches. While being one of the earliest disorders, this state gradually increases during the course of the disease.

¹⁰ Interview carried out on the 10th of November 2017 in Soa.

¹¹ Interview carried out on the 28th of November 2017 in Soa.

The diabetic (at an advanced stage) is a person always tired, often unable to make small outings and even the slightest muscle exercises; At the same time as asthenia most often appears, among the earliest symptoms, it is cumulative. This is a disorder which generally does not concern the patient, but calls for concern. The consumption of large quantities and a consequence large amount of urine will be eliminated. The more naturally diabetics urinate, the more they drink, and vice versa.

Thirst is more intense after meals, especially after ingestion of carbohydrates; sometimes it becomes so strong, so tenacious, and so irresistible that the patient can no longer stop drinking, he finds it difficult to manage his thirst. (Polydipsia). Diabetics are known to drink the large quantities of water amount of ten litres of per day. A feeling of dryness in the mouth, absorb with pleasure a litre of water each time. The increase in the amount of fluid ingested is naturally accompanied by an increase in the amount of urine eliminated (polyuria).

This is the third early symptom of diabetes. To a certain degree this usually escapes the mind of the patient. The limits of polyuria are extremely variable. From two litres (the normal amount of daily urine is about one and a half litres), to five and even eight or ten litres per day. Polydipsia and polyuria are both dependent and related to the same cause. The diuretic action of glucose that is eliminated in excessive amounts by the kidneys, and the rarity of insulin in the blood. Naturally polyuria can vary with the diet. Frequently, even if it is not constant, the sense of appetite is altered. Most often there is an exaggerated need for food, which can even become insatiable. The diabetic eats more than it is necessary (polyphagia), because he experiences a permanent feeling of hunger, especially hunger for carbohydrates, because his tissues are in need of glucose, not being able to absorb it. In the past, diabetes was characterised by a more or less, lack of appetite (anorexia) that can go as far as a real disgust for all foods. This condition, was observed in rare cases and is a symptom of diabetes at an advanced stage.

Afterwards, weight loss also comes into play. It is the same in all forms of diabetes, and even sometimes it can be completely absent. In fact, we distinguish between clinical forms of fatty or obese diabetes (common especially in adults and the elderly) and forms of lean diabetes (especially in young people). However, weight loss can be considered among the typical disorders of diabetes by adding that it is extremely rapid in severe forms of the disease, while it is very slow and barely visible in mild forms. It can be used to measure the severity of the condition. In any case weight loss is an obvious contrast to the fact that the diet is by no means reduced, but rather, very often, it has become more copious by an exaggerated need for food, and with the fact that generally digestion and

intestinal functions function well or with a certain tendency to constipation. The diabetic patient eats a lot and loses weight gradually, this weight loss cannot be stopped by resorting to a richer diet, and often even become stronger when the food ration is increased. This is mainly due to the continuous and excessive loss of glucose through the urine and the very complex in the nutrition disorders in the system that can manifest through the transformation of proteins and fats.

Weight loss, pale complexion are not common with diabetic, they are usually lively. Sometimes the patient's face might become clearer, rubicund (diabetic rubella). Rarely, with complications that the skin acquires a yellowish coloration. Asthenia, polydipsia, polyuria, polyphagia, weight loss, persistence of a fair complexion represents, disorders manifested by diabetic patients. But there are still some disorders that accompany every disease. These are often associated to disorders mentioned above, in isolation or in an associated way and must draw the attention of patient and lead him to resort to a doctor for diagnosis. In any case, they must be known because they can sometimes be a wake-up call. Rapid tooth fall; the slow and difficult healing of accidental wounds and their frequent suppuration; exaggerated nervous sensitivity, decreased sexual potency and libido, both in men and women; the feeling of a burning thirst and taste. It should be noted that the progress made in medicine and the expansion of social and hospital assistance makes diabetes to be diagnosed easily. There is the existence of Statistical data in developing countries indicating the alarming situation. There is nowadays one diabetic for fifty people and this figure is on the rise. Diabetes will then continue to be considered a public health problem. This is not only because of its significant and continuous expansion, i.e. more than 400 million diabetics worldwide. According to estimates by the World Health Organization, this figure will rise to around 700 million by 2045, if measures are not taken. It also has a significant impact on the patient's ability to work. Finally, because the means of early diagnosis and care requires a whole system of social security and protection. It is a chronic disease that, if care is not taken, the situation worsens gradually. However, it does not seem to be an incurable disease, nor in any case, impossible to cure. A well-appropriate and scrupulously followed treatment leads not only to the complete disappearance of certain disorders, but also to the suppression of these functional and metabolic imbalances that constitute the essential characteristic of this disease. This statement is true from the information gathered from informants, health professionals and field work experience. This view is sustained by researchers on animal's laboratory and by clinical observation from many patients over decades. A diabetic, who is poorly treated or not treated at all, will inevitably see his disease worsen and be the cause of very serious complications, especially with regard to the cardiovascular disease and the nervous system failure.

The hope for a cure represents, for each patient, the first step on the path of successful cure. These are two conditions that depend exclusively, on good care, information and communication, lifestyle and the willingness of the patient to avoid certain food prohibitions.

The diabetic, in principle, has an organism that does not tolerate carbohydrates. The treatment must therefore follow, at the same time, two directions: on the one hand, reduce the intake of carbohydrates to limit tolerance: on the other hand, increase the tolerance of the body to the carbohydrates themselves, that is to say, rationally and gradually re-educate the glycol-regulatory organs. When this rehabilitation is complete, the body will, have acquired a normal tolerance to carbohydrates.

In Africa today, diabetes represents a heterogeneous whole and difficult to catalogue. Authors say that health professionals who advise on alternative medicines are aware of the need for comprehensive, psychological, social and physical care of patients. As part of their daily practice, they are often led to note that some non-doctor therapists are rigorous, their knowledge and their seriousness, and their results are visible. This observation has led many authors to think that there is a need for present offers, to determine the therapeutic recourses and to analyse the practices of Africans vis-à-vis the doctors, with the intention of making them coexist in an intelligent and tolerant way for the well-being of the patients and also for the safety of non-conventional medicines. Because these patients, in any case, will continue to be treated by non-doctors without necessarily informing their referring doctors. These authors are quick to say: *"In the plural field of global health issues, it is now necessary to give a major interest to non-conventional or alternative medicines"*. They have gained grounds and are now in competition with so-called Western or conventional medicines. The emergence of incurable chronic diseases with forms of conventional medicine is gradually sounding the death knell of "medical authoritarianism" or medical paternalism." In the Negro-African context, good health to an individual depends on certain external forces. The disease, its diagnostic and therapeutic routes are understood to an extent that they are apprehended from the angle of phenomena with magical-religious ethology, only detectable by the traditionalist, soothsayer and healer. However, this does not mean that Africans are not aware of nature's part in the disease causation. They know that some diseases are of natural origin and are caused by a natural phenomenon. It is these forms of pathology that are eradicated by resorting to the benefits of plants. But should these plants, their bark or their roots be recognised as remedy, though their use is preceded by incantations, mystical words, which, moreover, serve to reactivate the vital active ingredient contained in the plant. In doing so, any symptom, whether benign or supernatural, cannot find a

healing solution outside the power recognized in the verb. Thus, to speak of the disease, in negro-African land, is to address the suffering body. This body, far from being only flesh and blood, is a sum of vitalities'. From then on, it can be "touched" by a mystical language. This explains the social use of the omnipotence of the verb to cast bad fate or simply to cause healing (exorcism).

CONCLUSION

Conclusively, witchcraft has a causal link with diseases through a persecuted interpretation. We can then distinguish the spiritual witchcraft of the Yeminkol, where the sorcerer "attacks" the body of a person through a disease such as diabetes, from instrumental witchcraft that requires various material resources (dangerous plants, fetishes, poisons) and that directly attacks the human body. The first aims at the destruction, the death of the person while the second seeks to obtain the defeat of an opponent to have control over his will. The Yeminkol complain of these witchcraft practices that do not help to build, to develop, but that only contribute in destroying the community. We can say that, high consumers of goodies and sweets are prone to diabetes than moderate individuals. Excess food is not, in itself, the cause of diabetes, but can facilitate and precipitate its presence in predisposed individuals, or when the organs responsible for the transformation of carbohydrates are tired by age or prolonged abuse diabetes can occur. This means that while this excess is not a determinative cause, it can be a remote cause.

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