

# Revitalizing Kichwa Midwifery

## Medicinal Plant Knowledge for Pregnant Women in San Martín, Peru

By Conzuelo Tapullima de Tuanama Tuanama, Traditional Kichwa Midwife; and Laura Corradi, MA  
Translated by Yesenia Cortés

### ABSTRACT

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This article shares the traditional knowledge of Kichwa midwife Conzuelo (“Mamá Conzuelo”) Tapullima de Tuanama Tuanama about pregnancy, childbirth, and the use of medicinal plants in the community of Chirik Sacha, San Martín, Peru. Through interviews and visits to her garden, the text highlights four essential plants and the teachings that accompany them. Laura Corradi wrote the premises, acknowledgments, introduction, and conclusions, situating Mamá Conzuelo’s knowledge within the broader context of the stigmatization of Indigenous midwifery and the cultural revitalization efforts taking place in the region. The article aims to support the preservation of this knowledge and underscores its importance for community health and for recognizing the central role of midwives within an intercultural framework.

**Keywords:** traditional midwifery, medicinal plants, Indigenous knowledge, Kichwa women, pregnancy and childbirth, community health, intercultural health, ancestral medicine, knowledge transmission

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### Prelude

On the afternoon of April 12, 2025, I had the honor of being a guest at the home of Conzuelo Tapullima de Tuanama Tuanama, a Kichwa midwife from Tuanama Tuanama. I had met her a week earlier during the Encuentro de Sabios y Sabias en el pueblo de Chazuta (Gathering of Wise Men and Women) in the town of Chazuta, and later in the Kichwa community of Tununtunumba, in the Amazonian region of San Martín. That Gathering was organized

by the Centro Amazónico de Antropología y Aplicación Práctica (CAAAP -Amazonian Center for Anthropology and Practical Application), an institution I was supporting at the time as a volunteer.

After the Encounter, “Mama” Conzuelo invited me to share a lunch of inchicapi (peanut soup with chicken) with her family in her community of Chirik Sacha. That day was special: we exchanged knowledge, mainly focused on her profound understanding of childbirth and traditional

medicine related to women's health, and we agreed to give voice to her wisdom through this document, where we compiled four medicinal plants, their benefits, and pictures, with the aim of preserving and transmitting her knowledge directly.

In this paper, I have included an introduction outlining the local context of the midwifery practice where Mama Conzuelo lives, along with some conclusions and a few brief parenthetical remarks to facilitate the flow of the narrative. Everything else is based on my conversation with Mama Conzuelo, and I have strived to transcribe her words faithfully to give voice to her wisdom without introducing any modifications or personal interpretations.

## Acknowledgments

I want to express my heartfelt gratitude to Mama Conzuelo, who welcomed me from the very first moment like one of her own daughters and took me around her garden while generously sharing her knowledge; as well as to her entire family, who came to pick me up at the bus stop in San José de Sisa, offered me a warm welcome, long conversations, and the joy of a swim in their stream. Finally, I thank the Centro Amazónico de Antropología y Aplicación Práctica, especially Luna Contreras, who at that time was the coordinator of the San Martín regional office, who has guided me in discovering traditional practices and the use of medicinal plants thanks to her profound understanding of women's bodies and energies.

## Introduction

For more than a decade, the Centro Amazónico de Antropología y Aplicación Práctica (CAAAP) has been promoting a process of recognition, strengthening, and documentation of the ancestral knowledge of Indigenous communities in the Amazonian region of San Martín, Peru. Through meetings, workshops, and participatory research projects, they have worked alongside the “wise men and women” of the Kichwa Indigenous federations—traditional authorities in natural medicine, agricultural practices, spirituality, and social organization—with the aim of making their knowledge visible and valued both within and outside their communities (CAAAP 2024).

Among the lines of work is the strengthening of traditional midwifery, through supporting the midwives who have formed a nationwide organized group to share knowledge and assert their rights in the face of marginalization by the health system and the State. This approach addresses social, political, and historical dimensions that give it vital and current relevance.

Traditional midwives play a community care role in multiple dimensions of daily life, often made invisible due to a historical debt in their recognition.

First, it is important to highlight the stigmatization of home births in terms of safety. Contreras (2024) points out that the biomedical discourse tends to consider births attended in health centers by specialized personnel as safer, which leads to a depreciation of home births.

Midwives, both in interviews and workshops held in San Martín, reported situations of mistreatment and discrimination, such as threats of not registering or giving healthcare to babies born at home. One midwife recounted the “three days of punishment” she endured in the hospital before receiving the live birth certificate, as a penalty for not having given birth in a medical center.

According to Tronto (2020, 38), the society of risk “presupposes that people live in a dangerous and untrustworthy world (...) it is a world full of fear that converges into thoughts that await a transformation toward a framework that guarantees greater security”. Contreras (2024) argues that this logic makes us live in a state of alert, fueling fear and stigmatizing others. In contrast, a society of care would promote collaboration, mutual respect, and the recognition of diverse knowledge. Giving space to the wise men and women of traditional Indigenous medicine would significantly improve care for women in their communities.

In Peru, there are successful precedents for integrating traditional and Western medicine. Such is the case of Inkawasi (2018), where traditional obstetricians and midwives were integrated into the project “Adecuación intercultural en la atención del parto para evitar muertes maternas en el centro de salud Inkawasi” (Intercultural adaptation in childbirth care to prevent maternal deaths at the Inkawasi health center).

Secondly, the issue of childbirth in Indigenous communities must be analyzed from an intersectional, gender, and colonial perspective.

Early pregnancy is one example: in addition to the risks to the physical health of adolescent girls, it frequently leads to the interruption of their education, creating a vicious cycle of exclusion and rights violations.

According to a study by UNICEF and the Peruvian Ministry of Economy and Finance (2023), teenage pregnancy is more frequent in marginalized contexts with limited access to education and employment. Among Indigenous adolescents, 14% are mothers between the ages of 15 and 19, especially in the Amazon (Ombudsman’s Office 2019). This perpetuates generations of young mothers, whose daughters also become pregnant at an early age, thus replicating structural exclusion.

The Ombudsman’s Office (2019) identified teenage pregnancy as a significant vulnerability factor for Indigenous girls and adolescents, affecting their physical well-being and life plans. 24% of Indigenous women in Peru are illiterate. Among women without formal education, 12.3% have been victims of sexual violence. Violence against Indigenous women is a structural and persistent problem.

In response, in November 2022, thanks to the leadership of Kichwa women, an intercultural protocol for care and coordination in cases of violence against women and family members of the Kichwa community of San Martín was developed. This protocol was created in collaboration with Indigenous organizations and the Superior Court of Justice, recognizing that many cases of violence result in forced pregnancies.

Furthermore, the Ministry of Women and Vulnerable Populations has promoted the expansion of services for victims of violence. These include the Women's Emergency Centers (CEM) in urban areas and the Rural Strategy in targeted rural districts.

On the other hand, Peru's recent history is marked by the scandal of forced sterilizations promoted during Alberto Fujimori's second term (1996-2000), when approximately 300,000 people, primarily rural Indigenous women, were deprived of their reproductive capacity without their consent (Molina 2017). This policy left lasting consequences at the personal, familial, and community levels, as motherhood and caregiving are central dimensions of collective identity in many communities (Urruchi 2021). Although presented as "Voluntary Surgical Contraception," numerous testimonies indicate that women were subjected to blackmail, threats, and deception to coerce them into accepting the procedure (Guevara 2021). This type of violence reveals forms of structural discrimination that are articulated at the intersection of gender, ethnicity, and class (Ballón 2014).

Finally, starting in the 1990s, the Ministry of Health implemented intercultural health policies aimed at improving maternal care in rural areas. However, these policies have favored institutional childbirth at the expense of traditional midwifery, which continues to be criminalized or rendered invisible by public policies. As Contreras (2024, 179) states, this process of cultural revitalization is fundamental "not only for the collective, mental, emotional, and spiritual health of the

community, but also for living in harmony with nature". It is necessary to reclaim the value of midwifery as a legitimate, effective practice rooted in ancestral knowledge, recognizing its contribution to community health from its own worldview (2024, 184).

In this context, the intergenerational transmission of traditional knowledge, such as that of midwives, is essential for the health, culture, and autonomy of Indigenous peoples. Despite its importance, traditional midwifery in Peru still lacks legal recognition that would regulate it as a professional practice within the health system.

This document is part of that collective effort. It arises from the dialogue with Mama Consuelo Tapullima de Tuanama Tuanama, a Kichwa midwife from the community of Chirik Sacha, with whom, knowledge about medicinal plants and the integral care of women, especially regarding pregnancy and childbirth, was shared.

## The voice of Mama Consuelo

The person speaking to you is Consuelo Tapullima de Tuanama Tuanama, I am a Kichwa woman from the Chirik Sacha community, 58 years old.

I learned the art of herbal medicine from my grandfather when I was a child. I am also a midwife and a *sobadora*<sup>1</sup>. My knowledge

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<sup>1</sup> Translator's note: A "sobador" or "sobadora" (female) is someone instructed in a branch of traditional medicine, which consists of providing healing massages to treat pain, wounds, lesions, folk illnesses (such as "empacho") and sometimes fertility issues.





**Figure 1**

Mamá Conzuelo in her garden. Photograph by Laura Corradi.

is extensive. I am also the president of the Asociación de Mujeres Víctimas de la Esterilización Forzada de San Martín (Association of Women Victims of Forced Sterilization in San Martín).

I have always said that I have acquired my knowledge through my grandfather. I have lived, my grandfather raised me. He was a curious man, and from him I have seen things, and as an adult I have learned to make remedies for my children on my own and I have learned how to “sobar” (massage) dislocated bones.

Many people come to have remedies made for them: for their uterus that is altered, that is moved, when they have cysts, they take it or they cleanse and they are cured and they thank you.

I have my plant garden, and the men help too, just as the women help in the “charka”.<sup>2</sup> There is no distinction (of gender). In my garden there are four plants in particular that help me with childbirth and they are the following (walking through her garden).

### Paico

Paico is used for washing wounds, it’s good for digestion, and it’s beneficial after childbirth. Take a sprig, hold it like this (demonstrating how



**Figure 2**

Paico. Photograph by Laura Corradi.

<sup>2</sup> A chakra is a type of garden or small plot where mainly food is grown.

to hold it), boil it in a cup of water, and drink it to help dissolve blood clots in the uterus. It helps digest the blood and cleanses the body. Boil more paico to bathe in, and this helps prevent postpartum complications. Paico is also a purgative, primarily used to cleanse the stomach, but it's taken after giving birth.



**Figure 3**

Oregano. Photograph by Laura Corradi

### Oregano - Pampa Oregano

It's good for menstrual cramps and for pregnant women in labor, during contractions. You boil a sprig and give her a tea to help her have more contractions.

### Bellyache Bush – Puka Piñon

It has its secrets for healing. The one that heals, you have to look for the one that has five “little hands” (leaves). When you have hemorrhages before or after childbirth, crush it well with a few drops of lemon juice, it turns red; you take that and goodbye hemorrhage. It has many benefits too, as the grandparents say, but I'm talking about before and after childbirth.



**Figure 4**

Bellyache bush. Photograph by Laura Corradi.



**Figure 5**

Pigeon Pea. Photograph by Laura Corradi.

### Pigeon Pea – Puspu Poroto

Very good for helping dilate the cervix in pregnant women. It represents oxytocin.



## **The role of wise women: the transmission of knowledge between witchcraft and pharmaceuticals**

It's a blessing to have wise men and women in my community. It's helpful to have a midwife when teenagers are pregnant because they trust her and know how to talk to her. (For example) when they have to have an abortion, it's considered a crime, because you give her a plant and if it doesn't work, it becomes serious and she goes to the hospital, and they force her to say who gave her the remedy. When someone comes to me, they say, "I've been bleeding, for four or five months, I want to stop this, I want a remedy." I don't do these things. It's a crime. You're going to raise a child, someone will carry it, and it will be a joy (to have the baby).

For future generations, I would say that someone could inherit or revalue these customs, not leave them behind but move forward. My mission is to carry on the traditions of our medicinal plants. Why? Because these are the first generations before pharmacies (referring to the fact that newer generations rely more on pharmaceutical companies). This time, they don't go to the pharmacy, but they go to doctors more.

Workshops with wise men and women are needed to prevent the loss of knowledge and (thus) spread this knowledge to future generations.

Sometimes when you know about plants, others think you're vindictive because you know, they think that you want to get revenge on people.

That's how the nosy person talks, wanting money, deceiving. They say, "she's got a grudge against people, she's out for revenge." They look at you askance, "she must be lying, she's vindictive," as they say, "is she a witch?" In the end, only God knows our conscience.

When you have cramps, you're bewitched. That's what it's like in the community; people are always like that. There have to be people who ostracize you, who point fingers at you, saying you're this (meaning you're a witch), but when you're not doing anything wrong, they don't do anything to you.

Those thoughts I'm talking about, where they come from, is from the self-proclaimed experts, the fake shamans who say I've bewitched them. They have diabetes? They've taken revenge on you out of envy. People from the countryside who don't even see you, even though you see they have money, will envy you because I've made them envious. That's part of their gift (referring to the wise men and women who have the gift of healing) and having their financial resources, but you can't envy them; you also live within your own means, with what you have.

Science is nature, and knowledge is a science. Isn't that right? One science is the knowledge you've acquired, and you're even valuing what you gain from it. We all have our talents, but many of us don't know how to use them, we don't know how to value them because of the shame (that stems from) the envy (of others): "She's like this, she knows, she's like that," where does that come from? From their crazy imaginations.

## Conclusions: The role of wise women in the process of cultural revitalization

Within the work of recognizing and strengthening ancestral knowledge promoted by CAAAP in San Martín, wise women have occupied a fundamental place. As guardians of traditional knowledge about natural medicine, body care, spirituality, and agricultural practices, they have been recognized not only as transmitters of life, but also as pillars of the collective memory of their communities.

Midwives have not been valued for their role as members of community health services, and

their practice has been criminalized, leading many to stop attending births or to hide it for fear of repercussions from the health system (Contreras, p. 195, 2024). The workshops and meetings organized have sought to revitalize their historical role, often rendered invisible within community and external dynamics, and to strengthen their voice in local decision-making processes. Through participatory methodologies, these wise women have been able to share their knowledge of medicinal plants, birthing techniques, traditional child-rearing practices, and forms of spiritual healing, reaffirming the importance of their cultural role in ensuring continuity (CAAAP, 2025).

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## ABOUT THE AUTHORS

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Conzuelo Tapullima de Tuanama Tuanama is a Kichwa midwife from the community of Chirik Sacha in the province of San José de Sisa in the San Martín region of Peru. She has deep knowledge of medicinal plants, which is why people refer to her as a “wise woman.” She also works as a midwife and traditional masseuse, and she serves as president of the Association of Women Victims of Forced Sterilization of San Martín.

**Laura Corradi, MA**

Laura Corradi holds a master’s degree in International Cooperation for the Protection of Human Rights from the University of Bologna, with a focus on the economic anthropology of Indigenous peoples in Latin America. She has lived in several Latin American countries, worked with Quichua, Cofán, and Siekopai communities in Ecuador, and conducted her master’s thesis research in six Mocoví communities in Argentina. In 2024–25, she collaborated with the Amazonian Center for Anthropology and Practical Application (CAAAP) in Peru, focusing on strengthening women’s leadership, promoting empowerment, and addressing women’s roles, ancestral knowledge, gender-based violence, and territorial property rights among the Awajún, Kichwa, and Shawi Peoples.