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THERAPEUTIC POTENTIAL OF TRYUSHNADI MANDURA IN IRON-DEFICIENCY ANEMIA: A REVIEW

Apoorva Sharma^{*}, Brahm Dutt Sharma and Nisha K. Ojha

Department of Kaumarbhritya, National Institute of Ayurveda (Deemed to be University), Jaipur - 302002, Rajasthan, India.

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Correspondence to Author:

Apoorva Sharma

PG Scholar,
Department of Kaumarbhritya,
National Institute of Ayurveda
(Deemed to be University), Jaipur -
302002, Rajasthan, India.

E-mail: apoorva.sharma2206@gmail.com

ABSTRACT: Background: Iron deficiency anemia (IDA) is a major global health problem, especially affecting children, women, and pregnant females. In Ayurveda, IDA can be correlated with *Pandu Roga*, which is associated with impaired digestion (*Mandagni*) and defective formation of *Rakta Dhātu*. Iron deficiency anemia (IDA) is the most frequent hematological disorder in children, with an incidence in industrialized countries of 20.1% between 0 and 4 years of age and 5.9% between 5 and 14 years (39 and 48.1% in developing countries). **Objective:** To critically review the available classical and contemporary evidence on the safety and therapeutic potential of *Tryushanadi Mandura* in the management of iron deficiency anemia. **Material and Methods:** A narrative literature review was conducted using Ayurvedic classical texts such as *Chakradutta* and electronic databases including PubMed, Google Scholar, and Medline. Relevant articles on formulation components, pharmacological actions, and anemia management were screened. The index, non-index medical journals has also referred to collect information of relevant topic. **Results:** The formulation contains multiple herbal and mineral ingredients with reported *Deepana*, *Pachana*, *Rasayana*, and *Raktavardhaka* properties. Individual components demonstrate pharmacological activities such as antioxidant, anti-inflammatory, hepatoprotective, and bioavailability-enhancing effects. However, there is limited direct clinical evidence specifically evaluating *Tryushanadi Mandura* in IDA. **Conclusion:** *Tryushanadi Mandura* shows potential as a supportive formulation in IDA management based on classical rationale and pharmacological properties. However, current evidence is insufficient to conclusively establish its clinical safety and efficacy. Well-designed clinical trials are required.

INTRODUCTION: Iron deficiency Anemia (IDA) is a global public health crisis, so also in India.

As per the World Health Organization's (WHO's) report, there are about two billion Anemia cases globally, of which half of them are IDA¹.

Anemia is the late indicator of iron deficiency in the human body, hence the prevalence of iron deficiency is estimated 2.5 times higher than that of Anemia. Similarly, IDA during pregnancy is associated with maternal mortality, preterm labor, low birth weight, and infant mortality².

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IDA among children affects their cognitive and motor development and increases the susceptibility of infections³. According to the World Health Organization, the global prevalence of anemia was estimated at 29.9% in women of reproductive age, 29.6% in non-pregnant women of reproductive age, 36.5% in pregnant women, 39.8% in children aged 6–59 months, and 60.2% in children under 5 years old in 2019. It leads to symptoms such as lassitude, general debility, lethargy, and poor work performance, and in some cases, it can result in mental retardation, low intelligence, and an aberrant immune response⁴.

The Ayurvedic anemia correcting agents are found to be practiced since centuries⁵. With this background, an effort is made to review various types of Ayurvedic formulations that have proved efficient in the management of IDA. In Ayurveda, the disease Pandu Roga can be compared with that of IDA, especially owing to the clinical manifestation of Panduta or pallor in the whole body⁶. Unlike modern medicine, which primarily addresses hematological parameters, Ayurveda emphasizes a systemic imbalance rooted in digestion, metabolism, and tissue nourishment⁷.

The Concept of Iron Deficiency Anemia in Ayurveda: In Ayurveda, a condition with striking resemblance to anemia is described as *Pandu Roga*. Irregular and faulty *PittaPrakopaka* dietary habits and lifestyle like *Amla*, *Lavana*, *Katu Rasa* *Atisevana*, *Kshara*, *Ushna*, *Tikshna*, *Ruksha Ahara* *Atisevana* impairs the digestion, leading to *Mandagni*. Due to *Nidana*, *Pittadosha* gets vitiated and expelled by *Vayu*. It then reaches the *Hridya*

and from there it mobilizes into entire body via *Dashadhamani* and get localized between *Twaka* and *Mamsa* causing *Dhatushaithayata* and *Guruta*. Vitiated *kapha*, *Vata*, *Asruk*, *Twaka* and *Mamsa* cause *Twakavaivarnata* such as *Pandu*, *Haridra*, *Harita* etc. There are systemic symptoms like Exertion dyspnoea, tiredness, breathlessness, leg cramps, etc. In ayurvedic classics, this diseased condition is known as *Pandu Roga*.

Exploring the Potential Superiority of Traditional Medicine in Managing IDA: The burden of iron-deficiency anemia (IDA) remains persistently high in India due to the poor tolerability of oral iron supplementation. Therefore, more focus is required to explore traditional medicine for safe and effective options for managing IDA. The primary treatment for IDA is oral iron replacement therapy, which is convenient, affordable, and effective in the management of stable IDA patients⁸. It rapidly improves hemoglobin levels, but it is often poorly tolerated over time due to associated nausea, vomiting, constipation, and abdominal discomfort⁹. The poor tolerability of oral iron supplementation may compromise its good compliance and, in turn, leads to the persistence of IDA¹⁰. Hence, it is imperative to explore traditional medical systems for interventions with comparable efficacy to oral iron supplementation, minimal adverse event/adverse drug reaction, and better tolerability.

Drug Review: *Tryushanadi Mandura* (*Chakradutta Pandu Roga Chikits Adhyaya* 8/35-40).

TABLE 1: INGREDIENTS OF TRYUSHANADI MANDURA

S. no.	Drug	Botanical Name	Part used
1	<i>Tvak</i>	<i>Cinnamomum zeylanicum</i> Breyn.	Twak, Patra
2	<i>Shunthi</i>	<i>Zingiber officinalis</i> Rosc.	Rhizome
3	<i>Maricha</i>	<i>Piper nigrum</i> Linn.	Phal
4	<i>Pippali</i>	<i>Piper longum</i> Linn.	Phal
5	<i>Pippalimool</i>	<i>Piper longum</i> Linn.	Mool
6	<i>Vidang</i>	<i>Embelia ribes</i> Burm. F.	Phal
7	<i>Devdaru</i>	<i>Cedrus deodara</i> Lond.	Kandsar
8	<i>Chitrak</i>	<i>Plumbago zeylanica</i> Linn.	Mool Twak
9	<i>Daruharidra</i>	<i>Berberis aristata</i> DG.	Mool
10	<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	Phal
11	<i>Bhibitaki</i>	<i>Terminalia bellerica</i> Roxb.	Phal
12	<i>Amalaki</i>	<i>Embelica officinalis</i> Gaertn.	Phal
13	<i>Chavya</i>	<i>Piper retrofractum</i> Vahl.	Mool
14	<i>Mustak</i>	<i>Cyperus rotundus</i> Linn.	Rhizome
15	<i>Swarnmakshik</i>	Chalcopryrite	Bhasma

16	Mandura	Ferric oxide	Bhasma
17	Gomutra	Cow urine	

TABLE 2: THE RASA-PANCHAKA OF CONTENTS OF TRYUSHANADI MANDURA

S. no.	Drug	Rasa	Guna	Virya	Vipaka	Doshaghnata
1	Tvak ¹¹	Katu, Madhura, Tikta	Laghu, Rooksha, Tikshna	Ushna	Katu	Kaphavatahara,
2	Shunthi ¹²	Katu	Laghu, Snigdha	Ushna	Madhura	Vata Kaphahara
3	Maricha ¹³	Katu	Laghu, Teekshna	Ushna	Katu	Vata Kaphahara
4	Pippali ¹⁴	Katu	Laghu, Teekshna, Snigdha	Anushna sheeta	Madhura	Kaphavatahara
5	Pippalimool ¹⁵	Katu	Laghu, Rooksha	Ushna	Katu	Kaphavatahara, Pittakara
6	Vidang ¹⁶	Katu, Tikta	Ruksha, Laghu, teekshna	Ushna	Katu	Kaphavatashamaka
7	Devdaru ¹⁷	Tikta	Laghu, Snigdha	Ushna	Katu	Kaphavatashamaka
8	Chitrak ¹⁸	Katu	Laghu, Rooksha, Teekshna	Ushna	Katu	Kaphavatashamaka, Pittavardhaka
9	Daruharidra ¹⁹	Tikta, Kashaya	Laghu, Rooksha	Ushna	Katu	Kaphapittashamaka
10	Haritaki ²⁰	Kashaya pradhanalavanavarjita sadrasa	Laghu, Rooksha	Ushna	Madhura	Tridoshasamaka
11	Bhibitaki ²¹	Kashaya	Laghu, Rooksha	Ushna	Madhura	Tridoshahara
12	Amalaki ²²	Amla pradhana lavana varjita rasa	Laghu, Rooksha	Sheeta	Madhura	Tridoshasamaka
13	Chavya ²³	Katu	Laghu, Rooksha	Ushna	Katu	Kaphavatashamaka, Pittavardhaka
14	Mustak ²⁴	Katu, Tikta, Kashya	Laghu, Rooksha	Sheeta	Katu	Kapha Pittashamaka
15	Swarnmakshik ²⁵	Madhura, Tikta	Snigdha, Guru		Katu	Tridoshanghan
16	Mandura ²⁶	Madhura, Kashaya Tikta	Guru Rooksha	Sheeta	Madhura	Pittasamaka
17	Gomutra ²⁷	Katu, Tikta, Kashya Anurasa-Lavana	Laghu, Rooksha Tikshna	Ushna	Katu	Kaphavatashamaka Pittavardhaka

TABLE 3: AYURVEDA PROPERTIES AND PHARMACOLOGY ACTION FOUND IN THE INGREDIENTS OF TRYUSHANADI MANDURA

S. no.	Drug	Ayurveda properties	Pharmacology Action
1	Tvak	Pachan, Ruchya ²⁸	antioxidant, Anti-inflammatory Activity ²⁹
2	Shunthi	Hrdya, Deepana, Ruchya, and Pachana ³⁰	anti-inflammatory, bioavailability enhancer, anti-oxidant and gastroprotective ³¹
3	Maricha	Deepana, Pachana, Vatanulomana, Krimighna, ³²	Increases the permeability of intestinal cells ³³
4	Pippali	Deepana, Hrdya, Ruchya, Rasayana, and Balya ³⁴	Anti-inflammatory ³⁵ , anthelmintic, immunomodulator ³⁶ , bioavailability enhancer ³⁷
5	Pippalimool	Agnideepana, Pachana ³⁸	Tonic, anthelmintic, digestive, anti-inflammatory ³⁹
6	Vidang	Balya, Deepana, Pachana, Anulomana and Rasayana ⁴⁰	Anthelmintic ⁴¹
7	Devdaru	Vatanulomana, Amahara and Deepana ⁴²	Anti-inflammatory, anti-ulcer ⁴³
8	Chitrak	Deepana, Pachana, Rasayana ⁴⁴	Anthelmintic, and appetizer, digestive ⁴⁵
9	Daruharidra	Dipana, Pachana, Rasayana ⁴⁶	Anti-inflammatory, anti-diarrheal ⁴⁷
10	Haritaki	Rasayana, Cakshushya, Ayuvardhaka, Brhmana, Anulomana, Balya, Medhya, Deepana Pachana ⁴⁸	Anti-oxidant laxative, stomachic, cardio tonic, hypotensive, myocardial depressant ⁴⁹
11	Bhibitaki	Deepana, Pachana, Anulomana, Dhatuvardhaka ⁵⁰	Hepatoprotective, anti-inflammatory, and anti-oxidant ⁵¹
12	Amalaki	Rasayani, Deepana, Stambhana, Medhya, Anulomana, and Hrdya ⁵²	Anti-inflammatory, anti-oxidant ⁵³ , hepatoprotective, growth promoting, improves homeostasis, and cytoprotective ⁵⁴
13	Chavya	Deepana, Pachana, and Vatanulomana ⁵⁵	Muscle relaxant, anti-catharrhal ⁵⁶

14	Mustak	Medhya, Deepana, Pachana, Balya ⁵⁷	Anti-inflammatory, anti-oxidant, and gastroprotective activity ⁵⁸
15	Swarnmakshik	Rasayan, Hrudy, Chakshushya ⁶⁰	Anti-oxidant, Neurological action ⁵⁹
16	Mandura	Ruchikaraka, Deepana, Raktavridhdhrikara, and Dardyakara ⁶¹	Hematinic, cytoprotective, hepatoprotective, and provides sufficient amount of iron essential for normal erythropoiesis ⁶²
17	Gomutra	Krimighna, Medhya, and Agnideepana Lekhana ⁶³	Immunity enhancer, anti-oxidants, bio-enhancer, and contains erythropoietin stimulating factor ⁶⁴

TABLE 4: CHEMICAL CONSTITUENTS FOUND IN THE INGREDIENTS OF TRYUSHANADI MANDURA

S. no.	Drug	Chemical constituents
1	Tvak	Essential oil, tannin and mucilage ⁶⁵
2	Shunthi	Essential oil, pungent constituents (gingerol and shogaol), resinous matter and starch ⁶⁶
3	Maricha	Alkaloids (Piperine, Chavicine, Piperidine, Piperetine) and Essential Oil ⁶⁷
4	Pippali	Essential Oil and Alkaloids ⁶⁸
5	Pippalimool	Alkaloids (Piperine, Piperlongumine, Piperlonguminine etc), Essential Oils ⁶⁹
6	Vidang	Benzoquinones, alkaloid (Christembine), tannin and essential oil ⁷⁰
7	Devdaru	Terpenoids, Flavonoids and Glycosides ⁷¹
8	Chitrak	Plumbagin ⁷²
9	Daruharidra	Alkaloids ⁷³
10	Haritaki	Tannins, anthraquinones and polyphenolic compounds ⁷⁴
11	Bhibitaki	Gallic acid, tannic acid and glycosides ⁷⁵
12	Amalaki	Ascorbic acid and gallotannins ⁷⁶
13	Chavya	Alkaloids, Glycosides and Steroids ⁷⁷
14	Mustak	Volatile Oil ⁷⁸
15	Swarnmakshik	Iron, Sulphur
16	Mandura	Iron, Silica, fayalite
17	Gomutra	Salt, minerals, urea and enzymes

DISCUSSION: Due to the predominance of *Katu-Tikta Rasa Tryushanadi Mandura* will improve the Agni, exhibit germicidal action, and will aid in clearing the Srotas⁷⁹. Due to predominance of *Laghu Rooksha Guna*, it will act as *Pathya*, *Ropana*, and *Sthambana*. Since most of the drugs possess mainly *Katu Vipaka*, it will help in subsiding the symptoms due to vitiated *Kapha*. The formulation will enhance *Pachana* due to its *Ushna Veerya* which is very essential in conditions associated with *Mandagni* and *Ama*⁸⁰. The ingredients such as *Chitraka*, *Chavya*, and *Pippali* will act as appetizer, digestive, hepatoprotective, cholagogue, and gastro protective which will alleviate *Aruchi*. Further, *Tryushanadi Mandura* contains *Amalaki*, one of the richest sources of ascorbic acid which helps in the absorption of iron. Further, *Lauha Bhasma* possesses hematinic and hemoglobin regeneration properties⁸¹. *Pippali*, *Amalaki*, *Musta* is *Balya* and will act as immunomodulator which is helpful for controlling *Shrama*. *Mandura Bhasma*, *Daruharidra*, and *Gomutra* are digestive and hematinic which will help in balancing erythropoiesis and thus alleviates *Panduta*, the cardinal symptom of the disease. The drugs such as *Maricha*, *Pippalimula*, *Chavya*,

Shunti, and *Pippali* will act as analgesic and thus help in managing *Pindikodweshtana*. *Pippali*, *Musta*, *Chitraka*, *Triphala*, *Maricha*, *Shunti*, *Vidanga*, and *Daruharidra* possess *Dipana*, *Pachana*, and *Amahara* properties along with antipyretic activity and are effective against symptoms such as *Jwara*, *Alasya*, and *Gaurava*. The *Rasayana* and *Raktavardhaka* action of *Triphala*, *Vidanga*, *Daruharidra*, and *Mandura bhasma* will act against *Dhatu kshaya*. Few drugs such as *Pippali*, *Shunti*, *Bibhitaki*, and *Daruharidra* act on *Pranavaha Srotas* and help in alleviating *Shwasa*, that is, shortness of breath. Drug such as *Triphala*, and *Gomutra* exhibits properties such as *Dipana*, *Pachana*, *Rechana*, and *Bhedana*. *Gomutra*, and *Shunti* ingredients will act as *Mutrala* and *Shothaghna* and thus alleviate *Shotha*. In cases of anemia of inflammation due to associated inflammatory diseases in which features such as low serum iron despite adequate systemic iron stores is present, drugs possessing anti-inflammatory action such as *Pippali*, and *Amalaki* will come in aid⁸². *Rakta Dhatu* gets vitiated due to the intake of *Nishpava*, *Masha*, *Pinyaka*, *Tila*, *Kshara*, *Mrit*, and food substances which are *Ushna*, *Vidahi*, *Teekshna*, *Asatmya*, and *Viruddha*

Ahara. The vitiated *Rakta Dhatu* will further affect the *Moolasthanas of Raktavaha Srotas*, that is, *Yakrut* and *Pleeha* ⁸³. The drugs possessing hepatoprotective action will help in preventing the condition from further progression. Anti-ulcerative drugs such as *Amalaki*, *Devadaru* and *Musta* will help in sustaining the gastric function which is very essential for absorption of Iron ⁸⁴. Helminths that are transmitted through soil may get ingested and further infect the gastrointestinal tract leading to hampered food intake, malabsorption, and nutrient loss due to the intake of *Mrit* (pica) which is enlisted as one of the causative factors for *Pandu Roga* ⁸⁵. Drugs such as *Vidanga*, *Musta*, *Chitraka*, *Pippali*, and *Pippalimoola* possesses anti-helminthic property and can act against the progression of the disease in such conditions. *Mandura bhasma* is considered as incinerated red oxide of iron, which is the main component of *Tryushanadi Mandura*. It pacifies aggravated *Pitta* and improves digestion and metabolism. The required amount of iron for normal erythropoiesis can be supplied by the ferric and ferrous forms of *Mandura*. *Gomutra*, the *Dravya* which is used for the *Shodana* of *Mandura*, is an antioxidant and it contains erythropoietin hormone which helps in the production of red blood cells and hemoglobin. The functional grouping of the formulation ingredients

according to their principal Ayurvedic actions (*Deepana-Pachana*, *Rasayana*, *Balya*, and *Anulomana*) is summarized in **Fig. 1**.

CONCLUSION: *Pandu* is a *Tridoshaja Vyadhi* with *Pitta* as a predominant *Dosha*. It is more prevalent among poor and middle class and especially women are more prone to this disease. It is found more in *Mandagni* people. It can be concluded that *Tryushanadi Mandura*, a poly herbomineral formulation. Iron is an essential element as it is essential for various metabolic processes such as oxygen transport, DNA synthesis, and electron transport ⁸⁶. The body requires iron for the synthesis of its oxygen transport proteins, that is, hemoglobin and myoglobin and for the formation of heme enzymes and other iron-containing enzymes involved in electron transfer and oxidation reductions ⁸⁷. Anemia, if left untreated, can affect cognitive development, immunity mechanisms, work capacity, and learning ability. In case of unresolved IDA during pregnancy, it can lead to increased risk of sepsis, maternal mortality, perinatal mortality, and low birth weight ⁸⁸. So, we can use *Tryushanadi Mandura* as easily obtainable, palatable, cost-effective alternative drug of choice in iron deficiency anemia (IDA) in children.

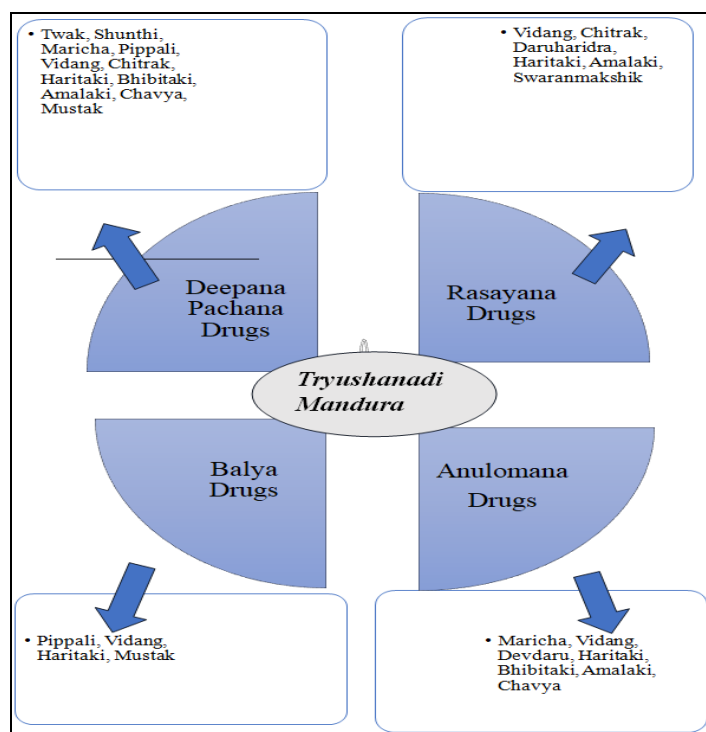


FIG. 1: FUNCTIONAL GROUPING OF THE INGREDIENTS OF TRYUSHANADI MANDURA ACCORDING TO THEIR PRINCIPAL AYURVEDIC ACTIONS

ACKNOWLEDGEMENT: Nil**CONFLICTS OF INTEREST:** Nil**REFERENCES:**

- WHO, UNICEF, UNU. Iron Deficiency Anaemia: Assessment, Prevention and Control: A Guide for Programme Managers. 2001 Geneva, Switzerland WHO, UNICEF, UNU
- Zimmermann MB and Hurrell RF: Nutritional iron deficiency. *Lancet* 2007; 370: 511–20.
- Baker RD and Greer FR: Committee on Nutrition American Academy of Pediatrics. Diagnosis and prevention of iron deficiency and iron-deficiency anemia in infants and young children (0-3 years of age) *Pediatrics* 2010; 126: 1040–50
- Gardner GW, Edgerton VR, Senewiratne B, Barnard RJ and Ohira Y: Physical work capacity and metabolic stress in subjects with iron deficiency anemia. *Am J Clin Nutr* 1977; 30: 910–7.
- Nadkarni KM: The Indian Materia Medica. Ed 23rd Bombay Popular Prakashan 1976; 54–67.
- Aacharya YT" Charaka Samhita of Agnivesha, Chikitsa sthana, Ch. 16, Ver. 7-9. Reprint edition. 5 Varanasi ChaukhambhaSurbharati Prakashana 2005; 527.
- Pandey R: Clinical efficacy of Punarnava Mandura in anemia: A randomized trial. *AYU* 2014; 35(1): 50–6.
- Centers for Disease Control and Prevention (CDC). Iron deficiency-United States, 1999-2000 *MMWR Morb Mortal Wkly Rep* 2002; 51(40): 897–9.
- Peyrin-Biroulet L, Williet N and Cacoub P: Guidelines on the diagnosis and treatment of iron deficiency across indications: a systematic review *Am J Clin Nutr* 2015; 102(6): 1585–94
- Peyrin-Biroulet L, Williet N and Cacoub P: Guidelines on the diagnosis and treatment of iron deficiency across indications: a systematic review *Am J Clin Nutr* 2015; 102(6): 1585–94 doi: 10.3945/ajcn.114.103366
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-113
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-103
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-3, P.-115
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-4, P.-91
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-133
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-123
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-4, P.-23
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-29
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-23
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-47
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-26
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-5
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-29
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-3, P.-129
- Vagbhata; Rasa Ratna Samuchaya, Edited by Siddhi Nandan Misra: Chapter-2 verse: 79 Chaukhamba Orientalia Publications. Varanasi 2011; 42.
- Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines 2001; 7: 26.
- Valiathan MS: Hyderabad, India, Orient Longman Private Ltd, the Legacy of Susruta 2007; 158.
- Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 251.
- Gruenwald J, Freder J and Armbruster N: Cinnamon and health. *Critical Reviews in Food Science and Nutrition* 2010; 50(9): 822-34.
- Sharma PV: Dravyaguna Vigyan. Varanasi: Chaukhamba Bharati Academy 2013; 2: 333.
- Haniadka R, Saldanha E, Sunita V, Palatty PL, Fayad R and Baliga MS: A review of the gastro protective effects of ginger (*Zingiber officinale* Roscoe). *Food Funct* 2013; 4: 845-55.
- Sharma PV: Dravyaguna Vigyan. Varanasi: Chaukhamba Bharati Academy 2013; 2: 364.
- Reddy SV, Srinivas PV, Praveen B, Kishore KH, Raju BC and Murthy US: Antibacterial constituents from the berries of *Piper nigrum*. *Phytomedicine* 2004; 11: 697-700.
- Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 277.
- Baghel MS, Prajapati PK, Ravishankar B, Patgiri BJ and Shukla VJ: Galib, Monograph on Punarnava Mandura (SMP and Safety Profile). Jamnagar, India: Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University 2009; 7.
- Khajuria A, Zutshi U and Bedi KL: Permeability characteristics of piperine on oral absorption-An active alkaloid from peppers and a bioavailability enhancer. *Indian J Exp Biol* 1998; 36: 46-50.

37. Kesarwani K, Gupta R and Mukerjee A: Bioavailability enhancers of herbal origin: An overview. *Asian Pac J Trop Biomed* 2013; 3: 253-66.
38. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 278.
39. Sharma PC, Yelne MB and Dennis TJ: Database on Medicinal Plants Used in Ayurveda. New Delhi: Central Council for Res in Ayurveda and Siddha 2001; 3: 473.
40. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 505.
41. Venkatasubramanian P, Godbole A, Vidyashankar R and Kuruvilla GR: Evaluation of traditional anthelmintic herbs as substitutes for the endangered embeliaribes, using caenorhabditis elegans model. *Curr Sci* 2013; 105: 1593-8.
42. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 77.
43. Kumar A, Singh V and Chaudhary AK: Gastric antisecretory and antiulcer activities of *Cedrus deodara* (Roxb.) Loud. in Wistar rats. *J Ethnopharmacol* 2011; 134: 294-7.
44. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 360.
45. Akhilraj AR, Bhat S, Priyalatha B and Vimala KS: Comparative hepatoprotective activity of detoxified roots of *Plumbago zeylanica* L. and *Plumbago rosea* L. in Wistar rats. *J AyurvedaIntegr Med* 2021; 12: 452-7.
46. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 538.
47. Sharma PC, Yelne MB and Dennis TJ: Database on Medicinal Plants Used in Ayurveda. Vol. 1. New Delhi: Central Council for Research in Ayurveda and Siddha 2000; 120-3.
48. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 754.
49. Saha S and Verma RJ: Antioxidant activity of polyphenolic extract of *Terminalia chebula* Retzius fruits. *J Taibah Univ Sci* 2016; 10: 805-12.
50. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy; 2013; 2: 237.
51. Gupta A and Pandey AK: Aceclofenac-induced hepatotoxicity: Anameliorative effect of *Terminalia bellirica* fruit and ellagic acid. *World J Hepatol* 2020; 12: 949-64.
52. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy; 2013; 2: 759.
53. Sharma PV Dravyagunavijnana, (Chaukhamba Sansthan, Varanasi) 1867, varanasi, reprint edition 2008, Aushadhivarga pg-46.
54. Ali, Salima Barkat, Naima Aslam Khan and Amena Zehra: "Effect of Volunteerism on Mental Health and Happiness." *International Journal of Humanities and Social Sciences IJHSS* 2016; 5(2): 123-130.
55. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 336.
56. More SD and Dwivedi RR: A clinical study of panchakola siddha yavagu in the management of agnimandya. *Ayu* 2011; 32: 70-5.
57. Sharma PV and Dravyaguna Vigyan: Varanasi: Chaukhamba Bharati Academy 2013; 2: 371.
58. Thomas D, Govindhan S, Baiju EC, Padmavathi G, Kunnumakkara AB and Padikkala J: *Cyperus rotundus* L. Prevents non-steroidal anti-inflammatory drug-induced gastric mucosal damage by inhibiting oxidative stress. *J Basic Clin PhysiolPharmacol* 2015; 26: 485-90.
59. Vagbhata and Rasa Ratna Samuchaya: Edited by Siddhi Nandan Misra. Chapter-2 verse: 80 Chaukamba Orientalia Publications. Varanasi 2011; 42
60. Li Z, Li B, Song X and Zhang D: Dietary zinc and iron intake and risk of depression: A meta analysis. *Psychiatry Res* 2017 [cited 2017May] 251:41-47. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/28189077>
61. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-7, P.-27
62. Sarkar PK, Prajapati PK, Choudhary AK, Shukla VJ and Ravishankar B: Haematinic evaluation of Lauha-bhasma and Mandur-bhasma on HgCl₂-induced anaemia in rats. *Indian J Pharm Sci* 2007; 69(6): 791-5.
63. Valiathan MS: Hyderabad, India, Orient Longman Private Ltd, The Legacy of Susruta 2007; 159.
64. Abbaspour N, Hurrell R and Kelishadi R: Review on iron and its importance for human health. *J Res Med Sci* 2014; 19: 164-74.
65. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-152
66. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-139
67. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-3, P.-117
68. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-4, P.-106
69. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-142
70. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-165
71. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-4, P.-28
72. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-40
73. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-35
74. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-63
75. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-34
76. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-1, P.-8
77. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family

- Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-2, P.-31.
78. Anonymous, The Ayurvedic Pharmacopeia of India, Government of India, Ministry of Health and Family Welfare, Dept of ISM & H New Delhi, The controller of publications Civil lines, 2001, Part I, Vol-3, P.-131.
 79. Sushrutha A: Nibandha Sangraha commentary of Dalhanaacharya. In: Acharya VJ, editor. Sushrutha Samhita. 1st ed. Varanasi: Chaukambha Surabharti Prakashana 2002; 252-824.
 80. Madhikarmi NL and Murthy KR: Antioxidant enzymes and oxidative stress in the erythrocytes of iron deficiency anaemic patients supplemented with vitamins. Iran Biomed J 2014; 18: 82-7.
 81. Sarkar PK, Prajapati PK, Choudhary AK, Shukla VJ and Ravishankar B: Haematinic evaluation of Lauha-bhasma and Mandur-bhasma on HgCl₂-induced anaemia in rats Indian J Pharm Sci 2007; 69: 791-5.
 82. Annibale B, Capurso G, Martino G, Grossi C and Fave GD: Iron deficiency anaemia and Helicobacter pylori infection. Int J Antimicrob Agents 2000; 16: 515-9.
 83. Karnath BM: Anaemia in the adult patient. Hosp Physician 2004; 32-6. Available from: www.semanticscholar.org [Last accessed on 2022 Dec 10].
 84. Harshitha GS, Joshi S, Sulochana A, Bali MR, Nagari ND and Rajput M: A clinical study of draksha gritha in the management of anaemia in pregnancy (*Garbhini Pandu*). Ayush 2020; 7: 2591-8.
 85. Kumari M, Ashok BK, Ravishankar B, Pandya TN and Acharya R: Antiinflammatory activity of two varieties of Pippali (*Piper longum* Linn.) Ayu 2012; 33: 307-10.
 86. Hurrell RF: Bioavailability of iron. Eur J Clin Nutr 1997; 51(1): 4-8.
 87. Centers for Disease Control and Prevention. Breastfeeding Report Card, United states: Outcome Indicators. Publication, from Centres for Disease Control and Prevention, National Immunization Survey. United States: Centers for Disease Control and Prevention 2010.
 88. Agnivesha A: Charaka and dridhabala with Ayurveda Deepika commentary of chakrapanidatta. In: Acharya VY, editor. Charaka Samhita. 1st ed. Varanasi: Chaukanbha Surabharati Prakashan 2016; 143(4): 738.

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