"TO STUDY THE EFFICACY OF TINTIDIMANDOORAM IN MANAGEMENT OF GARBHINI PANDU W.S.R. TO IRON DEFICIENCY ANAEMIA".

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ABSTRACT

Anaemia is defined as reduction in circulating haemoglobin mass below the critical level and it is the most prevalent haematological disorder that may occur in pregnancy. Anaemia is an indirect cause of death. About 50% of pregnant women worldwide suffer from anaemia. Anaemia is commonly due to dietary deficiency (nutrition, iron, folic acid, iodine and other micro nutrients) or infections. Anaemia is a global health issue that has significant consequences for the individual health and socio-economic development. The most common cause of anaemia in developing nation is “Iron Deficiency”. In addition, there is marked demand of extra iron during pregnancy specially in the second half. Even an adequate diet can not provide the extra iron thus result in iron deficiency anaemia in pregnancy. In modern medicine, ferrous gluconate, ferrous fumarate or ferrous succinate is used to correct anaemia. Drawbacks of ferrous gluconate, ferrous fumarate or ferrous succinate are intolerance, epigastric pain, nausea, vomiting, diarrhoea or constipation, unpredictable absorption rate. For avoiding these drawbacks I selected “Tintidimandooram” for Garbhini pandu.

Tintidimandooram contains Mandoor bhasma, Tintidi churna, Pimpali churna.

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Effectiveness of Tintidimandooraram to overcome above said complications

Mandoor bhasma
मण्डूरं सुमृतिः वृष्ण्य शशशशरं रचिवं निरंत।
तियिः पितुतिमन रक्तवृद्धिकर निरंत॥
कामलाकुञ्जकशाश मण्डूरं च पवशिषिः। -रति. २०/१३२-१३३

Uttam mandoor bhasma is vrusha, sheeta, ruchivardhaka, agnideepak, pittashamaka and uttam raktavrudhikar17.

Pippali
पिप्पलि सुनितिनी वृष्ण्य ववातिविलिका रसायनी।
अनुप्ना कटुका न्सन्गया वातिलेभ्महरी सघुः॥ भ.प्र.
Pippali is katu, anushna, madhur, laghu, snigdha, tikshna in guna18.

Tintidi
वालिनिं तिन्तिनिकाम् पितुतिलासकृतिः।
ग्रहयुकण्ड सुनितिः सुरिकिंद कफवापनुकृतिः॥ -सू.सू.५६/१५८
Tintidi is amla, usha, laghu, ruksha in guna19.

Agnimandya is one of the purvaroop of panduroga. Pippali, Tintidi having deepana guna which reduces Agnimandya. Pippali reduces constipation in Garbhini and Tintidi helps in absorption of Mandoor bhasma. Tintidimandooram has higher absorption rate than other drugs and also cheaper than modern drugs.

Pregnancy is very delicate stage, to avoid iron deficiency anaemia in pregnancy and to decrease mortality rate I selected this topic “To Study The Efficacy Of Tintidimandooram In The Management Of Garbhini Pandu w.s.r. To Iron Deficiency Anaemia”.

INTRODUCTION
The prevalence of Anaemia in Pregnancy is of daily occurance. Anaemia results from number of causes out of which Iron Deficiency is most common in developing countries like India, due to inadequate & less nutritious diet, low socio-economic status, poor sanitation & lack of health knowledge. Anaemia is defined as reduction in circulating haemoglobin mass below
the critical level and it is most prevalent haematological disorder that may occur in Pregnancy. There are many side effects due to oral administration of Iron preparations. Thus it is important to search for more safe, easily available, palatable & cost effective therapy having least side effects. “Ayurveda has stated various types of Garbhaopdrava which explains The disorders which occur in Garbhini due to presence of garbha are called as Garbhaopdrava.” In respect of Garbhaopdrava, Acharya Harita has described 8 Garbhaopdrava – Shosha, Hrullas, Chhardi, Shopha, Jwara, Aruchi, AtiSaar, Vivarnatva11. Here Vivyarnatva (pallor) can be taken as pandu because Vivyarnatva means change in colour. According to acharya charak, pandu is rasa-pradoshaj vyadhi during pregnancy foetus is nourished by rasa dhatu.

AIMS AND OBJECTIVE
• To study the efficacy of Tintidimandooram in the management of Garbhini Pandu w.s.r. to Iron deficiency Anaemia in pregnancy.
• To study the effect of Tintidimandooram in Garbhini Pandu.
• Changes in haemoglobin percentage due to Tintidimandooram will be assessed.
• Changes in MCV, MCH, MCHC due to Tintidimandooram will be assessed.

MATERIALS AND METHODS
1. MATERIALS
• Patients of Garbhini Pandu from OPD were selected.
• Drug- Tintidimandooram contains

CONTENTS OF TINTIDIMANDOORAM AND DOSE:-

tīntiddimāndōraṃ

हरियोगराजोपकृष्टिशक्षयादिकानत् ॥ ७४४ ्व.०.,०.०,०(.०.०)

TINTIDIMANDOORAM
• The dose of Mandoora Bhasma: 1/4 to 2 Ratti i.e. 30mg to 250mg.

MADOORA BHASMA + TINTIDI CHURNA + PIPPALI CHURNA = TINTIDIMANDOORAM (250mg) (250mg) (750mg)
• So dose of Tintidimandooram is 750 mg. It will be given in 2 divided doses after meal, orally. Tintidimandooram will be given by using empty gelatine capsule. Each capsule contains 375 mg Tintidimadooram.
• Tab. Ferrous Fumarate with Folic Acid.

2. METHODS
A. PLACE OF WORK: Ayurved Mahavadyalaya and hospital, Streerog Prasutitantra OPD.
B. SELECTION OF PATIENT: Random selection of 60 diagnosed patients of Garbhini Pandu from OPD and IPD of Streerog Prasutitantra Department of our Ayurved Rugnalaya.
C. PERIOD: 60 days for trial group and 60 days for control group individual. Follow up after every 15 days.

PLAN OF STUDY

<table>
<thead>
<tr>
<th></th>
<th>Group A (Trial Group)</th>
<th>Group B (Control Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug name</td>
<td>Tintidimandooram</td>
<td>Ferrous Fumarate with folic acid</td>
</tr>
<tr>
<td>Time of administration</td>
<td>After meals in 2 divided doses.</td>
<td>In between meals in 2 divided doses.</td>
</tr>
<tr>
<td>Duration</td>
<td>60 days.</td>
<td>60 days.</td>
</tr>
<tr>
<td>Follow up</td>
<td>Every 15 days.</td>
<td>Every 15 days.</td>
</tr>
</tbody>
</table>

MATERIALS AND METHODS: The study was conducted on 30 Garbhini & were randomly divided into 2 groups.

INCLUSION CRITERIA

- Patients between the ages of 18 years to 35 years.
- Patients with predominant signs and symptoms of panduroga, Irrespective of, religion, geographical area and socioeconomic status.
- Patients having iron deficiency anaemia.
- Patients having Haemoglobin percentage in between the range 7 to 10.

EXCLUSION CRITERIA

- Patients having Haemoglobin percentage less than 7.
- Age below 18 years and above 35 years.
- Patients suffering from major systemic disorders.
- Any patient requiring surgical intervention.
- All types of anaemia other than Iron deficiency anaemia.
Gradation Of Symptoms

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Symptoms</th>
<th>Grade</th>
<th>I (+)</th>
<th>II (++)</th>
<th>III (+++)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vivarnatva</td>
<td>Absent</td>
<td>Nakha, Netra, Panduta</td>
<td>Nakha, Netra, Tawk, panduta</td>
<td>Nakha, Netra, Tawk, Jivha, Panduta</td>
</tr>
<tr>
<td>2</td>
<td>Shrama Shwasa</td>
<td>Absent</td>
<td>While walking</td>
<td>While Performing daily routine work</td>
<td>While, Performing light work</td>
</tr>
<tr>
<td>3</td>
<td>Akshikutashoth</td>
<td>Absent</td>
<td>Only morning after rising up from bed</td>
<td>Persistent whole day</td>
<td>Disturbance while opening eyes</td>
</tr>
<tr>
<td>4</td>
<td>Agnimandya</td>
<td>Normal appetite</td>
<td>Takes mild diet two times</td>
<td>Takes soft diet forcefully (once a day)</td>
<td>Not feeling to eat in a whole day (24 hours)</td>
</tr>
<tr>
<td>5</td>
<td>Bhrama</td>
<td>Absent</td>
<td>While walking</td>
<td>While Performing daily routine work</td>
<td>While Performing light work</td>
</tr>
</tbody>
</table>

INVESTIGATIONS
- Haemoglobin percentage.
- MCV, MCH, MCHC.
- Peripheral blood smear for RBCs.

OVERALL ASSESSMENT OF THE RESULTS

<table>
<thead>
<tr>
<th>Sr no</th>
<th>GRADATION</th>
<th>TOTAL ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grade IV (Cured)</td>
<td>Haemoglobin increased by ≥ 2 gm% ≥ 75% relief in signs and symptoms.</td>
</tr>
<tr>
<td>2</td>
<td>Grade III (Remarkable Improved)</td>
<td>Haemoglobin increased by 1 to 2 gm% 50 to 75% relief in signs and symptoms.</td>
</tr>
<tr>
<td>3</td>
<td>Grade II (Improved)</td>
<td>Haemoglobin increased by 0.5 to 1 gm% 25 to 50% relief in signs and symptoms.</td>
</tr>
<tr>
<td>4</td>
<td>Grade I (Unchanged)</td>
<td>Haemoglobin increased by 0 to 0.5 gm% &lt; 25% relief in signs and symptoms.</td>
</tr>
</tbody>
</table>

OBSERVATIONS AND RESULT

- OBSERVATIONS AND RESULTS: In this study, 60 patients were randomly selected and divided into two groups:

Total Patients registered for Study – 60
- Group A – 30 Patients
- Completed- 30
- Group B – 30 Patients
- Completed- 30
• **Age Incidence:** Maximum number of patients are found in age group 25 to 30yrs. Women are mainly reproductive in this age group. That’s why age incidence is high in this age group.

• **Religion Incidence:** In this study, large no of patients were Hindu.

• **Education Status:** Majority of patients had completed graduation. Government is taking several steps for women-empowerment. But still Illiteracy in patients was also remarkable.

• **Occupation:** Majority of patients were House wife followed by patients having service. Also it was observed that House wife patients were more anaemic. The reason can be lack of awareness in them about rich iron contain diet.

• **Socio-economic status:** In this study, patients belonging to poor family were more affected by Garbhini pandu.

• **Habitat Incidence:** It was observed that majority of patients were from Urban area.

• **Diet:** It is observed that majority of patients were taking veg diet.

• **Weight:** Maximum patients were found in 51-60 weigh group.

• **Prakruti:** Maximum patients were having kapha-vata prakruti and followed by vata- pitta prakruti.

• **Satva:** Maximum patients were having Madhyama satva.

• **Saar:** Maximum patients were having Madhyama saar.

• **Satmya:** Maximum patients were having Madhyama satmya.

• **Samhanan:** Maximum patients were having Madhyama samhanan and followed by Avara samhanan.

• **Koshtha:** Maximum patients were having Mrudu koshtha.

• **Nidra:** Maximum patients were having Prakruti nidra followed by Alpa nidra.

• **Abhyavaranshakti:** Maximum patients were having Madhyama Abhyavaranshakti.

• **Jaranasakti:** Maximum patients were having Madhyama Jaranshakti

• **Effect of Treatment on Clinical Features of Pandu: Group A**

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>N</th>
<th>Mean Score B.T.</th>
<th>Mean Score A.T.</th>
<th>Mean diff.</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivarnatva</td>
<td>30</td>
<td>0.96</td>
<td>0.17</td>
<td>1.13</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Shrama Shwasa</td>
<td>30</td>
<td>1.93</td>
<td>0.77</td>
<td>1.16</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Akshikutashoth</td>
<td>30</td>
<td>1.0</td>
<td>0.20</td>
<td>0.80</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Agnimandya</td>
<td>30</td>
<td>1.3</td>
<td>0.07</td>
<td>1.23</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Bhrama</td>
<td>30</td>
<td>1.5</td>
<td>0.43</td>
<td>1.07</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Effect of Treatment on Haematological Investigations of Pandu: Group A

<table>
<thead>
<tr>
<th>Haematological values</th>
<th>N</th>
<th>Mean Score B.T.</th>
<th>Mean Score A.T.</th>
<th>Mean diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>t value</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb%</td>
<td>30</td>
<td>8.62</td>
<td>9.25</td>
<td>0.64</td>
<td>0.17</td>
<td>0.03</td>
<td>21.13</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>RBC</td>
<td>30</td>
<td>3.98</td>
<td>4.07</td>
<td>0.09</td>
<td>0.07</td>
<td>0.01</td>
<td>7.06</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PCV</td>
<td>30</td>
<td>27.76</td>
<td>29.1</td>
<td>1.31</td>
<td>0.85</td>
<td>0.16</td>
<td>8.44</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCV</td>
<td>30</td>
<td>68.48</td>
<td>72.9</td>
<td>4.4</td>
<td>1.92</td>
<td>0.35</td>
<td>12.55</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCH</td>
<td>30</td>
<td>22.02</td>
<td>23.4</td>
<td>1.35</td>
<td>0.62</td>
<td>0.11</td>
<td>11.77</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCHC</td>
<td>30</td>
<td>30.83</td>
<td>32.1</td>
<td>1.24</td>
<td>0.91</td>
<td>0.17</td>
<td>7.47</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table Showing overall Effect of Tintidimandooram On Clinical Fertures of Pandu: A

<table>
<thead>
<tr>
<th>Result</th>
<th>Assesment</th>
<th>No. Of Patients</th>
<th>% of patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>Haemoglobin increased by ≥ 2 gm% ≥ 75% relief in signs and symptoms.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Remarkable Improved</td>
<td>Haemoglobin increased by 1 to 2 gm% 50 to 75% relief in signs and symptoms.</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>Improved</td>
<td>Haemoglobin increased by 0.5 to 1 gm% 25 to 50% relief in signs and symptoms.</td>
<td>26</td>
<td>86.67</td>
</tr>
<tr>
<td>Unchanged</td>
<td>Haemoglobin increased by 0 to 0.5 gm% &lt; 25% relief in signs and symptoms.</td>
<td>3</td>
<td>10</td>
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</table>

Effect of Treatment on Clinical Features of Pandu: Group B

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>N</th>
<th>Mean Score B.T.</th>
<th>Mean Score A.T.</th>
<th>Mean diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>t value</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivarnatva</td>
<td>30</td>
<td>1.37</td>
<td>0.53</td>
<td>0.84</td>
<td>0.84</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shrama Shwasa</td>
<td>30</td>
<td>2.10</td>
<td>1.23</td>
<td>0.87</td>
<td>0.87</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akshikutashoth</td>
<td>30</td>
<td>1.13</td>
<td>0.5</td>
<td>0.63</td>
<td>0.63</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnimandya</td>
<td>30</td>
<td>1.30</td>
<td>0.63</td>
<td>0.67</td>
<td>0.67</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhrama</td>
<td>30</td>
<td>1.87</td>
<td>1.17</td>
<td>0.70</td>
<td>0.70</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effect of Treatment on Haematological Investigations of Pandu: Group B

<table>
<thead>
<tr>
<th>Haematological values</th>
<th>N</th>
<th>Mean Score B.T.</th>
<th>Mean Score A.T.</th>
<th>Mean diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>t value</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb%</td>
<td>30</td>
<td>8.50</td>
<td>9.18</td>
<td>0.69</td>
<td>0.21</td>
<td>0.04</td>
<td>18.08</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>RBC</td>
<td>30</td>
<td>3.97</td>
<td>4.05</td>
<td>0.08</td>
<td>0.08</td>
<td>0.02</td>
<td>5.23</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PCV</td>
<td>30</td>
<td>27.26</td>
<td>28.46</td>
<td>1.21</td>
<td>0.85</td>
<td>0.15</td>
<td>7.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCV</td>
<td>30</td>
<td>67.74</td>
<td>71.96</td>
<td>4.22</td>
<td>1.62</td>
<td>0.30</td>
<td>14.26</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCH</td>
<td>30</td>
<td>21.66</td>
<td>23.23</td>
<td>1.57</td>
<td>0.64</td>
<td>0.12</td>
<td>13.34</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MCHC</td>
<td>30</td>
<td>30.78</td>
<td>32.47</td>
<td>1.68</td>
<td>0.76</td>
<td>0.14</td>
<td>12.19</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Table Showing overall Effect of Ferrous Fumarate On Clinical Fertures of Pandu:

Group B

<table>
<thead>
<tr>
<th>Result</th>
<th>Assesment</th>
<th>No. Of Patients</th>
<th>% patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>Haemoglobin increased by ≥ 2 gm%≥75% relief in signs and symptoms.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Remarkable</td>
<td>Haemoglobin increased by 1 to 2 gm% 50 to 75% relief in signs and symptoms.</td>
<td>2</td>
<td>6.67</td>
</tr>
<tr>
<td>Improved</td>
<td>Haemoglobin increased by 0.5 to 1 gm%25 to 50% relief in signs and symptoms.</td>
<td>26</td>
<td>86.67</td>
</tr>
<tr>
<td>Unchanged</td>
<td>Haemoglobin increased by 0 to 0.5 gm%&lt; 25% relief in signs and symptoms.</td>
<td>2</td>
<td>6.67</td>
</tr>
</tbody>
</table>

**COMPARETIVE ANALYSIS**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean of diff. Gr. A</th>
<th>Mean of diff. Gr. B</th>
<th>Diff. of Diff. Of Mean</th>
<th>p value</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivarnatva</td>
<td>1.13</td>
<td>0.84</td>
<td>0.29</td>
<td>0.02</td>
<td>Significant</td>
</tr>
<tr>
<td>Shrama Shwas</td>
<td>1.16</td>
<td>0.87</td>
<td>0.29</td>
<td>0.01</td>
<td>Significant</td>
</tr>
<tr>
<td>Akshikutshotha</td>
<td>0.8</td>
<td>0.63</td>
<td>0.17</td>
<td>0.83</td>
<td>Insignificant</td>
</tr>
<tr>
<td>Agnimandya</td>
<td>1.23</td>
<td>0.67</td>
<td>0.56</td>
<td>0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>Bhrama</td>
<td>1.07</td>
<td>0.7</td>
<td>0.37</td>
<td>0.04</td>
<td>Significant</td>
</tr>
</tbody>
</table>

**SYMPTOMATOLOGICAL CONSIDERATION & EFFECT OF THERAPIES:**

**Vayvarnatva**
- In both groups result was highly significant (p<0.001) due to raktavardhaka properties were present in both groups.

**Shrama shwas**
- Statistically result was found highly significant (p<0.001) in both the groups.
- Akshikutshotha: The relief was good in both the groups, in both the groups statistically highly significant (p<0.001) result was obtained.

Agnimandya:
- Statistically highly significant result was obtained in both the groups.

**Bhrama**
- The relief was good in both the groups, in both the groups statistically highly significant (p<0.001) result was obtained.
Comparision of treatments

• Group A
Patients in this group were treated with Tintidimandooram. Highly significant relief was obtained in symptoms of Vayvarnatva, Shrama Shwasa, Akshikuthashoth, Agnimandya, Bhrama. Also regarding haematological result significant result was obtained in Hb%, RBC, PCV, MCV, MCH & MCHC.

• Group B
Patients in this group were treated with Ferrous Fumarate highly significant but less than group A relief was obtained in symptoms of Vayvarnatva, Shrama Shwasa, Akshikuthashoth, Agnimandya, Bhrama. Also regarding haematological result significant result was obtained in Hb%, RBC, PCV, MCV, MCH & MCHC.

Dicussion On Probable Action Of Tintidimandooram

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Tintidi</th>
<th>Pippali</th>
<th>Mandoora Bhasma</th>
</tr>
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<tr>
<td>Latin Name</td>
<td>Tamarindus indica Linn.</td>
<td>Piper longum</td>
<td>Ferri peroxidum rubrume (Fe2O3)</td>
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<td>Rasa</td>
<td>Amla</td>
<td>Katu</td>
<td>Kashaya</td>
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<td>Ushna</td>
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<tr>
<td>Vipaka</td>
<td>Amla</td>
<td>Madhur</td>
<td>Katu</td>
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<tr>
<td>Guna</td>
<td>Laghu, Ruksa</td>
<td>Laghu, Snigdha, Tikshna</td>
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</table>

Dicussion On Probable Action Of Tintidimandooram

• Uttam Mandoor bhasma is vrushya, sheeta, ruchivardhak, agnideepak, pittashyamak and uttam raktavrudhikar.
• Mandoor Bhasma is already in Ferric form that’s why it get absorbed directly in to the body.
• Pippali is rasayana, katu, anushna, madhur, laghu, snigdha, tikshna in guna
• Pippali is katu rasatmaka, madhurvipaki and Raktagami it directly acts on Raktavaha Strotasa and increases Rakta dhatu. Pippali is also Yogavahi and Rasayana, Rasayana regulates metabolism and increases immunity and strength. When Pippali is mixed with other drugs, efficiency of those get increased.
• Tintidi is amla, ushna, ruksa in guna. Tintidi helps in absorption of Mandoor Bhasma. Tintidi is Ruchikar Depaniya and grahi which acts on Aruchi, trushna, chardi and Agnimandya. Tintidimandooram has higher absorption rate than other drugs and also chiper than modern drugs.
CONCLUSION

- The treatment of Tintidimandooram in Garbhini Pandu was very effective.
- Due to samprapti bhanga, Tintidimandooram was significant for observed symptoms such as Vayvarnatva, Shrama Shwasa, Akshikuta Shotha, Agnimandya and Bhrama.
- The effect of Tintidimandooram on Agnimandhya & Shrama shwas was better than Frrous Fumarate.
- Haematological results were nearly same for both the groups.
- In present study, mostly peripheral smear for all patients was Microcytic Hypochromic it shows “Iron Deficiency Anaemia”.
- In IDA, commonly found that there is improper iron absorption in GIT.
- Tintidimandooram improved metabolism and absorption rate of Mandoora Bhasma in Garbhini pandu.
- Ferrous iron can absorbs better than Inorganic ferrous and ferric salts.
- No side effect on Garbhini Pandu was observed after treatment.
- Tintidimandooram shown no adverse effects on foetus and mother it can be continued upto delivery and after delivery.

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