

Charge The Immune System With Cashew Apple(*Anacardium occidentale* L.) -Torrent In Vitamin C And Iron – A Review

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Abstract

The cashew apple is a tropical natural fruit and is a significant byproduct of the cashew nut handling industry. It is plentiful in vitamins, polyphenols, sugars, minerals, amino acids, and dietary fiber and can be considered as a practical food. It is usually used in the fortification of the nutritional quality of some tropical foods, because of its high percentage of vitamin C, which is a fundamental supplement to redox capacity under ordinary physiologic conditions. The principal physiological capacity of this nutrient is identified with its ability to act as a cofactor for a substantial group of compounds. Ascorbate acts to invigorate transferrin-subordinated iron uptake by an intracellular reductive mechanism, strongly suggesting that it may act to stimulate iron mobilization from the endosome. The capacity of ascorbate to direct moving iron take-up could help clarify the metabolic imperfection that contributes to ascorbate-insufficiency initiated anemia. This paper presents a joint review of the cashew apple, the function of vitamin C in iron absorption, and treating iron deficiency anaemia through combinational treatment.

Key words: *cashew apple, ascorbate-vitamin C, iron metabolism, anaemia*

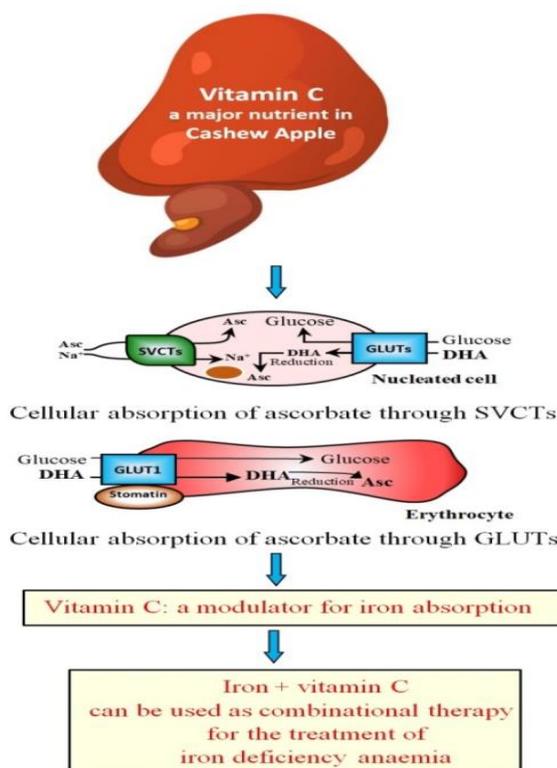
INTRODUCTION

Cashew (*Anacardium occidentale* L.) fruit is an organic product which has a place in the Anacardiaceae family. It is local to tropical America and is broadly accessible in a few nations of Asia, Africa, and Central America as a financially significant horticultural harvest [14]. Cashew apple is a thick repository or pseudo product of the cashew tree (*Anacardium occidentale* L.), to which the cashew nut is joined. Around 10-15 tonnes of cashew apples are acquired as a result of each ton of cashew nuts created [15,62,63,64,65,66]. The cashew apples, which weigh around 5 to 10 fold the amount of the nuts are left unused under the trees. This waste will increase in the long term running with the expanded region planted with cashew. Likely close to 10 percent of potential cashew apple yield is used in either new or processed structures [3]. Cashew squeezed apple has extraordinary potential for bio-processing of fermented products. It is generally utilized in the fortification of the nutritional quality of some tropical foods, because of its high rate of vitamin C. The sugar content of cashew apple is 8.4% to 21.0% and the vitamin C content from 156 to 455 mg for each 100 ml of juice [18]. Cashew apple contains phenolic mixes commonly identified with cancer prevention agents [17].

Vitamin C or ascorbic acid (AscH₂) is a powerful water-soluble antioxidant, found in nature and presented in fresh fruit and vegetables [41,45,49]. Ascorbic acid (AscH₂) is one of the most significant nutrients found in the human diet, with numerous organic capacities including cancer prevention agents, chelating, and coenzyme exercise.

Ascorbic acid is likewise broadly utilized in clinical practice, particularly for increasing iron absorption[68].The basic function of nutrient C (L-ascorbic corrosive) is to participate in collagen crosslinking. Vitamin C lack can cause scurvy because of deficient collagen crosslinking [10,20,54,74].Vitamin C is merely a passive dietary factor that upgrades non-heme dietary iron absorption.A number of studies indicates vitamin C is an active molecular participant in cellular and perhaps systemic,iron metabolism [29].

Figure 1:
Vitamin C as a combinational factor.



Iron is one of the basic micronutrients for most types of life and assumes a pivotal part in an assortment of cycles, for example, oxygen transport, energy creation, and DNA arrangement. The normal individual's body contains around 4 g iron. About 2.5 g of body iron is found in hemoglobin[24].Iron inadequacy is often portrayed as a progressive condition that starts with normal body iron status, which becomes odd or exhausted because of low dietary iron intake,lacking intestinal iron retention or increased iron loss.As this process proceeds, the synthesis of iron-containing proteins, such as haemoglobin (Hb), becomes traded off. Finally, when Hb concentration falls under a predetermined cut-off value, the iron deficiency has progressed to Iron Deficiency Anaemia (IDA)[23].This article reviews the significance of cashew apple which has a high substance

of vitamin C associated with iron metabolic and its capacity as a modulator that helps in preventing iron-deficiency anemia.

3. KEY NUTRIENTS OF CASHEW APPLE

The cashew (*Anacardium occidentale L.*) began in the upper east of Brazil and is accepted to have been trained before the appearance of the Portuguese in the sixteenth century[61]. From Brazil, the cashew was acquainted with the West Indies and Central America [56]. The Portuguese perceived the estimation of the cashew apple and nut and took the harvest to their Old World colonies [61]. By 1590 the cashew tree had been acquainted with East Africa and India where it was additionally used to help control disintegration along the seaside districts[8]. Cashew-squeezed apple is a significant source of water, minerals, and plentiful in vitamin C [6]. It is reported to contain five times as much vitamin C as citrus juice [3] and ten times as pineapple juice. De Carvalho *et al.*, [16] also reported that cashew-squeezed apples can be a good source of vitamin C and sugar in the prepared nourishments. Vitamin C in natural products assumes a significant part in the use of amino acid tyrosine, lipid digestion, and collagen arrangement [67]. The vitamin C content varies between 370.9 and 480.3 mg/100 g. At the level of organic acids, citric acid lead levels ($\mu\text{g/ml}$) ranged from 290.7 and 1092.1, tartaric acid 497.5 to 693.3, acetic acid 48.2 to 266.5, oxalic acid 197.8 to 204.3 and finally to fumaric acid followed by total sugars ranging from 162.7 to 168.1 g/L. Concentrations (g/L) of glucose, fructose, and sucrose vary, respectively, between 47.2 to 65.8, 100.7 to 110.3, and 2.5 to 5.3 and the pH of the juice is between 4.37 to 4.5, titratable acidity between 0.5 to 0.85 %, the total soluble solids content between 10.2 to 10.9 °Brix; dry matter between 7.80 -10.0 % and ash from 1.31 to 1.88%. The protein content varies from 0.51 to 0.53 g/100 g and the key amino acids in order of size are leucine, cysteine, and asparagine[2].

4. ECLIPSED NUTRIENT VITAMIN C IN CASHEW APPLE

Vitamin C (ascorbic acid) is required for the biosynthesis of collagen, carnitine, and catecholamines. An insufficiency of vitamin C in the diet causes the deficiency disease scurvy, which is prevented by as little as 10 mg/day of vitamin C. The 1989 RDA for vitamin C was 60 mg/day, an intake level that prevents the development of scurvy for about 1 month on a diet lacking vitamin C. Vitamin C is an important dietary antioxidant, as per the panel, vitamin C is 'a substance in foods that significantly decreases the adverse effects of reactive species, such as reactive oxygen and nitrogen species, on Redox Reports, a typical physiological functions in humans. The unfriendly effects of these reactive species are oxidative damage to biological macromolecules, such as lipids, DNA, and proteins, which has been implicated in numerous chronic diseases, including heart disease, stroke, cancer, several neurodegenerative diseases and cataract genesis [19]. Plasma concentrations serve as the most accessible biomarker for vitamin C status. Values below 11 $\mu\text{mol/L}$ specify deficiency corresponds with the clinical symptoms of scurvy [35,55]. The highest concentrations observed in pharmacokinetic studies are between 70 and 80 $\mu\text{mol/L}$ [31,32] rarely more than 100 $\mu\text{mol/L}$ has been reported and concentrations plateau in that range even during very high dietary supplementation. However, concentration as low as 28 $\mu\text{mol/L}$ are considered satisfactory and consequently, values between 11 and 28 $\mu\text{mol/L}$ indicate a marginal deficiency (often referred to as hypovitaminosis C), where scurvy is absent but the risk for chronic disease is elevated.[21]

5. CELLULAR ABSORPTION OF VITAMIN C

Most mammalian cells, with the notable exception of human erythrocytes [39], maintain intracellular Asc concentrations that are higher (e.g., upto 30-fold in some cases) than those in the Extracellular fluid [37,57,72]. For example, lymphocytes accumulate in extracellular Ascs with concentrations of approximately 4mM in the context of plasma concentrations of 40–80 μ M [32]. Furthermore, neurons maintain intracellular Asc concentrations of upto 10mM, whereas extracellular concentrations of Asc are maintained at 200–400 μ M [51,50]. This outward-facing concentration ingredient generates a predominantly sodium-dependent import of Ascs into cells by sodium–vitamin C cotransporters (SVCTs) 1 and 2 [25,72,59,38], which utilize the sodium concentration gradient across the plasma membrane [29].

The SVCTs are pivotal for the maintenance of intracellular Asc concentrations in most nucleated cell types [38,9]. SVCT1 is mainly expressed in epithelial tissues (e.g., intestinal epithelial cells), where it plays a major role in managing whole-body Asc levels [9]. In different, SVCT2 has a more widespread expression and is largely responsible for cellular loading with Ascs against a concentration gradient in most tissues [9]. The Expression of SVCT2 within the brain is important as its function and to maintain Asc homeostasis in the brain [25].

Cells can also assemble intracellular Ascs against a concentration gradient through lower affinity, higher-capacity transport of DHA through the facilitative GLUTs 1, 3, and 4 [72,5,22,46,70]. Interestingly, unlike most ascorbate-producing species, human erythrocytes can efficiently accumulate intracellular Asc from extracellular DHA, with slight competition from relatively high plasma glucose concentrations [27,40]. This alteration rises from the association of GLUT1 with the integral membrane protein stomatin (band 7.2b) [42] and appears to be a compensatory constructive mechanism for the lack of endogenous Asc production [42,43,11,69] With respect to DHA uptake by cells, an inward-facing DHA gradient is maintained by the rapid reduction of imported DHA back to Asc, which largely occurs in an NADPH- and GSH-dependent manner [27,29,58,72].

6. VITAMIN C: A MODULATOR FOR IRON ABSORPTION

Iron is essential for cell survival, as confirmed by the beginning of cell demise after unreasonable iron exhaustion [30,53]. Practically, all life forms require iron for digestion and it assumes a large number of parts in microbes, plants, and creatures. Adult human have 3–5g of iron in the body [75], >80% of which is found in the hemoglobin of erythrocytes, and 10 - 15% in muscle myoglobin and other iron-containing proteins and chemicals. Normally, only 0.1% circles in the plasma bound to the significant plasma iron-restricted protein, transferrin (Tf) [30]. Cell iron stockpiling transcendently happens inside protein Nano cages made by ferritin [4]. While generally iron in mammalian frameworks is contained inside the oxygen-binding haemoglobin and myoglobin, many other cellular proteins also rely on iron for their function. [29].

Asc adds to cell physiology to some degree by working as a modulator of cellular iron metabolism. Indeed, accumulating evidence strongly suggests that in addition to the known ability of dietary Ascs to enhance nonheme iron absorption in the gut, Ascs can direct cell iron take-up and downstream cell metabolism. Vitamin C controls iron digestion by expanding Tf-subordinate and non-Tf iron take-up, the last of which happens by a novel transplasma layer, the ascorbate cycling system, invigorating ferritin blends, hindering lysosomal ferritin corruption through autophagy, and diminishing cell iron efflux [29].

Ongoing proof demonstrates that Asc stimulates iron take-up by the classical Tf-iron take-up pathway, which gives practically all iron for cell request and erythropoiesis under physiological conditions. Ascorbate acts to enhance Tf-subordinate iron take-up by an intracellular reductive mechanism, emphatically recommending that it may act to invigorate iron assembly from the endosome into the cell. The capacity of Ascs to control Tf-iron take-up could help explain the metabolic defect that contributes to Asc deficiency-induced anemia [29].

As too much or too little iron is detrimental, cellular iron homeostasis must be firmly controlled through the guideline of import, storage, and efflux [30,44,52]. A long way from the traditional view that Asc is just a latent dietary factor that upgrades nonheme dietary iron assimilation, a developing assortment of proof shows Asc is a functioning subatomic member in a cell, and maybe fundamental, iron digestion[29].

7. COMBINATION THERAPY: IRON AND VITAMIN C

Iron is essential for many metabolic processes important for the maintenance and survival of the human body[60,1,73].Iron deficiency anemia (IDA) is one of the most common causes of morbidity and mortality worldwide, and affects people of all ages in both developed and developing countries.1correspondingly; iron supplementation is the most significant therapy. To date, iron supplements remain one of the main treatments for anemia [34,33,73]. To prevent iron deficiency, iron-containing health products have emerged [33]. In nature, the absorbed ferrous iron is highly unstable, while ferric iron is stable but cannot be absorbed[60,1] Since vitamin C is an excellent reducing agent, it can act as a “booster”, increasingabsorbable ferrous iron. Therefore, combination therapy with iron supplements and vitamin C is highly recommended for the treatment of iron deficiency anemia[12,13,26,28].

8. CONCLUSION

In this review, it is clearly expressed that the high content of vitamin C in cashew apple can be used as a combinatory factor with iron, regardless of astringency, which can be nullified when it is treated with 2% brine solution by the steaming process for better consumption to treat iron deficiency anaemia through a combinational therapeutic approach. Hence, the function of vitamin C in iron uptake at the cellular level through SVCTs and GLUTs transporters plays a significant role in the utilization of storage iron to metabolize heme and non –heme compounds and many iron-dependent metabolic activities.

9. REFERENCES

1. Abbaspour, N., Hurrell, R., &Kelishadi, R. (2014). Review on iron and its importance for human health. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*, 19(2), 164.
2. Adou, M., Tetchi, F. A., Gbané, M., &Kouassi, K. N. (2012). Physico-chemical characterization of cashew apple juice (*anacardiumoccidentale*, l.) from Yamoussoukro (Côte d'Ivoire). *Innovative Romanian Food Biotechnology*, 11, 32.
3. Akinwale, T. O. (2000). Cashew apple juice: its use in fortifying the nutritional quality of some tropical fruits. *European Food Research and Technology*, 211(3), 205-207.

4. Andrews, S. C. (2010). The Ferritin-like superfamily: Evolution of the biological iron store man from a rubrerythrin-like ancestor. *Biochimica et Biophysica Acta (BBA)-General Subjects*, 1800(8), 691-705.
5. Astuya, A., Caprile, T., Castro, M., Salazar, K., García, M. D. L. A., Reinicke, K., & Low, M. (2005). Vitamin C uptake and recycling among normal and tumor cells from the central nervous system. *Journal of neuroscience research*, 79(1-2), 146-156.
6. Azevedo, D. C., & Rodrigues, A. (2000). Obtainment of high-fructose solutions from cashew (*Anacardium occidentale*) apple juice by simulated moving-bed chromatography. *Separation Science and Technology*, 35(16), 2561-2581.
7. Beck, K. L., Conlon, C. A., Kruger, R., & Coad, J. (2014). Dietary determinants of and possible solutions to iron deficiency for young women living in industrialized countries: a review. *Nutrients*, 6(9), 3747-3776.
8. Berry, A. D., & Sargent, S. A. (2011). Cashew apple and nut (*Anacardium occidentale* L.). In *Postharvest Biology and Technology of Tropical and Subtropical Fruits* (pp. 414-423e). Woodhead Publishing.
9. Bürzle, M., Suzuki, Y., Ackermann, D., Miyazaki, H., Maeda, N., Cléménçon, B., & Hediger, M. A. (2013). The sodium-dependent ascorbic acid transporter family SLC23. *Molecular aspects of medicine*, 34(2-3), 436-454.
10. Camarena, V., & Wang, G. (2016). The epigenetic role of vitamin C in health and disease. *Cellular and Molecular Life Sciences*, 73(8), 1645-1658.
11. Carruthers, A., & Naftalin, R. J. (2009). Altered GLUT1 substrate selectivity in human erythropoiesis?. *Cell*, 137(2), 200-201.
12. Chaturvedi, R., Chattopadhyay, P., Banerjee, S., Bhattacharjee, C. R., Raul, P., Borah, K., & Veer, V. (2014). Iron-rich drinking water and ascorbic acid supplementation improved hemolytic anemia in experimental Wistar rats. *International journal of food sciences and nutrition*, 65(7), 856-861.
13. Chiamchanya, N. (2013). Rapid recovery time of hemoglobin level in female regular blood donors with ferrous fumarate and high dose of ascorbic acid supplement. *Journal of the Medical Association of Thailand= Chotmaihetthangphaet*, 96(2), 165-171.
14. Daramola, B. (2013). Assessment of some aspects of phytonutrients of cashew apple juice of domestic origin in Nigeria. *African Journal of Food Science*, 7(6), 107-112.
15. Das, I., & Arora, A. (2017). Post-harvest processing technology for cashew apple—A review. *Journal of Food Engineering*, 194, 87-98.
16. De Carvalho, J. M., Maia, G. A., De Figueiredo, R. W., De Brito, E. S., & Rodrigues, S. (2007). Development of a blended nonalcoholic beverage composed of coconut water and cashew apple juice containing caffeine. *Journal of Food Quality*, 30(5), 664-681.
17. Dedehou, E., Dossou, J., Anihouvi, V., & Soumanou, M. M. (2016). A review of cashew (*Anacardium occidentale* L.) apple: Effects of processing techniques, properties and quality of juice. *African Journal of Biotechnology*, 15(47), 2637-2648.
18. Falade, J. A. (1981). Vitamin C and other chemical substances in cashew apple. *Journal of Horticultural Science*, 56(2), 177-179.
19. Frei, B., & Traber, M. G. (2001). The new US Dietary Reference Intakes for vitamins C and E. *Redox report*, 6(1), 5-9.

20. Gould, B. S., & Woessner, J. F. (1957). Biosynthesis of collagen. The influence of ascorbic acid on the proline, hydroxyproline, glycine and collagen content of regenerating guinea pig skin. *Journal of Biological Chemistry*, 226, 289-300.
21. Granger, M., & Eck, P. (2018). Dietary vitamin C in human health. In *Advances in food and nutrition research* (Vol. 83, pp. 281-310). Academic Press.
22. Guaiquil, V. H., Farber, C. M., Golde, D. W., & Vera, J. C. (1997). Efficient transport and accumulation of vitamin C in HL-60 cells depleted of glutathione. *Journal of Biological Chemistry*, 272(15), 9915-9921.
23. Haas, J. D., & Brownlie IV, T. (2001). Iron deficiency and reduced work capacity: a critical review of the research to determine a causal relationship. *The Journal of nutrition*, 131(2), 676S-690S.
24. Han, O. (2011). Molecular mechanism of intestinal iron absorption. *Metallomics*, 3(2), 103-109.
25. Harrison, F. E., & May, J. M. (2009). Vitamin C function in the brain: vital role of the ascorbate transporter SVCT2. *Free Radical Biology and Medicine*, 46(6), 719-730.
26. He, H., Qiao, Y., Zhang, Z., Wu, Z., Liu, D., Liao, Z., ... & He, M. (2018). Dual action of vitamin C in iron supplement therapeutics for iron deficiency anemia: prevention of liver damage induced by iron overload. *Food & function*, 9(10), 5390-5401.
27. Himmelreich, U., Drew, K. N., Serianni, A. S., & Kuchel, P. W. (1998). ¹³C NMR studies of vitamin C transport and its redox cycling in human erythrocytes. *Biochemistry*, 37(20), 7578-7588.
28. Khoshfetrat, M. R., Mohammadi, F., Mortazavi, S., Rashidi, A., Neyestani, T., Kalantari, N., & Esmailzadeh, A. (2013). The effect of iron-vitamin C co-supplementation on biomarkers of oxidative stress in iron-deficient female youth. *Biological trace element research*, 153(1-3), 171-177.
29. Lane, D. J., & Richardson, D. R. (2014). The active role of vitamin C in mammalian iron metabolism: much more than just enhanced iron absorption!. *Free radical biology and medicine*, 75, 69-83.
30. Lawen, A., & Lane, D. J. (2013). Mammalian iron homeostasis in health and disease: uptake, storage, transport, and molecular mechanisms of action. *Antioxidants & redox signaling*, 18(18), 2473-2507.
31. Levine, M., Wang, Y., Padayatty, S. J., & Morrow, J. (2001). A new recommended dietary allowance of vitamin C for healthy young women. *Proceedings of the National Academy of Sciences*, 98(17), 9842-9846.
32. Levine, M., Conry-Cantilena, C., Wang, Y., Welch, R. W., Washko, P. W., Dhariwal, K. R., ... & Cantilena, L. R. (1996). Vitamin C pharmacokinetics in healthy volunteers: evidence for a recommended dietary allowance. *Proceedings of the National Academy of Sciences*, 93(8), 3704-3709.
33. Li, M., Hu, Y., Mao, D., Wang, R., Chen, J., Li, W., ... & Yang, L. (2017). Prevalence of anemia among Chinese rural residents. *Nutrients*, 9(3), 192.
34. Lopez, A., Cacoub, P., Macdougall, I. C., & Peyrin-Biroulet, L. (2016). Iron deficiency anaemia. *The Lancet*, 387(10021), 907-916.
35. Lykkesfeldt, J., & Poulsen, H. E. (2010). Is vitamin C supplementation beneficial? Lessons learned from randomised controlled trials. *British Journal of Nutrition*, 103(9), 1251-1259.

36. Maeda, N., Hagihara, H., Nakata, Y., Hiller, S., Wilder, J., & Reddick, R. (2000). Aortic wall damage in mice unable to synthesize ascorbic acid. *Proceedings of the National Academy of Sciences*, 97(2), 841-846.
37. May, J. M. (1999). Is ascorbic acid an antioxidant for the plasma membrane? *The FASEB journal*, 13(9), 995-1006.
38. May, J. M. (2011). The SLC23 family of ascorbate transporters: ensuring that you get and keep your daily dose of vitamin C. *British journal of pharmacology*, 164(7), 1793-1801.
39. May, J. M., Qu, Z. C., Qiao, H., & Koury, M. J. (2007). Maturation loss of the vitamin C transporter in erythrocytes. *Biochemical and biophysical research communications*, 360(1), 295-298.
40. Mendiratta, S., Qu, Z. C., & May, J. M. (1998). Erythrocyte ascorbate recycling: antioxidant effects in blood. *Free Radical Biology and Medicine*, 24(5), 789-797.
41. Mešić-Macan, A., Gazivoda-Kraljević, T., & Raić-Malić, S. (2019). Therapeutic perspective of vitamin C and its derivatives. *Antioxidants*, 8(8), 247.
42. Montel-Hagen, A., Kinet, S., Manel, N., Mongellaz, C., Prohaska, R., Battini, J. L., ...& Taylor, N. (2008). Erythrocyte Glut1 triggers dehydroascorbic acid uptake in mammals unable to synthesize vitamin C. *Cell*, 132(6), 1039-1048.
43. Montel-Hagen, A., Sitbon, M., & Taylor, N. (2009). Erythroid glucose transporters. *Current opinion in hematology*, 16(3), 165-172.
44. MW, H. (1996). Kuhn LC. Molecular control of vertebrate iron metabolism: mRNA-based regulatory circuits operated by iron, nitric oxide, and oxidative stress. *Proc Natl Acad Sci USA*, 93, 8175-8182.
45. Naidu, K. A. (2003). Vitamin C in human health and disease is still a mystery? An overview. *Nutrition journal*, 2(1), 7.
46. Nualart, F. J., Rivas, C. I., Montecinos, V. P., Godoy, A. S., Guaiquil, V. H., Golde, D. W., & Vera, J. C. (2003). Recycling of vitamin C by a bystander effect. *Journal of Biological Chemistry*, 278(12), 10128-10133.
47. Ogunjobi, M. A. K., & Ogunwolu, S. O. (2010). Physicochemical and sensory properties of cassava flour biscuits supplemented with cashew apple powder. *Journal of Food Technology*, 8(1), 24-29.
48. Peyrin-Biroulet, L., Williet, N., & Cacoub, P. (2015). Guidelines on the diagnosis and treatment of iron deficiency across indications: a systematic review. *The American journal of clinical nutrition*, 102(6), 1585-1594.
49. Pham-Huy, L. A., He, H., & Pham-Huy, C. (2008). Free radicals, antioxidants in disease and health. *International journal of biomedical science: IJBS*, 4(2), 89.
50. Rice, M. E. (2000). Ascorbate regulation and its neuroprotective role in the brain. *Trends in neurosciences*, 23(5), 209-216.
51. Rice, M. E., & Russo-Menna, I. (1997). Differential compartmentalization of brain ascorbate and glutathione between neurons and glia. *Neuroscience*, 82(4), 1213-1223.
52. Richardson, D. R., & Ponka, P. (1997). The molecular mechanisms of the metabolism and transport of iron in normal and neoplastic cells. *Biochimica Et Biophysica Acta (BBA)-Reviews on Biomembranes*, 1331(1), 1-40.
53. Richardson, D. R., Lane, D. J., Becker, E. M., Huang, M. L. H., Whitnall, M., Rahmanto, Y. S., & Ponka, P. (2010). Mitochondrial iron trafficking and the integration of iron metabolism between

the mitochondrion and cytosol. *Proceedings of the National Academy of Sciences*, 107(24), 10775-10782.

54. Robertson, W. V. B., & Schwartz, B. (1953). Ascorbic acid and the formation of collagen. *J. Biol. Chem*, 201, 689-696.
55. Robitaille, L., & Hoffer, L. J. (2015). A simple method for plasma total vitamin C analysis suitable for routine clinical laboratory use. *Nutrition journal*, 15(1), 40.
56. Rosengarten Jr, F. (2004). *The book of edible nuts*. Courier Corporation.
57. Rumsey, S. C., & Levine, M. (1998). Absorption, transport, and disposition of ascorbic acid in humans. *The Journal of Nutritional Biochemistry*, 9(3), 116-130.
58. Rumsey, S. C., Kwon, O., Xu, G. W., Burant, C. F., Simpson, I., & Levine, M. (1997). Glucose transporter isoforms GLUT1 and GLUT3 transport dehydroascorbic acid. *Journal of Biological Chemistry*, 272(30), 18982-18989.
59. Savini, I., Rossi, A., Pierro, C., Avigliano, L., & Catani, M. V. (2008). SVCT1 and SVCT2: key proteins for vitamin C uptake. *Amino acids*, 34(3), 347-355.
60. Silva, B., & Faustino, P. (2015). An overview of molecular basis of iron metabolism regulation and the associated pathologies. *Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease*, 1852(7), 1347-1359.
61. Smith, N. J. H., Williams, J. T., Plucknett, D. L., & Talbot, J. P. (1992). Tropical forests and their crops, 296-303.
62. Talasila, U., & Shaik, K. B. (2015). Quality, spoilage and preservation of cashew apple juice: A review. *Journal of Food Science and Technology*, 52(1), 54-62.
63. Talasila, U., & Vechalapu, R. R. (2015). Optimization of medium constituents for the production of bioethanol from cashew apple juice using doehlert experimental design. *International Journal of Fruit Science*, 15(2), 161-172.
64. Talasila, U., Vechalapu, R. R., & Shaik, K. B. (2011). Preservation and shelf life extension of cashew apple juice. *Internet Journal of Food Safety*, 13, 275-280.
65. Talasila, U., Vechalapu, R. R., & Shaik, K. B. (2012). Clarification, preservation, and shelf life evaluation of cashew apple juice. *Food Science and Biotechnology*, 21(3), 709-714.
66. Talasila, U., Vechalapu, R. R., & Shaik, K. B. (2012). Storage stability of cashew apple juice-use of chemical preservatives. *Journal of food technology*, 10(4), 117-123.
67. Tamuno, E. N. J., & Onyedikachi, E. C. (2015). Effect of packaging materials, storage conditions on the vitamin C and pH value of cashew apple (*Anacardium occidentale* L.) juice. *Journal of Food and Nutrition Sciences*, 3(4), 160-165.
68. Timoshnikov, V. A., Kobzeva, T. V., Polyakov, N. E., & Kontoghiorghes, G. J. (2020). Redox Interactions of Vitamin C and Iron: Inhibition of the Pro-Oxidant Activity by Deferiprone. *International Journal of Molecular Sciences*, 21(11), 3967.
69. Troadec, M. B., & Kaplan, J. (2008). Some vertebrates go with the GLO. *Cell*, 132(6), 921-922.
70. Vera, J. C., Rivas, C. I., Zhang, R. H., Farber, C. M., & Golde, D. W. (1994). Human HL-60 myeloid leukemia cells transport dehydroascorbic acid via the glucose transporters and accumulate reduced ascorbic acid.
71. Wang, Y., Russo, T. A., Kwon, O., Chanock, S., Rumsey, S. C., & Levine, M. (1997). Ascorbate recycling in human neutrophils: induction by bacteria. *Proceedings of the National Academy of Sciences*, 94(25), 13816-13819.

72. Wilson, J. X. (2005). Regulation of vitamin C transport. *Annu. Rev. Nutr.*, 25, 105-125.
73. Winter, W. E., Bazydlo, L. A., & Harris, N. S. (2014). The molecular biology of human iron metabolism. *Laboratory medicine*, 45(2), 92-102.
74. Wolbach, S. B., & Howe, P. R. (1926). Intercellular Substances in Experimental Scorbutus. *Arch. of Path. & Lab. Med.*, 1(1).
75. Zhang, A. S., & Enns, C. A. (2009). Iron homeostasis: recently identified proteins provide insight into novel control mechanisms. *Journal of Biological Chemistry*, 284(2), 711-715.
76. KUPPUSAMY, VENKATESAN, and SATHYARAJ SANKERLAL. "PERFORMANCE AND EMISSION CHARACTERISTICS OF CASHEW NUT SHELL PYROLYSED OIL–WASTE COOKING OIL WITH DIESEL FUEL IN A FOUR STROKE DI DIESEL ENGINE." *International Journal of Mechanical and Production Engineering Research and Development (IJMPERD)* 8.1 (2018) 181-188
77. PRIYADARSHANI, D., and A. ASHA. "PREVALENCE OF ANAEMIA AND NUTRITIONAL AWARENESS AMONG RURAL PREGNANT WOMEN." *IMPACT: International Journal of Research in Applied, Natural and Social Sciences (IMPACT: IJRANSS)* 4.10 (2016) 61-68
78. Srivastava, Shipra, and Neeru Bala. "PREVALENCE OF ANAEMIA AMONG THE ADOLESCENT OF PRATAPGARH DISTRICT." *IMPACT: International Journal of Research in Humanities, Arts and Literature (IMPACT: IJRHAL)* 6.5 (2018) 213-216
79. SINHA, MANISHA, SURESH CHANDRA MONDAL, and BHABOTOSH MAKHAL. "A STUDY OF HAEMATOLOGICAL PROFILE OF MEDICAL AND PARAMEDICAL STUDENTS IN NORTH BENGAL MEDICAL COLLEGE AND HOSPITAL WITH SPECIAL REFERENCE TO ANAEMIA AND HAEMOGLOBINOPATHIES." *International Journal of Medicine and Pharmaceutical Science (IJMPS)* 9.6 (2019) 47-56
80. SHETTAR, SAVITHA S. "ESTIMATION OF SERUM IRON LEVELS IN PATIENTS WITH ORAL CANCER." *International Journal of Dental Research & Development (IJDRD)* 6.4 (2016) 23-30
81. PAUL, RANU. "STABILITY ANALYSIS OF CRITICAL POINTS TO CONTROL GROWTH OF TUMOR IN AN IMMUNE-TUMOR-NORMAL CELL-DRUG MODEL." *International Journal of Applied Mathematics & Statistical Sciences (IJAMSS)* 5.6 (2016) 43-52