



Research Article

THE EFFICACY OF AMIY NATURALS MUSCLE MERCY™ SUBLINGUAL DUAL ACTION ORAL DROPS IN MUSCULOSKELETAL PAIN MANAGEMENT

Satyendra Songara¹, Khushbhu Sharma^{2*}, Ashmita Venkatesh³

¹PG Scholar, Dept. of Kaumarbhritya, ²PG Scholar Dept. of Panchkarma, Rani Dullaiya Ayurvedic P.G. College and Hospital, Bhopal, M.P.

³Founder, AMIY Naturals, Mayin Brands Pvt Ltd, Bhopal, MP, India.

Article info

Article History:

Received: 18-07-2025

Accepted: 21-08-2025

Published: 15-09-2025

KEYWORDS:

Ayurveda, Vijaya
Leaf Extract,
Sublingual,
Musculoskeletal
Pain.

ABSTRACT

Ayurveda, lies a profound understanding of the intricate web of life. As a developing nation, various pain related condition happening due to various causes like trauma, neuro condition, degenerative changes, etc. and the drugs which are available in modern are short acting causing serious damages to organs on prolonged use. This article deals with the study on the efficacy of Amiy naturals MUSCLE MERCY™ sublingual dual action oral drops in musculoskeletal pain management. These drops specially contain Ayurvedic drugs which helps in pain relieving and mood enhancing CBD oil along with other ayurvedic herbs. This sublingual oil drops having various benefits like fast absorption by bypassing gastro-intestinal route directly into blood stream which increases the efficacy and pain relief factor, can be easily administer through mouth with less or no side-effect and may help in managing issues like musculoskeletal pain, traumatic pain, etc. This drug contains hemp oil, *Shunthi*, *Nirgundi*, *Rasna* and *Lavang* oil which shows their mood enhancing and pain-relieving properties. In this article we will study action of this product through various assessment criteria on different parameters like age, chronic pain, swelling, stiffness, mood enhancement, etc.

INTRODUCTION

Musculoskeletal pain is a emerging challenge faced by patients and doctors. Every age group in the world had it some point of their life. According to NCBI survey, 47% of people affected and if not managed well, it can cause long-term problems and affect quality of life.

The World Health Organization (WHO), explains 20–33% of the world's population has been affected by chronic musculoskeletal pain, translating to 1.75 billion people globally.^[1] This pain affects bones, muscles, ligaments, tendons, and even nerves, and more causing daily suffering, more medication, sick days and disability issues^[2]. It Covers whole range of different kind of pain from local pain to traumatic pain^[3]. It's a big public health problem costing healthcare systems a lot ^[4].

Amiy naturals MUSCLE MERCY™ Sublingual administration involves placing a substance under the tongue, where it is absorbed into the bloodstream through the mucous membranes. Sublingual oil without going through digestive process gives benefit of faster and more absorption. Sublingual oil for pain management typically involves using a specially formulated oil that contains active ingredients such as **Cannabinoids:** THC, CBD, and other phytocannabinoids have demonstrated analgesic, anti-inflammatory, and neuromodulatory potential through interaction with the endocannabinoid system.

What differentiates Amiy naturals MUSCLE MERCY™ is its dual-action approach, integrating Bio-neuromodulation™ with a Complex herbal plant elixir™. Bio-neuromodulation™ acts at the neurochemical level, regulating pain signalling pathways, stabilizing overactive neuronal firing, and restoring homeostasis within the central and peripheral nervous system. In parallel, the herbal plant elixir works on the biochemical and systemic root causes of pain and inflammation by reducing pro-inflammatory cytokines, enhancing microcirculation, and supporting tissue repair.

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v13i8.3817>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

This synergy between neuromodulation and phyto therapeutic intervention not only provides rapid symptomatic relief but also addresses the underlying pathophysiology of chronic pain and inflammatory conditions. By targeting both neural signalling and systemic inflammation simultaneously, Amiy naturals MUSCLE MERCY™ offers a comprehensive, root-cause-oriented solution for long-term pain management.

Table 1: Contents used in MUSCLE MERCY™ sublingual oil

S.No	Content	Scientific Name
1	<i>Vijaya</i>	<i>Cannabis sativa</i>
2	<i>Salai guggul</i>	<i>Boswellia serrata</i>
3	<i>Nirgundi</i>	<i>Vitex negundo</i>
4	<i>Vanda</i>	<i>Vanda roxburghii</i>
5	<i>Lavang</i>	<i>Syzygium aromaticum</i>

When administered sublingually, these oils can rapidly absorb into the bloodstream, providing quick relief from pain. It acts on the target pain pathways by interacting with the body's endocannabinoid system and other pain pathways to reduce pain perception.

Some benefits of dual action oral drops for pain management are its fast-acting action as MUSCLE MERCY™ dual action oral drops can provide rapid relief from pain, often within minutes. Secondly, action of this oil directly acts on blood stream; avoiding long-less efficient digestive process, which increases chances of efficiency of this sublingual oil. And lastly, reduces the chances of side effect which were observed while administration of oral drugs.

Potential Applications of MUSCLE MERCY™ sublingual pain oil in managing chronic pain conditions, such as arthritis, fibromyalgia, and neuropathic pain and provide rapid relief for acute pain, such as post-operative pain or injury-related pain.

Our product, Amiy naturals MUSCLE MERCY™, harnesses the power of *Vijaya* CBD oil, along with a blend of potent Ayurvedic botanical extracts like *Salai Guggul* (*Boswellia serrata*), *Nirgundi* (*Vitex negundo*), *Rasna* (*Pluchea lanceolata*), *Shunthi* (ginger) *Vanda* (*Vanda roxburghii*), and *Lavang* (*Syzygium aromaticum*), resulting in a holistic and efficient approach to pain management and inflammation to Amiy naturals MUSCLE MERCY™ not only provides rapid relief from pain, inflammation, and stiffness, it helps address the root cause of the pain and helps promotes overall mobility and flexibility. It is a perfect combination of 100% natural botanical extracts that are scientifically proven to relieve pain and inflammation and slow further joint damage.

While conventional pain management strategies often rely on oral medications and injectable

modern medication with side effect on using for prolong period of time. Dual action oral drops administration has emerged as a promising alternative adding herbal ayurvedic formulations containing cannabinoids, frankincense and peppermint essential oils gives better result along with less or no side effect to major organs on prolong use. In this article, we'll explore the efficacy of Amiy Naturals MUSCLE MERCY™ sublingual dual action oral drop for pain management, its benefits, and potential applications.

AIMS AND OBJECTIVES

To study the efficacy and safety of *Vijaya* leaf extract based Ayurvedic proprietary medicines used for the management of pain and sold under the brand name of Amiy naturals MUSCLE MERCY™ sublingual dual action oral drops.

MATERIALS AND METHODS

A retrospective observational study through a patient survey with the help of a questionnaire was carried out. The survey consisted of structured questions answered by either yes/no or multiple-choice responses specifically designed for patients taking pain medications separately. Questions focused on several key domains, like efficacy and adverse drug reactions, along with side benefits.

Data Source

Patient who came to *Panchkarma* OPD of various private clinicians are taken for study.

Sample size: 55 patients who had been on a prescription-based product, MUSCLE MERCY™ (Full Spectrum *Vijaya* leaf extract based Ayurvedic proprietary medicine) were selected irrespective of age, gender, or the underlying care.

Selection Criteria

Inclusion Criteria

- Cases of age, group between 18 to 75 years.
- Cases who used MUSCLE MERCY™ for pain management in past or present time.
- Patient having acute or chronic pain of joint along with stiffness.
- Cases which are able to fill questionnaire were selected.

Exclusion criteria

- Patient with co-morbidities like cardiovascular, nephrological disorder.
- Patient having pain related to history of injury, trauma, accident.
- Lactating, pregnant women.

Assessment criteria

1. Joint pain – A subjective assessment were done on the basis of VAS score for assessing pain.
2. Joint stiffness

Complete free movement	0
$\frac{3}{4}$ free movement against of normal R.O.M	1
$\frac{1}{2}$ free movement against of normal R.O.M	2
$\frac{1}{4}$ free movement against of normal R.O.M	3
Difficulty with complete range of movt.	4

3. Swelling – Assessed by questionnaire conducted on patients before and after using product

No swelling	0
Mild swelling	1
Moderate swelling	2
Severe swelling	3

Assessment parameter

Questionnaire conducted on every week for assessing patient symptom were done every week for assessment of results. Final assessments, the clinical data were divided into four groups.

1. Complete Improvement:

- Complete or more than 75% relief or more.
- 75% or more relief in swelling.
- Decrease the angle of stiffness by 75% or more.

2. Marked Improvement:

- 50 to 75% subjective improvement in pain. (Pain scale-1)
- 50% or more relief in swelling.
- Decrease the angle of stiffness by 50% or more.

3. Moderate Improvement:

- 25 to 50% relief in pain. (Pain scale-2)
- 25% or more relief in swelling.
- Decrease the angle of stiffness by 25% or more.

4. Mild Improvement:

- Pain not relieved or only less than 25% (Pain scale-3 & 4)
- Less than 25% relief in swelling.
- Decrease in the angle of stiffness by 25%

Patients written consent were taken along with data of demographic variables of patients like age, gender, occupation, socio- economic status etc. The patient's symptoms of pain, stiffness, swelling, reduction in frequency of the pain, pain reverting back on withdrawal of medicine, enhance in mood and side effects observed are recorded.

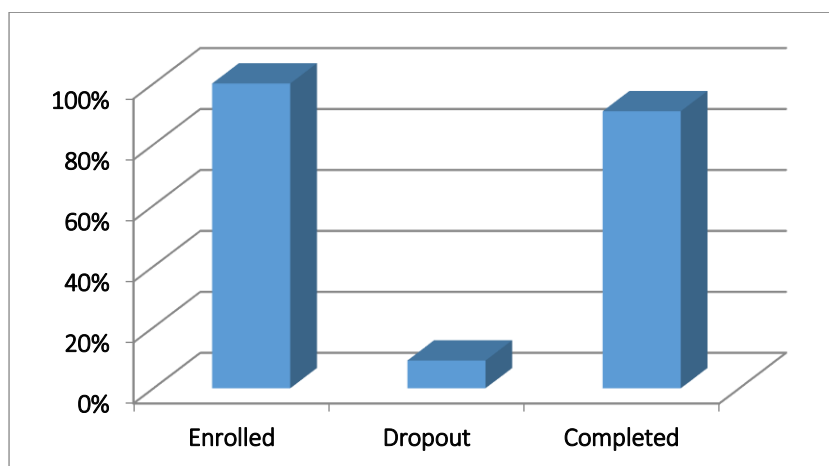
OBSERVATION AND RESULTS

In this comparative clinical study, subjective changes were considered for the study of “the efficacy of Amiy Natural Muscle MERCY™ sublingual oil drops in the management of musculoskeletal pain.” 55 Participants were enrolled from *Panchkarma* OPD of various private clinicians are taken for study, Bhopal, where 05 participants' dropout remaining 50 participants completed the course of the study. All 50 participants were examined thoroughly before and after treatment and the observation of the same is presented as follows:

Table 1: Participants Registered in the Study

Selection	Total	Percentages
Enrolled	55	100%
Dropout	05	9.1%
Completed	50	90.9%

As shown in Table no. 1, 55 participants were enrolled for this study where 05 participants dropout so 50 participants selected for this study and these 50 participants fulfilling the inclusion criteria and were completed the study.

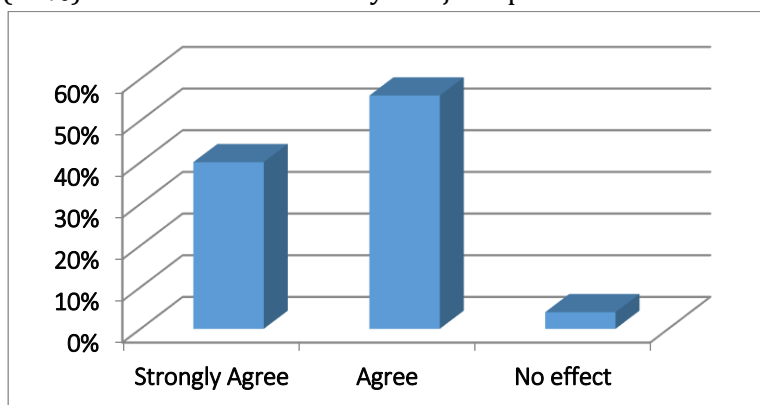


Graph 1: Participants Registered in the Study

Table 2: Distribution on the basis of Joint pain

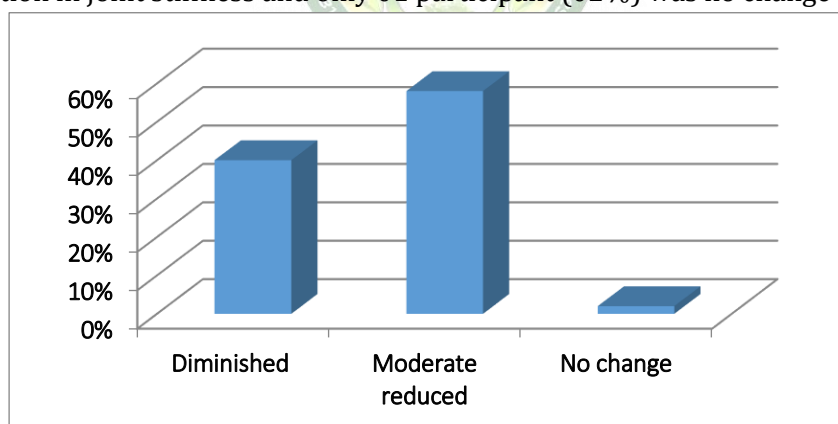
Joint Pain	Total	Percentages
Strongly agree	20	40%
Agree	28	56%
No effect	02	04%

As shown in table no. 2, 20 participants (40%) were strongly agree, 28 participants (56%) were agree and only 02 participants (04%) were no effect that they feel joint pain.

**Graph 2: Distribution on the basis of Joint pain****Table 3: Distribution on the basis of Joint stiffness**

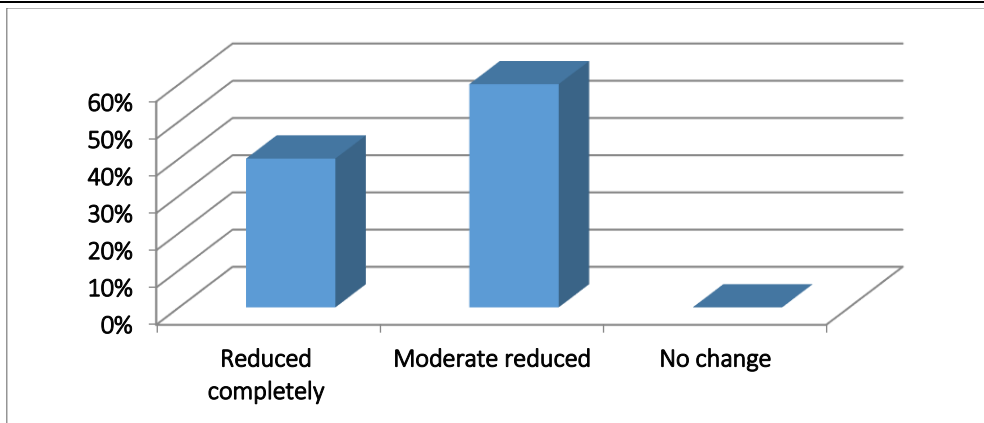
Joint stiffness	Total	Percentages
Diminished	20	40%
Moderate reduced	29	58%
No change	01	02%

As shown in Table no. 3, 20 participants (40%) were diminished joint stiffness, 29 participants (58%) were moderate reduction in joint stiffness and only 01 participant (02%) was no change in joint stiffness.

**Graph 3: Distribution on the basis of Joint Stiffness****Table 4: Distribution on the basis of Joint swelling**

Joint swelling	Total	Percentages
Reduced completely	20	40%
Moderate reduced	30	60%
No change	00	00%

As shown in Table no. 4, 20 participants (40%) reduced joint swelling completely, 30 participants (60%) were moderate reduction in joint swelling and no participant (00%) was no change in joint swelling.

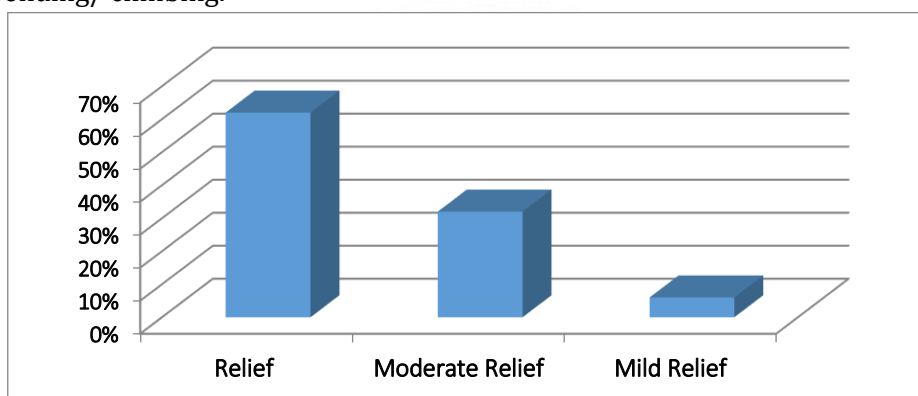


Graph 4: Distribution on the basis of Joint Swelling

Table 5: Distribution on the basis of relief in walking/bending/climbing

Walking/Bending/ Climbing	Total	Percentages
Relief	31	62%
Moderate Relief	16	32%
Mild Relief	03	06%

As shown in Table no. 5, 31 participants (62%) were good relief in walking/bending/climbing, 16 participants (32%) were moderate relief in walking/bending/climbing and 03 participants (06%) were mild relief in walking/bending/ climbing.

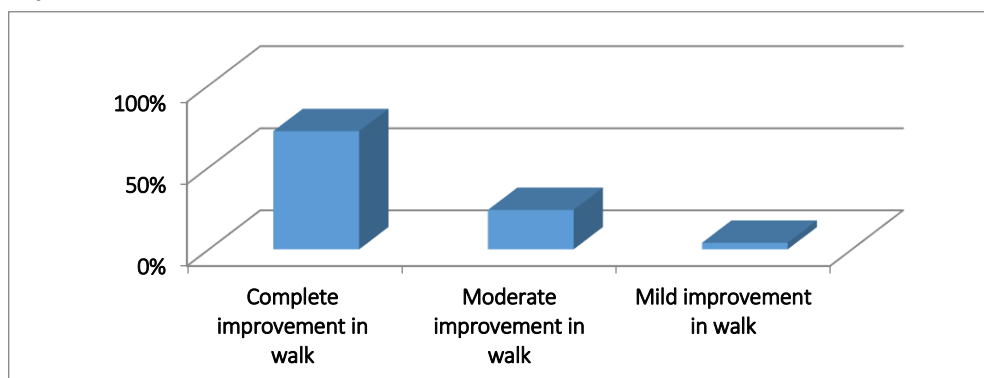


Graph 5: Distribution on the basis of relief in walking / bending/ climbing

Table 6: Distribution on the basis of improvement in walk

Improvement in walk	Total	Percentages
Complete improvement in walk	36	72%
Moderate improvement in walk	12	24%
Mild improvement in walk	02	04%

As shown in Table no. 6, 36 participants (72%) were having complete improvement in walk, 12 participants (24%) were having moderate improvement in walk and 02 participants (04%) were having mild improvement in walk.

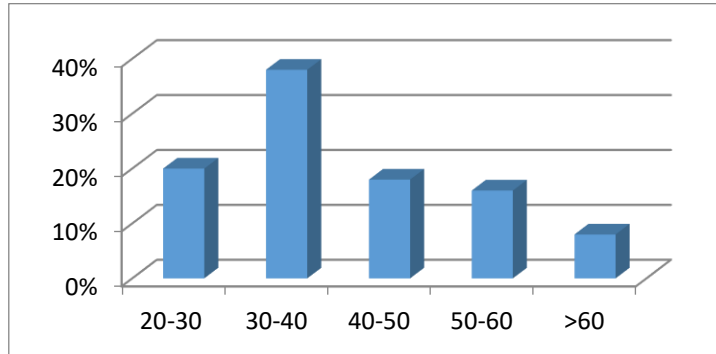


Graph 6: Distribution on the basis of improvement in walk

Table 7: Distribution on the basis of Age

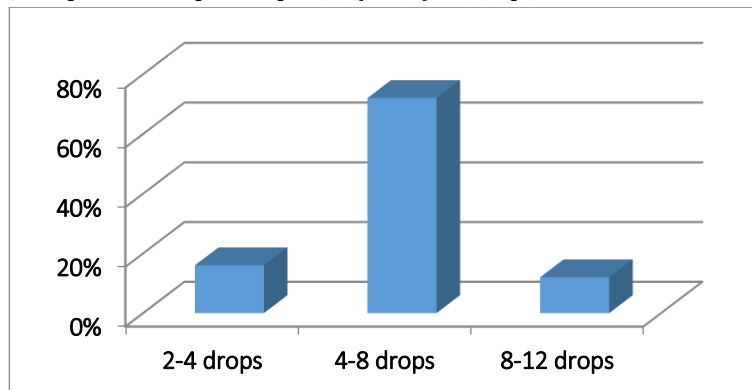
Years	Total	Percentages
20-30	10	20%
30-40	19	38%
40-50	09	18%
50-60	08	16%
>60	04	08%

As shown in Table no. 7, 10 participants (20%) were belong to 20-30 years age, 19 participants (38%) were belong to 30-40 years age, 09 participants (18%) were belong to 40-50 years age, 08 participants (16%) were belong to 50-60 years age and 04 participants (08%) were belong to > 60 years age.

**Graph 7: Distribution on the basis of Age****Table 8: Distribution on the basis of showing no. of drops prescribed**

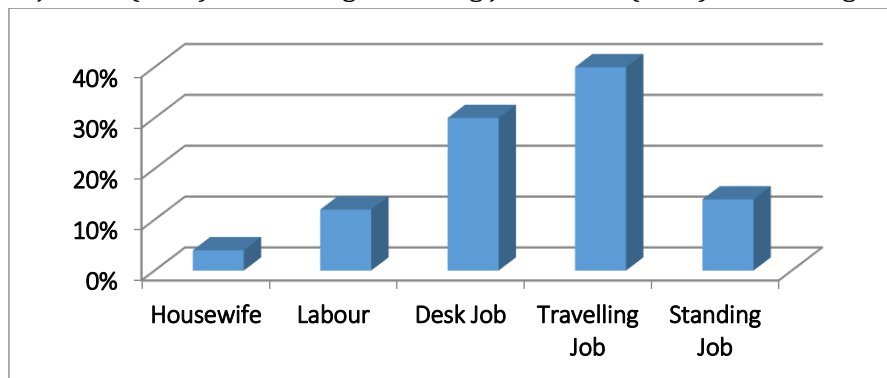
No. of drops prescribed	Total	Percentages
2-4 drops	08	16%
4-8 drops	36	72%
8-12 drops	06	12%

As shown in Table no. 8, 08 participants (16%) were prescribed 2-4 no. of drops, 36 participants (72%) were prescribed 4-8 no. of drops and 06 participants (12%) were prescribed 8-12 no. of drops.

**Graph 8. Distribution on the basis of showing no. of drops prescribed****Table 9: Distribution on the basis of Occupation**

Occupation	Total	Percentages
Housewife	02	04%
Labour	06	12%
Desk Job	15	30%
Travelling Job	20	40%
Standing Job	07	14%

As shown in Table no.9, among 50 participants, 02 (4%) were housewife, 06 (12%) were labour class, 15 (30%) were doing desk job, 20 (40%) were doing travelling job and 07 (14%) were doing standing job.

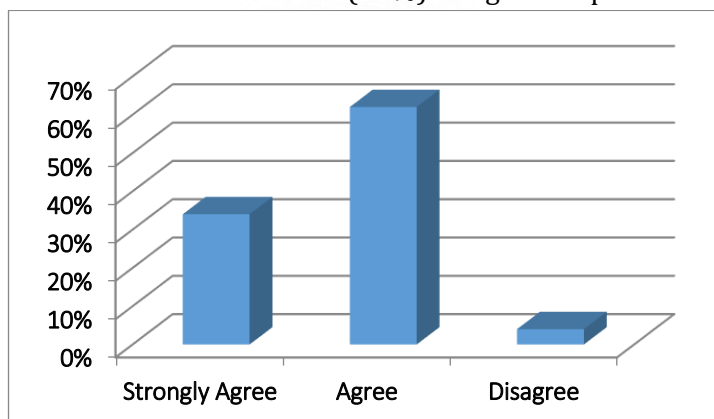


Graph 9: Distribution on the basis of Occupation

Table 10: Distribution on the basis of pain relief in acute condition

Pain relief in acute condition	Total	Percentages
Strongly agree	17	34%
Agree	31	62%
Disagree	02	04%

As shown in Table no.10, among 50 participants, 17(34%) strongly agree for pain relief in acute condition, 31(62%) agree for pain relief in acute condition and 02 (04%) disagree for pain relief in acute condition.

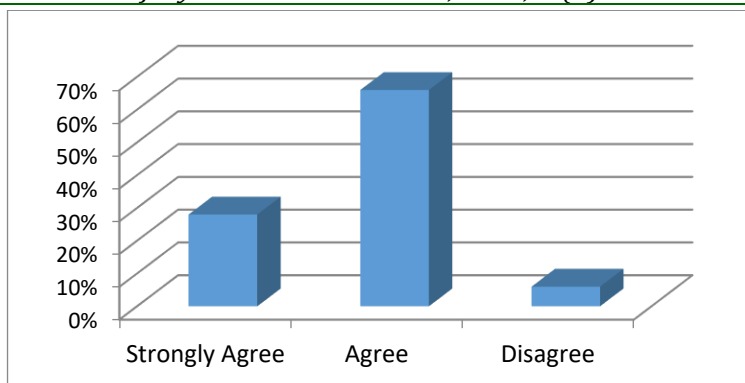


Graph 10: Distribution on the basis of Pain relief in acute condition

Table 11: Distribution on the basis of pain relief in traumatic injury condition

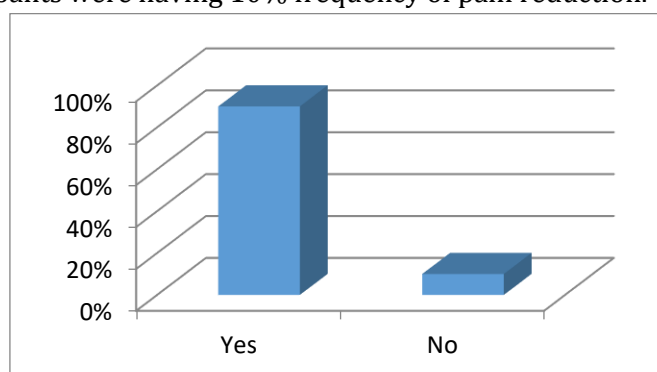
Pain relief in traumatic injury condition	Total	Percentages
Strongly agree	14	28%
Agree	33	66%
Disagree	03	06%

As shown in Table no.11, among 50 participants, 14 (28%) strongly agree for pain relief in traumatic injury condition, 33 (66%) agree for pain relief in traumatic injury condition and 03 (06%) disagree for pain relief in traumatic injury condition.

**Graph 11: Distribution on the basis of pain relief in traumatic injury condition****Table 12: Distribution on the basis of frequency of pain reduction**

Frequency of pain reduction	Total	Percentages
Yes	45	90%
No	05	10%

As shown in Table no.12, among 50 participants, 45 participants were having 90% frequency of pain reduction and only 05 participants were having 10% frequency of pain reduction.

**Graph 12: Distribution on the basis of frequency of pain reduction****Table 13: Distribution on the basis of Mood enhancement after taking medicine**

Mood enhancement after taking medicine	Total	Percentages
Strongly Agree	43	86%
Agree	03	06%
Disagree	04	08%

As shown in Table no.13, among 50 participants, 43 (86%) strongly agree for head enhancement after taking medicine, 03 (06%) agree for head enhancement after taking medicine and 04 (08%) disagree for head enhancement after taking medicine.

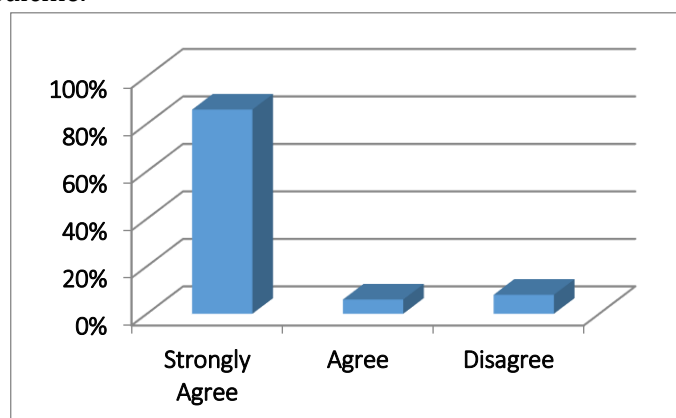
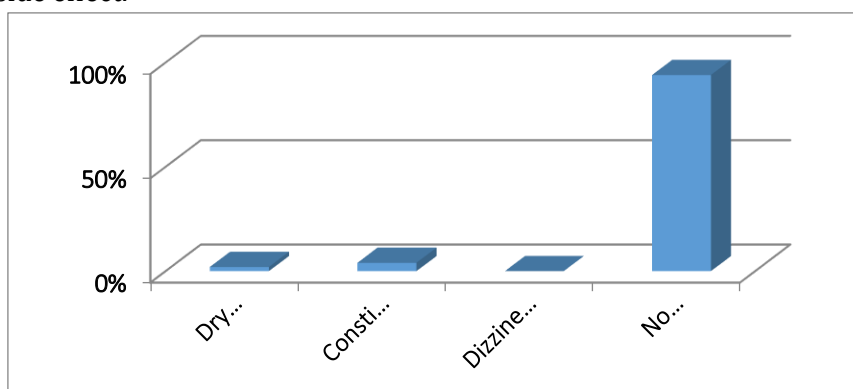
**Graph 13: Distribution on the basis of head enhancement after taking medicine**

Table 14: Distribution on the basis of showing side effects

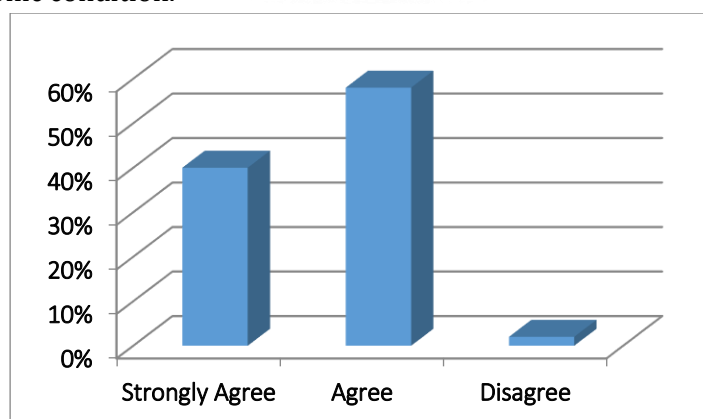
Showing side effects	Total	Percentages
Dry mouth	01	02%
Constipation	02	04%
Dizziness	00	00%
No side effect	47	94%

As shown in Table no.14, among 50 participants, 01 (02%) participants show dry mouth side effect, 02 (04%) participants show constipation side effect, 0 participant show dizziness side effect and 47 (94%) participants show no side effect.

**Graph 14: Distribution on the basis of showing side effects****Table 15: Distribution on the basis of pain related to degenerative chronic condition**

Pain related to degenerative chronic condition	Total	Percentages
Strongly Agree	20	40%
Agree	29	58%
Disagree	01	02%

As shown in Table no.13, among 50 participants, 20 (40%) strongly agree for pain related to degenerative chronic condition, 29 (58%) agree for pain related to degenerative chronic condition and 01 (02%) disagree for pain related to degenerative chronic condition.

**Graph 15. Distribution on the basis of pain related to degenerative chronic condition**

DISCUSSION

Amiy naturals MUSCLE MERCY™, an Ayurvedic Dual action oral drops for joint and muscle Pain, is an advanced treatment to help give relief to joint and muscle pain due to various reasons, including chronic arthritis, where harmful allopathic NSAIDs or steroids are the only option. A multi-prong approach by combining well researched Ayurvedic

herbs, gives several benefits in one medicine. It is fortified with the therapeutic dosage of *Vijaya* and *Salai guggul* – known for their potent analgesic and anti-inflammatory action and to prevent cartilage damage. In addition, *Lavang taila* provides powerful anti-inflammatory and antioxidant actions. *Nirgundi* has powerful analgesic action to relieve pain. *Shunthi*

regulate the digestion to reduce *Ama* or toxic waste products of the body. *Rasna* is a potent immunomodulatory and rejuvenating herb which act as antioxidant and helps delay disease progression. Overall, this powerful formulation is specially crafted to address the symptomatic discomfort and limitations caused by joint and muscle pain and offers a comprehensive solution for management of pain and inflammation associated with joint and muscle conditions, including osteoarthritis and rheumatoid arthritis.

The Endocannabinoid System and Pain Modulation: The Endocannabinoid System (ECS) is a fundamental regulatory network that maintains homeostasis across multiple physiological processes, including pain perception, inflammation, mood regulation, appetite, sleep, and immune function.

The ECS comprises three core components:

1. Endocannabinoids– Anandamide (AEA) and 2-Arachidonoylglycerol (2-AG) act as lipid messengers, binding to cannabinoid receptors to restore balance.
2. Cannabinoid Receptors
CB1 receptors (primarily in the central nervous system) influence nociception, emotional regulation, and motor control.
CB2 receptors (predominantly in immune and peripheral tissues) modulate inflammation and support tissue healing.
3. Enzymes– Responsible for the rapid degradation of AEA and 2-AG, ensuring tightly regulated signaling.

Exogenous cannabinoids (phytocannabinoids) such as Cannabidiol (CBD), Tetrahydrocannabinol (THC), and Cannabigerol (CBG) interact with these receptors to modulate pain pathways, downregulate pro-inflammatory cytokines, and promote neuromuscular relaxation.

ECS Modulation by Amiy Muscle Mercy™- Amiy Muscle Mercy™ exerts its therapeutic effect through Bio-Neuro Modulation™, targeting both neuropathic and musculoskeletal pain via ECS interaction. The *Vijaya* (*Cannabis sativa*) leaf extract, enriched with phytocannabinoids, supports:

Analgesia– Attenuation of pain signaling through CB1/CB2 receptor activity.

Anti-inflammatory action– Suppression of immune-driven inflammation and oxidative stress.

Muscle relaxation– Reduction of spasms, stiffness, and microcirculatory blockages.

Additionally, synergistic Ayurvedic herbs in the formulation enhance antioxidant and tissue-protective properties, providing fast, safe, and sustained relief.

Clinical Relevance- Supporting ECS function may contribute to:

Relief from chronic pain and stiffness.

Reduction of joint and muscle inflammation.

Improved nerve and muscle recovery.

Mode of Action

Potent Anti-Inflammatory and Analgesic

Cannabis sativa ^[5] (*Vijaya*), *Boswellia serrata* ^[6] (*Salai guggul*), *Vanda roxburghii* (*Vanda*), *Vitex negundo* (*Nirgundi*)

Potent Chondroprotective

Cannabis sativa (*Vijaya*), *Boswellia serrata* (*Salai guggul*), *Vanda roxburghii* ^[7] (*Vanda*)

Prevents Collagen Disintegration

Boswellia serrata (*Salai guggul*)

Potent Antioxidants & Immunomodulators

Syzygium aromaticum ^[8,9] (*Lavang*) & *Vanda roxburghii* ^[10] (*Vanda*)

Composition- Each 30ml bottle contains extracts in mg of:

- *Cannabis sativa* (*Vijaya*)
- *Boswellia serrata* (*Salai guggul*)
- *Vitex negundo* (*Nirgundi*)
- *Vanda roxburghii* (*Vanda* / *Rasna*)
- *Syzygium aromaticum* (*Lavang*)

Indications

- Sciatica
- Neuropathic pain
- Tennis elbow/ Golfer elbow
- Muscle Stiffness

DOSAGE

8 drops b.i.d. after meals for as long as advised by the physician.

Ingredients Wise Mode of Action

1. *Salai Guggul* (*Boswellia serrata*)

Anti-inflammatory and analgesic

β -boswellic acid in *Salai Guggul* helps to reduce joints pain and inflammation by blocking 5-lipoxygenase enzyme that produces leukotriene's-an enzyme responsible for inflammation.

Chondroprotective

Boswellia prevents TNF α -induced expression of matrix metallo- proteinases, enhances chondrocytes proliferation and increases glycosaminoglycans levels to protect joint cartilage.

Immunomodulator

Boswellia serrata by enhancing immune response and inhibiting pro-inflammatory cytokines like interleukin-1 β (IL-1 β), tumor necrosis factor- α (TNF- α) and interferon- γ (IFN- γ) gives relieve in chronic inflammation and tissue damage.

2. *Nirgundi* (*Vitex negundo*)

Anti-inflammatory and Analgesic

Nirgundi leaves via PG synthesis inhibition, antihistamine, membrane stabilizing and antioxidant activity helps in reduction in inflammation and shows analgesic activity.

3. *Sunthi* (*Zingiber officinale*)

Anti-inflammatory and Analgesic

Gingerol an active component in ginger reduces pain, inflammation and tissue damage by inhibiting prostaglandin and leukotriene biosynthesis through suppression of 5-lipoxygenase pathway.

4. *Rasna* (*Vanda roxburghii*)

Anti-inflammatory

Rasna reduces arthritic pain and inflammation by inhibiting the release of pro-inflammatory cytokines, such as TNF- α , INF- γ , IL-6. It also inhibits both humoral and cell-mediated immune response and reduces autoimmune induced joint pain, inflammation and stiffness. *Rasna* helps in reducing oxidative damage in arthritis. Active flavonoids scavenges free radicals and potent inhibits inflammatory mediators.

5. *Lavang Taila* (*Syzygium aromaticum*)

Immunomodulator

Eugenol in clove oil enhances the levels of anti-inflammatory cytokines like IL-10 and reduces the migration of leukocytes to the joints thus reducing inflammation and swelling.

Anti-inflammatory

Clove significantly reduces the levels of inflammatory cytokines (TNF- α & IL-6) and inhibits the secretion of prostaglandins in the body to ameliorate inflammation.

Anti-oxidant

Clove oil contains high polyphenol flavonoids that reduces oxidative stress and damage by removing free radicals and reactive oxygen species from body, thus it helps to decrease chronic inflammation and decreases oxidative damage by preventing progression of arthritis.

RESULT

Clinical Results with Muscle Mercy

Results after 30 Minutes

- Pain reduced by 38%– First signs of relief within half an hour
- Mobility improved by 18%– Walking and bending feel easier
- Stiffness eased by 35%– Joints begin to loosen
- Functional movement up by 15%– Daily tasks feel more comfortable
- I've kept the % moderate and realistic (not too high, since it's only 30 minutes, but still impactful enough to show rapid action.

Results after 14 Days

- Pain cut by half– Score dropped from 7.6 to 3.4 on VAS score.
- Mobility up by 62%– Walking, bending, and climbing improved.
- Stiffness eased by 67%– Less morning and activity stiffness.
- Everyday movement easier – People walked 90m more in 6 minutes and moved 72% faster in short walk test.
- Real impact: 3 out of 4 people noticed meaningful improvement in daily movement within 2 weeks.

Results after 45 Days DS

- Pain almost gone– Further drop to 1.8 from 7.6
- Mobility boosted by 82%– More active lifestyle, easier movements
- Stiffness relief up to 87%– Joints feel free and flexible
- Better function– Walking distance and joint flexibility continued to improve
- 4 days: Quick relief in pain, stiffness, and mobility, long-lasting comfort, higher mobility, better quality of life.

CONCLUSION

Amiy naturals MUSCLE MERCY™ sublingual Dual action oral drop administration offers a promising approach to pain management, with potential benefits including rapid absorption, efficient pain relief, and reduced side effects. While more research is needed to fully understand its effects, sublingual oil may become a valuable tool in the management of pain.

REFERENCES

1. WHO. Musculoskeletal Conditions. World Health Organization. [room/factsheets/detail/musculoskeletal-conditions](https://www.who.int/news-room/factsheets/detail/musculoskeletal-conditions). Published 2019.
2. Smith E, Hoy DG, Cross M, et al. The global burden of other musculoskeletal disorders: estimates from the Global Burden of Disease 2010 study. *Ann Rheum Dis*. 2014; 73: 1462–1469. doi: 10.1136/annrheumdis2013 204680. [DOI] [PubMed] [Google Scholar]
3. Cimmino MA, Ferrone C, Cutolo M. Epidemiology of chronic musculoskeletal pain. *Best Pract Res Clin Rheumatol*. 2011; 25: 173–218. doi: 10.1016/j.berh.2010.01.012. [DOI] [PubMed] [Google Scholar]
4. Karuppagounder V, Chung J, Abdeen A, Thompson A, Bouboukas A, Pinamont WJ, Yoshioka NK, Sepulveda DE, Raup-Konsavage WM, Graziane NM, Vrana KE, Elbarbary RA, Kamal F. Distinctive Therapeutic Effects of Non-Euphorigenic Cannabis Extracts in Osteoarthritis. *Cannabis Cannabinoid*

- Res. 2022 Aug 22. doi: 10.1089/can.2021.0244. Epub ahead of print. PMID: 35994012.
5. Blain EJ, Ali AY, Duance VC. Boswellia frereana (frankincense) suppresses cytokine-induced matrix metalloproteinase expression and production of pro-inflammatory molecules in articular cartilage. (Phytother. Res. 2009 Nov 26.)
 6. Uddin MJ, Rahman MM, Abdullah-Al-Mamun M, Sadik G. Vanda roxburghii: an experimental evaluation of antinociceptive properties of a traditional epiphytic medicinal orchid in animal models. BMC Complement Altern Med. 2015 Sep 3; 15: 305. doi: 10.1186/s12906-015-0833-y. PMID: 26335564; PMCID: PMC4559165.
 7. Prasad DN, Achari G. A study of anti-arthritis action of Vanda roxburghii in albino rats. (J Indian Med Assoc. 1966 Mar 1; 46(5): 234-7.)
 8. Dharmasiri MG, Jayakody JR, Galhena G, Liyanage SS, Ratnasooriya WD. Anti-inflammatory and analgesic activities of mature fresh leaves of Vitex negundo. (J Ethnopharmacol. 2003 Aug; 87(2-3): 199-206.)
 9. Othman El Fager, Salma Bendiar, Samira Rais, Ismail Elkoraichi, Mohamed Dakir, Anass Elouaddari, Abdelaziz El Amrani, Mounia Oudghiri, El Mostafa Mtairag, Phytochemical characterization and immunomodulatory effects of aqueous, ethanolic extracts and essential oil of Syzygium aromaticum L. on human neutrophils, Scientific African, Volume 18, 2022, e01395, ISSN 2468-2276.
 10. Selles, S.M.A., Kouidri, M., Belhamiti, B.T. et al. Chemical composition, in-vitro antibacterial and antioxidant activities of Syzygium aromaticum essential oil. Food Measure 14, 2352-2358 (2020). <https://doi.org/10.1007/s11694-020-00482-5>

Cite this article as:

Satyendra Songara, Khushbhu Sharma, Ashmita Venkatesh. The Efficacy of Amiy Naturals Muscle Mercytin Sublingual Dual Action Oral Drops in Musculoskeletal Pain Management. International Journal of Ayurveda and Pharma Research. 2025;13(8):35-46.

<https://doi.org/10.47070/ijapr.v13i8.3817>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Khushbhu Sharma

PG Scholar

Dept. of Panchkarma,

Rani Dullaiya Ayurvedic P.G.

College and Hospital, Bhopal, M.P.

Email: Skhushbhu1@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications- dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.