



## References:

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3. Diehl HW. Method of treating rheumatoid arthritis. U.S. Patent #4,113,881.
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5. Siemandi H. The effect of cis-9-cetyl myristoleate (CMO) and adjunctive therapy on arthritis and auto-immune disease: a randomized trial. Townsend Letter for Doctors and Patients 1997;(Aug/Sept):58-63.

## More studies....

Advanced Medical Systems & Design, Ltd completed a study in Oct 2001. It was not a double blind study but the study included 1,814 arthritis patients. The results showed that over 87% of the subjects had greater than 50% recovery and over 65% of those showed from 75% -100% recovery following a sixteen day regimen. This large study suggests that there could be a positive benefit to the use of CMO in the treatment of arthritis. Other studies have followed.

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## What is CFA20® /CMO20®

Cetyl myristoleate is the common name for cis-9-cetyl myristoleate. It was discovered in 1972 by Harry W. Diehl, Ph.D., a researcher at the National Institutes of Health. Dr. Diehl was responsible for testing anti-inflammatory drugs on lab animals. In order for him to test the drugs, he had to artificially induce arthritis in the animals by injecting a heat-killed bacterium called Freund's adjuvant. Dr. Diehl discovered that Swiss albino mice did not get arthritis after injection of Freund's adjuvant. Eventually, he was able to determine that cetyl myristoleate was the factor present naturally in mice that was responsible for this protection. When injected into various strains of rats, it offered the same protection against arthritis. It has been proposed that it acts as a joint "lubricant" and anti-inflammatory agent.

Cis-9-cetyl myristoleate is a complex of cetylated fatty acids that contains a blend of nine cetylated fatty acids including CMO.

CFA20® is guaranteed to have 20% cetyl myristoleate– the highest level of CMO on the market.

## Cetyl Myristoleate Researches

Dr Len Sands of the San Diego Clinic completed the first human study on the effectiveness on Cetyl Myristoleate in 1995.

There were 48 arthritis patients in this study. All but two showed significant improvement in articular mobility (80% or better) and reduction of pain (70% or better)

The first double blind study followed two years later. Dr. H. Siemandi conducted a double blind study under the auspices of the Joint European Hospital Studies Program. There were 431 patients in the study, 106 who received cetyl myristoleate, 99 who received cetyl myristoleate, and glucosamine, sea cucumber, and hydrolyzed cartilage and 226 who received a placebo.

Clinical assessment included radiological test and other studies. Results were 63% improvement for the cetyl myristoleate group, 87% for the cetyl myristoleate plus glucosamine group and 15% for the placebo group.

In Aug. 2002, a double blind study was published in the Journal of Rheumatology. It included 64 patients with chronic knee OA. 1/2 of the patients received cetyl myristoleate complex and half a placebo. Evaluations included physician assessment: knee range of motion with goniometry, and the Lequesne Algofunctional Index (LAI).

The conclusion was that the CMO group saw significant improvement while the placebo group saw little to none.

They concluded that CMO "may be an alternative to the use of nonsteroidal anti-inflammatory drugs for the treatment of OA".

Other studies have followed..

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