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Cetyl Myristoleate Separating Fact From Fiction

By Rusty Ford

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by: **Rusty Ford**

I am a strong believer in Cetyl Myristoleate for the treatment of arthritis. For the last three years I have been researching and writing about Cetyl Myristoleate. I am constantly searching for new research and contact and interview every doctor I can find that works with it. The purpose of the article is to evaluate the claims made about Cetyl Myristoleate on the myriad of web sites that sell it. If you want more information on the research that documents the effectiveness of Cetyl Myristoleate then do a search for my article, "Cetyl Myristoleate: Science or Speculation".

Cetyl Myristoleate is an Immune Modulator. This is a tough question. We do not have any medical research yet that documents that it is an immune modulator. Many doctors believe that it is based on observations of their patients. Some people respond so well it appears that the benefits go beyond joint lubrication and a decrease in inflammation. Based on these results some doctors theorize that it is helping to correct some people's immune systems. While this sounds wonderful it is a bold statement to make. I am not ready to call it an immune modulator.

Cetyl Myristoleate is a cure for arthritis. This is not only a bogus claim it is a lie. Not only is it a lie it is illegal to make that claim. If you are at a web site that makes this claim, leave, this person is not the kind of person you want to do business with. They need to be reported to the Federal Trade Commission.

All you need is one 15 or 20 day protocol. There are several companies that make this type of claim. You will notice that the companies that make this claim are among the most expensive. I believe that they use this to justify their high prices. Who would pay this price on a regular basis. While the double blind studies show that many people start finding relief in this amount of time, they were all short term studies and did not evaluate how long the results lasted. Every doctor I have talked to has disagreed with this statement. The people who find relief from Cetyl Myristoleate usually start seeing good results by the two week mark. But they continue to improve for the next two to four weeks. Almost everyone who discontinues use finds that within a couple of weeks their symptoms begin to return. But they also

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find that once they max out their benefit they need much less to maintain that level of relief.

Cetyl Myristoleate helps 97% of the people who use it. I have seen this claim several times. It is simply not true. The research does not back it up and neither do those doctors who use it in practice. The percentage is closer to 70%. Of course the percentage changes depending on the type of arthritis you have. With nearly 100 types of arthritis nothing is going to work well on every type.

Cetyl Myristoleate is an anti aging agent. This is a powerful marketing tool. Every one wants to look and stay young. There is no research to back up this claim. Some of the doctors I have talked to believe it base on their observations. I have over a dozen family members and friends who take CM faithfully and none of us look younger. Yet almost all of us feel younger because we can now do things again that we had to give up because of our arthritis. If this is what they are talking about I concur. But if they are claiming it will make you younger or keep you from aging I think they are stretching it.

It is necessary to take digestive enzymes with Cetyl Myristoleate. This is a hard one. I personally do not think everyone does. Some people have a hard time digesting fats. If taking CM causes you stomach upset then you need to take a digestive enzyme. Make sure it has lipase because it is the enzyme that digests fat.

Cetyl Myristoleate will help you grow new cartilage. This is another unfounded claim. There is nothing in CM to help you grow cartilage. Once the inflammation is down then your body may find it easier to replace the cartilage damaged by the inflammation.

Will Cetyl Myristoleate help me with my arthritis? I would like to end the article with the question most ask of me. The answer is I do not know. All I can say is the research and my experience and the experience of the doctors I have talked to says that there is a 60% to 70% chance. Be reasonable about your expectations. CM is not going to repair bone damage, remove calcium deposits or repair other types of damage created by your arthritis. If you decide to try it do not pay too much. There is no need to pay \$50, \$80, \$100 dollars or more. There are several good products in the \$20 to \$50 range. If the first bottle does not work for you do not waste your money on a second.

I am a two time survivor of cancer. The first cancer took a kidney. Therefore I cannot take any arthritis medication. I began to research alternative options of treating arthritis. I found a natural supplement called cetyl myristoleate that has kept me pain free for 4 years now. I have been researching, publishing and speaking on cetyl myristoleate ever since

Cetyl Myristoleate for Arthritis: Science or Speculation

By Rusty Ford

There are a lot of fabulous stories about Cetyl Myristoleate (also known as CMO or CM) floating across the Internet. Mine is one of them. There have been a number of articles published in little known journals or magazines. There have been four small booklets published. One making fantastic claims, all four filled with anecdotal evidence but offering no real research to back up the claims. There are a

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number of Doctors sharing the results they are having with their patients but so does every other wonder-working product. The question is, are there any scientific studies to back up any of these claims? The answer is yes. To date there are several patient studies and two double blind studies completed. I will mention the three most prominent below.

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). Obviously the study had its flaws. One doctor conducted the study, there was no control group and the number of participants was small. Even so, it suggested to many that maybe there was some hope here and that more scientific studies should follow.

The first double blind study followed two years later. Dr. H. Siemands 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 August of 2002, a double blind study was published in the Journal of Rheumatology. The study included sixty-four patients with chronic knee OA. Half of the patients received a 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 CM group saw significant improvement while the placebo group saw little to none. In fact in their conclusion they state that CM "may be an alternative to the use of nonsteroidal anti-inflammatory drugs for the treatment of OA".

Advanced Medical Systems & Design, Ltd completed the last study I would like to mention in Oct 2001. It was not a double blind study but the study included 1814 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. I know that this is not the most scientific study but a study this large does suggest that there could be a positive benefit to the use of CM in the treatment of arthritis.

Conclusion: There is mounting evidence that CM can be effective in the treatment of many forms of arthritis. While it is true that the evidence from these three studies can not be considered conclusive, it is a beginning. It should challenge you to think outside the box and consider that just because it did

not come from a drug company does not mean that it will not work. With over 10,000 people a year dying from NSAIDs would it not be great to find a safer and more effective product. Especially with the cost of prescription treatments for arthritis costing into the hundreds and good Cetyl Myristoleate products can be found for between \$20 and \$40.

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