

CMO Distribution Centers

Home Page

Welcome to the home page of our Web Site. This site contains information about arthritis, CMO and our company policies. If you would just like an overview of CMO and its effects on arthritis, please go to our other site by clicking [here](#). You will find it only takes a few minutes to view the other site.

CMO is the leader in a new category of nutraceuticals that doctors claim is the cure for arthritis. Being the largest distributor of CMO in the world, we have been privy to almost all of the information available about it. Browse to your heart's content, you will find a wealth of information. Thank you for dropping by!

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Exhibit B

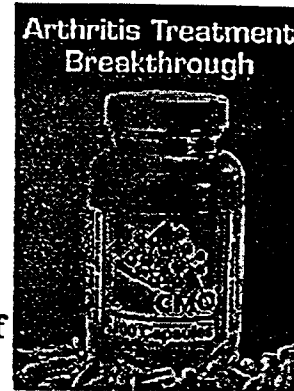
CMO Distribution Center

CMO Distribution Centers

Letter of Introduction

Dear Visitor,

This site contains exciting information about a naturally derived substance called CMO. It is being hailed by it's users, doctors and the media as the cure for arthritis. The discovery that lead to the development of CMO was made by a researcher at the US National Institutes of Health. It was introduced to the medical community in December 1995, at the National Medical Conference on Aging. Now it is available to arthritis sufferers.



CMO has been clinically tested and found to relieve the symptoms of virtually all forms of arthritis except gouty arthritis. CMO is a one time treatment consisting of 100 capsules taken orally over a period of 16 days. The benefits of CMO should last a lifetime. CMO is reported to be effective on 80% of the people who have used it as a dietary supplement. In clinical studies with a controlled diet, CMO has been reported to be effective on 96% of the people who have used it. CMO can benefit almost everyone who suffers from arthritis with just one treatment. The treatment program is fast, easy, safe and very effective. CMO can halt arthritis and prevent future pain, swelling and stiffness. CMO can rescue someone from the physical damage that a future with arthritis holds.

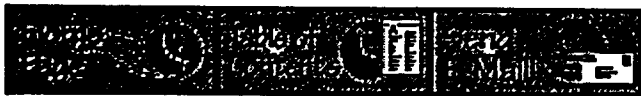
If you are interested in even more information about CMO and it's effects on arthritis, there are information pamphlets and an information tape. The cassette tape is an interview with the director of the clinic that conducted the clinical study on CMO. We provide this information at no charge, so feel free to call or email us with your request. You can do this by clicking on the email button at the bottom of this page or by filling out the form in our guestbook. See [Contact Us](#) for more details.

We are always interested in opening new avenues of distribution. If this is an area of interest to you, please drop us a line before you leave the site.

I hope we can be of service to you.

Sincerely,

Kal Samulonis
President
CMO Distribution Centers of America



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CMO Distribution Centers

CMO Information

Welcome to our CMO Information page. Due to the volume of information on this page, we have installed this menu and "Back to Top" buttons to help you navigate this page more effectively.

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- [How it Works](#)
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- [What are people saying about CMO?](#)

The History and Discovery of CMO

In 1971, Cetyl myristoleate, which eventually evolved into CMO, was first discovered by a researcher at the National Institutes of Health. He was responsible for testing anti-inflammatory drugs on lab animals. In order for him to achieve this, he first had to artificially induce arthritis in the animals. This was achieved by injecting a heat killed bacterium called Freund's adjuvant. A strange thing happened one day. A particular group of animals called Swiss albino mice, did not get arthritis. After testing the batch of Freund's adjuvant and finding that it was not defective, the researcher then set out to discover exactly what was in Swiss albino mice that protected them from arthritis.

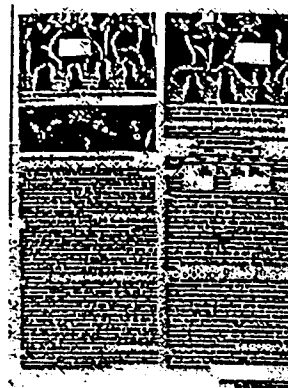


Unable to get his research funded by the National Institutes of Health, he slowly carried on at his own expense. Eventually he discovered four substances that were unique to the Swiss albino mice, one of which was cetyl myristoleate. Testing showed that substance to have protective properties against artificially induced arthritis when injected into lab animals.

The researcher had arthritis. After his doctor could provide no further relief through conventional medicine he injected himself with cetyl myristoleate and successfully reversed his arthritis symptoms. The doctor was so amazed at the results he urged him to publish a report. That researcher is in his 80's now and has not had a reoccurrence of arthritis.

In March of 1994, a report about injectable cetyl myristoleate was published in The Journal of Pharmaceutical Sciences. In that report the researcher expressed his hope that other studies would be conducted, "particularly, more extensive tests of cetyl myristoleate analogues".

In late 1994, the San Diego Clinic, with its research partners did exactly what that researcher had hoped for in his report. They conducted extensive testing to find a highly bio-available analogue that could be orally administered. They succeeded in an even greater way than they had expected. They derived an even more effective substance from beef tallow. It is a natural dietary supplement called CMO, which is the trade name for cerasomal-cis-9-cetylmyristoleate.



The San Diego Clinic did the first clinical research on CMO. Dr. Sands the director of the clinic was personally afflicted with arthritis and he tested CMO on himself. After the successful results of that test, they then tested a select group of staff, friends and family before the official clinical study on dose effectiveness began in August of 1995. That study proved CMO to be of great benefit to for osteo, rheumatoid and reactive arthritis. Subsequent data proves its value for nearly all other forms of arthritis except gouty arthritis.

In December 1995, CMO capsules were introduced to the medical community at the National Medical Conference on Aging in Nevada. Five doctors afflicted with a variety of arthritis conditions tried CMO at the conference. All five doctors responded successfully within three days and CMO became the "star" of the conference resulting in hundreds of doctors using CMO on their patients.

After successful results in the medical community CMO became publicly available through local independent distributors in February 1996. Its success rate was so great that it inspired Dr. Douglas Hunt to write a book called "Boom You're Well". The book was independently released in 1996, but only 3,000 copies rolled off the press before the rights to the book were bought and international distribution was arranged for late 1997.

The demand for CMO seemed unlimited and grew exponentially with public awareness even though CMO was only available in a few states. On August 13, 1996 CMO Distribution Centers of America was formed to provide national distribution of CMO and increase public awareness.

In December 1996, contracts to provide CMO with international distribution were signed with a multinational corporation.

By January 1997, the success of the CMO was so awesome, it had inspired several corporate criminals to market the less effective injectable predecessor as an oral liquid. This became quite a problem because they even illegally used the trademark name (CMO). Notices of trademark violation were sent out.

In February 1997, Dr. Sands began writing his book about CMO called "Rescued From Arthritis". He says it will be finished by the end of summer.

March 1997, marked the first delivery of CMO to the multinational corporation. It will be available as part of a complete care package for arthritis. The official national release of their package will in August 1997. The success of CMO in its prerelease stage has been outstanding.

Also in March 1997, cease and desist orders were sent to the counterfeiters that failed to respond the trademark violation notices.

On June 10, 1997 a million dollar lawsuit for CMO trademark violation was filed in federal court.

In July 1997, production of the television commercial for Dr. Hunt's revised book about CMO was finished. In the United States, the commercial will air in early fall.

On August 6, 1997 a half million dollar judgement was granted for CMO trademark violation.

With the research concluded, effectiveness improved, medical community acceptance, impostors and counterfeiters in check, the television commercial finished, the books written, and the distribution arranged, CMO can finally finish it's 26 year long journey from the point of discovery to benefit the general public.

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How it Works

In their October 28, 1996 issue, Time magazine reported on the three most promising developments in arthritis research. The scientists participating in all three projects are intensely focused on intervening in the immune system's involvement in the arthritic process.

According to doctors, that is exactly what CMO™ does. It corrects the disease at the source in the immune system. Dr. Len Sands the director of the San Diego Clinic says:

“Unlike everything else made for arthritis, you don't have to take it over and over again. CMO™ is not a pain reliever, anti-inflammatory, cortisone or other steroid. CMO™ is an immunomodulator, it regulates your immune system. There's never been anything like it before for arthritis. Instead of treating the symptoms of pain and inflammation, CMO™ capsules act directly against the cause of arthritis, the memory T-cells in your immune system that create the attacks against your joints. Once the error in your immune system is corrected by CMO™, the attacks on your joints stop and the pain and inflammation should be relieved forever. Once the problems are corrected, they stay corrected and you no longer need CMO™ or other arthritis remedies.”

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Frequently Asked Questions

The following questions were answered by the doctors, staff and research associates of the San Diego Clinic. You can scroll down the page to view them all, or click on specific

question to view the answer. Use "Back to FAQs" button to return to questions after viewing an answer.

- What makes CMO different from all the other remedies?
- Does that mean a person takes CMO only once and that's it?
- Does it work for both rheumatoid and osteoarthritis?
- Does CMO improve joint mobility?
- Does it stop arthritis pain?
- Does CMO reduce inflammation?
- How long before it takes effect?
- Will it correct deformities?
- What about really severe cases?
- What about joints where the cartilage is completely worn away?
- Does it work for everyone?
- Can I continue with my usual medications while taking CMO?
- Do I have to go on a special diet?
- What about exercise?
- Is it okay to exercise?
- Is it expensive?
- Is age a factor?
- What causes arthritis?
- How does CMO work?
- Is it harmful in any way?
- What is CMO? Where does it come from?
- Is CMO used for any other ailments?

What makes CMO different to other remedies?

CMO is not a pain reliever, nor is it a steroid or anti-inflammatory. It is an immunomodulator. There's never been anything like it before for arthritis. Instead of treating the symptoms of pain and inflammation, CMO act against the cause of arthritis – the erroneously programmed Memory T Cells of your own immune system that cause the attacks against your joints. Once the attacks on your joints are halted the symptom of pain and inflammation is promptly remedied.

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Does that mean a person takes CMO only once and that's it?

Yes. Most afflicted persons need to take the capsules for only a couple of weeks to be free of arthritis symptoms forever. No further medication is ever necessary, not even CMO.

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Does it work for both rheumatoid and osteoarthritis?

Both types respond equally well. It also works for most other types of arthritis such as those

associated with Ankylosing Spondylitis. Reiter's syndrome. Behcet's syndrome, Sjögren's syndrome and Psoriasis. It has also been found to relieve various types of back pain of undetermined origin (probably arthritis related)

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Does CMO improve joint mobility?

Yes, it can! If the joint can be moved, joint mobility may be improved. But if the bones have fused and grown together, only surgery can help those particular joints.

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Does it stop arthritis pain?

Arthritis pain will disappear completely in almost every instance. In a few extreme cases pain was reduced by only 70% to 90%, which was still of such major benefit that it allowed the persons to function normally again.

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Does CMO reduce inflammation?

Yes, and it does so very effectively. The pressure in the joints caused by the inflammation is the major cause of stiffness and pain.

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How long before it takes effect?

Most people can begin to feel relief within a couple of weeks. Others may need several months.

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Will it correct deformities?

Yes. Deformed fingers and toes are often caused by inflammation which swells joints and

pushes the bones out of place. Reduction of the swelling alone improves appearance dramatically and often allows the dislocated bones to return to their normal positions. Extreme cases may require some physical therapy.

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What about really severe cases?

Even most persons previously confined to bed or to wheelchairs have responded dramatically and are now no longer dependent on others for care. A number of these cases received additional benefit from repeating the treatment one more time. A few others found that physical therapy or exercise programs also helped.

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What about joints where the cartilage is completely worn away?

Unless the bones have fused together, the usual problem is not lack of mobility, but pain. The majority of such drastic cases have responded favorably resulting in painless movement, even in the knees.

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Does it work for every one?

No. CMO has been able to help many individuals, but not everyone will see an improvement in their arthritic symptoms. We all have different bodies, lifestyles, eating habits, etc., therefore the results will vary. Digestive problems or liver function impairment, can sometimes interfere with success.

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Can I continue with my usual medications while taking CMO?

Yes, but after a few days you probably won't need them. However, it's best to avoid steroids if possible.

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Do I have to go on a special diet?

Alcohol, chocolate, and tea should be avoided. Some users find that avoiding or limiting other foods helps improve effectiveness. A recommended diet accompanies this product, but it only need be followed for a few weeks. Many people take digestive enzymes with CMO to help them absorb it. Afterwards, there are no restrictions.

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Will I have to exercise?

The absence of pain and return of joint mobility is so profound that normal activities will follow quite naturally. No special exercises are necessary. Actually, the usual tendency is to overindulge in the new found freedom, sometimes temporarily resulting in soreness of muscles previously unused.

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Is it okay to exercise?

Yes. Many people want to lose weight and or rebuild strength once they are free to do so again painlessly. But, as with all sound fitness programs, it's best to do so gradually. Your body will need time to adjust.

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Is it expensive?

The cost of treatment is very modest. Most arthritis victims are already spending more on pain and anti-inflammation medications in just a few months. Since you usually need to take only one set of CMO capsules, it actually saves thousands of dollars in the long run.

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Is age a factor?

Not really. All ages respond well. Although arthritis becomes far more common with advancing age, even very young children are sometimes afflicted.

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What causes arthritis?

The numerous theories about what causes arthritis have filled hundreds of volumes. But one thing we do know is that the arthritic process is regulated by Memory T Cells which have been erroneously programmed, causing attacks on your own joints and cartilage.

In osteoarthritis, this faulty programming usually results from physical damage (like a fall, sports injury, vehicle accident, repeated operation of vibrating machinery, long-term strenuous physical work or sports activities, and continuous repetitive motions of certain joints) etc. The damage results in an immune response involving the memory T cells producing attacks against the affected joints. Unfortunately, there's no stop or end command given and the attack continues against healthy cartilage and joints as well. That's why arthritis is called an autoimmune disease, our own body is attacked by our own immune cells.

Although the various forms of rheumatoid arthritis are usually caused by some ineffective microorganism. Memory T cells is again involved in the same arthritic process. Without CMO it continues to worsen.

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How does CMO work?

CMO corrects the root cause of arthritis by erasing the memory of the badly programmed memory T cells. Once the destruction of your joints is halted, your body can begin its repair process without interference, and joints begin to normalize. Although the major benefits come promptly, minor improvements continue even for several months after finishing CMO. With the pain and inflammation relieved, the joints can function again quite normally. Despite minor physical damage to bones as a result of long affliction, perfectly normal joint function usually returns regardless.

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Is it harmful in any way?

CMO studies began at the US National Institutes of Health more than 20 years ago. Recently, clinical applications studies were conducted in San Diego. No harmful short or long-term effects were ever observed in humans, or in laboratory animals even at extremely high doses. Similar substances have long been used in common foods including cheese and chocolate, and even in medicines and cosmetics. It is a perfectly safe and naturally derived substance.

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What is CMO? Where does it come from?

Cerasomal-cis-9-cetylmyristoleate is the biomedical name. CMO is the trade name. It is a completely natural substance found in certain animals such as cows, beavers, mice, and whales. As supplied in capsules, it is a naturally derived, highly purified and refined waxy ester prepared for oral administration.

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Is CMO used for any other ailments?

Current studies include CMO as a part of therapeutic protocol for other disorders with autoimmune components including multiple sclerosis, leukemia, lupus, emphysema, certain cancers, benign prostrate hyperplasia, silicon breast disease, and especially asthma. It also works for dogs, cats, horses and other animals.

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What do doctors say about CMO?

Dr. Douglass wrote in his newsletter: "A New Miracle Cure for Arthritis ...now we have a new star on the horizon that promises as much (or more) than the old sure-cures."

Dr. Muller of Ferndale, Mich. says there's a cure. He knows, he's taken it. Dr. Muller had osteoarthritis for 30 years. Bravely he forged ahead into the naturopathic remedy and tried CMO™. Dr. Muller is no longer troubled by arthritis.

Dr. Hunt was so impressed by CMO™ he wrote a book called "Boom, You're Well". In that book he says: "...rheumatoid arthritis damages tissues, causes extreme suffering, and premature death. ...If you have rheumatoid arthritis, or you know someone who has it, then you know I am reporting a miracle ... A MIRACLE."

Dr. Sands the director of the San Diego Clinic knows there's a cure. He's taken it and now he says, "I was rescued from arthritis". In fact that is the name of his forthcoming book about CMO™. In that book he says, "The arthritic process can be halted. Arthritis can be reversed. The pain and inflammation can be relieved. And it's all been done without any harmful side effects."

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What is the media saying about CMO?

Books, Television News, Radio Health Talk Shows, Medical Newsletters and Scientific Journals all report CMO™ to be a revolutionary breakthrough!

Quotes extracted from: The Mark Scot Show, WXYT Radio Detroit, December 1996:
 "Hang on folks because if you haven't heard this before, it certainly is going to be an eye opener for you. ...Amazing is not the word for it. ...CMO™ gets to the source of the problem, it actually stops the arthritic process."

Quotes extracted from: The Don Bodenbach Show, KCEO Radio San Diego, August 1996
 "...It may be what we consider almost a miracle cure for arthritis, and the form of arthritis doesn't matter. ...What is more impressive is once you undergo the appropriate treatment ...you are in most cases free from arthritis symptoms forever."

Quotes extracted from: The Nature of Health Magazine, Stop Arthritis Now! The Amazing Story of CMO™, September 1996 "CMO™ is a natural substance and is considered an immunomodulator. The reason for the enormous interest is the effect of CMO™ on both rheumatoid and osteoarthritis... The results of CMO™ are so impressive that nothing that mainstream or natural medicine has to offer can come close to the dramatic reversals in arthritis that have been observed. The link between CMO™ and arthritis was discovered at the National Institutes of Health... Standard medical treatment is aimed at symptomatic relief of pain and inflammation and has shown to actually accelerate the disease process... In contrast, the CMO™ protocol works rapidly and does not need to be continued in the vast majority of cases."

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What are people saying about CMO?

"It's a miracle! Ten years with arthritis ... three in a wheelchair ... and now I've got a completely normal life again. Just watch me make up for lost time."

"As crippled as I was, I hadn't worn out a pair of shoes in seven years. Now I'm out shopping for them again all by myself. My whole life has made a complete about face."

"Even as a doctor, I find CMO™ miraculous. It cured my knee problems, and it's performing every bit as well for my patients, too. I've seen several 'miracle cures' already."

"After nine years of crippling pain, I can't believe I'm actually skiing again. CMO™ is truly incredible."

"After two years in a wheelchair, I just can't believe that I'm taking care of myself and my family again."

"I am a trophy winning martial arts competitor and I had to quit three years ago because of my arthritis. I'm 100% now that I tried CMO™. I look forward to going to Australia next year to compete again."

"I couldn't even put on my own socks. My wife had to do it. Now after seven years of excruciating pain, I'm out golfing again."

"Before, I needed two hands just to lift a cup of coffee. Now I find myself rearranging furniture all by myself. Last week I even changed a flat tire on the car."

"I didn't even realize CMO™ had worked for me till I found myself moving a bunch of heavy junk out of the garage. The change was so smooth and natural I just took it for granted."

"Imagine my agony. I was a professional athlete all my life. CMO™ gave me back my life. Even knee surgery didn't do that for me. It's amazing how CMO™ ended up fixing all my joints."

"... The pain and stiffness in my hands kept me from performing even simple office surgery. CMO gradually returned my ability for fine control."

"... CMO alters the immune response ... I'm really impressed with the reports I'm getting from my colleagues. This may well be the cure we have been looking for ... it's going to cost you ... to find out [if it works for you]. But I think it's worth the investment ..." Dr. William C. Douglass, MD."

"... rheumatoid arthritis damages tissues, causes extreme suffering, and premature death. And so do many of the other diseases that CMO reverses ... If you have rheumatoid arthritis ... then you know I am reporting a miracle ... A MIRACLE." Dr. Douglas Hunt, MD.

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CMO Distribution Centers

Arthritis Information

Welcome to our Arthritis Information page. Due to the volume of information on this page, we have installed this menu and "Back to Top" buttons to help you navigate this page more effectively.

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- [Who has arthritis and how does that affect us?](#)
- [What causes arthritis?](#)
- [Who says there's a cure for arthritis?](#)
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What is arthritis?

There are so many forms of arthritis that they can't all be presented here. According to the Arthritis Foundation, arthritis refers to more than 100 different diseases that cause pain, swelling and limited movement in joints and connective tissue throughout the body. It is usually chronic, meaning that it lasts a lifetime. The disease process also varies depending on the form of arthritis.

The three most prevalent forms are osteoarthritis (OA), fibromyalgia and rheumatoid arthritis (RA). Osteoarthritis is a degenerative joint disease in which the cartilage that covers the ends of bones in the joint deteriorates, causing pain and loss of movement as bone begins to rub against bone. In fibromyalgia, widespread pain affects the muscles and attachments to the bone. In rheumatoid arthritis the joint lining becomes inflamed as part of the body's immune system activity. The chronic inflammation causes deterioration of the joint and the pain and limited movement. You should be aware that osteoarthritis or degenerative joint disease is the most common. CMO is effective on all forms of arthritis except gouty arthritis. The following is what the Arthritis Foundation of New York has to say about osteoarthritis:

Osteoarthritis or Degenerative Joint Disease

Arthritis refers to inflammation of the joint space. Osteoarthritis also known as degenerative joint disease (DJD) is a slow and progressive form of degenerative arthritis that is seen most commonly in the elderly. Joints that have been previously injured (fractured or severely sprained), or subject to chronic stress (obesity or repetitive overuse syndrome) can also lead to premature degenerative changes in the younger patient.

The joints are lined with a material known as cartilage, which provides a smooth surface over which the joint can "glide" without difficulty. Degenerative arthritis causes destruction of the cartilage, predominantly in the

weight bearing (high stress) joints of the body.

The main joints affected by DJD are the hands, hips, knees, cervical (neck) spine, and the lumbar (lower back) spine. Almost all patients over the age of 60 have some degree of DJD in one or more of these locations.

Common symptoms and the appearance of degenerative arthritis include a long history (over years) of episodic joint pain with occasional mild swelling to the joints. DJD does not necessarily produce the remarkable joint swelling, warmth, and tenderness as that of septic arthritis or rheumatoid arthritis. Overweight patients tend to have more low back, hip, and knee problems.

Cervical (or lumbar) degenerative joint disease will commonly result in progressive neck (or back) pain and stiffness. More advanced cases can result in impingement (compression) of exiting nerve roots, giving rise to numbness, tingling, or weakness to the upper (or lower) extremities.

Evaluation will include a history and physical examination. X-rays of the involved joints will show characteristic changes associated with DJD. Serologic tests (rheumatoid factor) may be performed to exclude the possibility of rheumatoid arthritis. Magnetic resonance scanning of the neck or back will be performed in cases where nerve root compression is suspected.

Treatment includes aspirin or nonsteroidal anti-inflammatory agents (ibuprofen) for acute attacks and long-term symptomatic management. Chiropractic manual manipulation and acupuncture are recognized alternatives. In cases of obesity, weight reduction should be considered part of the treatment. Physical therapy to strengthen muscles can take stress off the joints and will have a dramatic effect on decreasing the arthritic pain (and progression of the disease).

Artificial joint replacement has been used successfully for advanced disease in the knees (knee arthroplasty), hips (hip arthroplasty), shoulders, elbows, and joints of the hand and wrist. An Orthopedic Surgeon is the expert in the management of this common problem. Cases involving nerve compression will require referral to a Neurosurgeon.

Note: The last 2 paragraphs list what were the most common remedies available to victims of arthritis before the development of CMO. Given the choice of surgery, a life time of pain pills or taking CMO only once, it is easy to see why CMO is so popular.

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Who has arthritis and how does that affect us?

There are nearly 40 million Americans with arthritis that could benefit from CMO. World wide the figures are far more than double. With the examples of DHEA, melatonin, glucosimine sulfate, chondroitin sulfate, shark cartilage and home remedy books, the public in general has shown it is ready for CMO. The Arthritis Foundation publishes this general

information about arthritis:

- Arthritis is the #1 crippling disease in the U.S.
- Nearly 40 million Americans have arthritis
- One in seven Americans have arthritis
- Nearly two-thirds of those with arthritis are women
- Nearly 23 million women of all ages have arthritis
- By the year 2020, 59.6 million Americans will have arthritis unless steps are taken now to limit its impact
- Arthritis limits everyday activities -- such as dressing, climbing stairs, getting in and out of bed or walking -- for about 7 million Americans
- \$54.6 billion financial impact nationwide each year
- Arthritis causes \$133 billion in lost wages and productivity annually
- 427 million work days each year are lost to arthritis

The number of people with arthritis is staggering and there are 500,000 new cases each year. Take one of our less populated states like Tennessee. The Arthritis Foundation publishes this about their Tennessee chapter:

- 823,000 people with arthritis
- One in seven people
- 364,589 people with osteoarthritis
- 130,034 people with rheumatoid arthritis
- 1,481 children with arthritis

It is no wonder that arthritis has become one of the top headline news stories in all forms of mass media. The public response to CMO has been overwhelming. News broadcasts and talk shows bring record numbers of callers to sponsoring stations.

In San Diego when a local radio station interviewed Dr. Sands they got so many calls their switchboard overloaded! The host of that show wrote in *The Nature of Health* magazine: "On August 3, 1996, I interviewed Dr. Len Sands on my radio program... Our topic of discussion was cerasomal-cis-9-cytlmyristoleate or CMO. That one hour program generated more calls than any show I've ever done and in fact was the largest response ever for a single show in the history of the radio station."

In Detroit the response was so heavy that the show's host canceled all other guests and extended the interview for 2 hours. The traffic on local telephone circuits for that station's exchange were so heavily taxed that callers to that area could only get a circuit busy signal.

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What causes arthritis?

Dr. Sands the Director of the San Diego Clinic explains it by saying: "The numerous theories about what causes arthritis have filled hundreds of volumes. But one thing we do know is that the arthritic process is regulated by "Memory T-cells" which have been erroneously programmed, causing attacks on your own joints and cartilage. In osteoarthritis, this faulty programming usually results from physical damage (like a fall, sports injury, vehicle accident, long-term strenuous physical work or sports activities, or any frequent jarring or shocking of the joints, etc.).

The damage results in an immune response involving the memory T-cells, producing attacks against the affected joints. Unfortunately, there's no 'stop button' or 'end program' command in the memory T-cells and the attack continues against healthy cartilage and joints as well. That's why we call arthritis an autoimmune disease - because your body is attacked by your own immune cells. Although the various forms of rheumatoid arthritis are usually caused by some infective microorganism, memory T-cells are again involved in the same arthritic process. Without CMO, it continues to worsen."

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Who says there's a cure for arthritis?

Time Magazine

As we mentioned earlier in the CMO Information section, in their October 28, 1996 issue, Time magazine reported on the three most promising developments in arthritis research. The scientists participating in all three projects are intensely focused on intervening in the immune system's involvement in the arthritic process.

According to doctors that is exactly what CMO does. It corrects the disease at the source in the immune system and doesn't require a lifetime maintenance program.

Rescued From Arthritis

Rescued From Arthritis, the book by Dr. Len Sands, answers most questions you would have about the clinical research on CMO at the San Diego Clinic. It also recounts several case histories as well as Dr. Sands personal recovery from arthritis with CMO.

"Two years ago I was a closet cripple; bone-on-bone in my knees. Then CMO gave me back a normal life... Following eight years of excruciating pain from bone grinding against bone in my knees, I find it hard to believe that I'm still 95% pain free two years after taking CMO... The arthritic process can be halted. Arthritis can be reversed. The pain and inflammation can be relieved. And it's all been done without any harmful side effects."

Boom, You're Well

The book *Boom, You're Well*, by Dr. Hunt, documents his observations of over 40 patients that recovered from arthritis with the use of CMO. The following is just one

...Robin already had a long history of severe arthritis, including back surgery ten years earlier when she had the misfortune of being shot. The bullet entered through her left shoulder and exploded into her chest cavity. Surgery left her with a titanium rod in her arm from her shoulder to her elbow. Her doctors told her that arthritis would surely follow. It did _ in just four months.

Then Robin found CMO... The next day she was able to move her arm somewhat _ and she had more flexibility in her back. On the fourth day her back was so improved, she was actually able to curl up in a ball for the first

time in ten years. As she says, "without any pain or clicking."

Second Opinion

Second Opinion is a newsletter published by Dr. William Douglass. This newsletter enjoys a readership of over 100,000 informed doctors, health professionals and health conscious readers. Dr. Douglas describes CMO as a "miracle cure."

"A New "Miracle Cure" for Arthritis ...now we have a new star on the horizon that promises as much (or more) than the old sure-cures. Again, I'm skeptical _ been through this so many times that I believe in the power of negative thinking _ but it does indeed look promising. ...a 40-year employee of the [U.S. Government] National Institutes of Health (NIH) reports: "Four years ago, I had arthritis so bad I could hardly walk and it was in my hands, too." He is 84 now and remarkably improved from treating himself with a compound I am still trying to learn to pronounce. It's called Cerasomal-cis-9-Cetyl Myristoleate. The trade name is CMO™, so that's what we'll call it.

[One] study involved 48 subjects of both sexes ranging in age from 29 to 82. ...Most patients had a 70 to 100 percent return of joint mobility and a 70 to 100 percent reduction in pain. The initial response time is two to seven days and maximum response time is from seven to 21 days."

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What will cure arthritis?

Dr. Jason Theodosakis' book *The Arthritis Cure* for gives the impression that glucosamine and chondroitin sulfate are the cure for arthritis. In fact neither of those substances have any effect on arthritis. What glucosamine sulfate and chondroitin sulfate do have an effect on is cartilage growth. To term these compounds as a "cure" is like saying you can cure a disease with continuous treatment of the symptoms and not permanently treating the cause. Even the Arthritis Foundation says *The Arthritis Cure* is not recommended and they cannot recommend glucosamine and chondroitin sulfate as a treatment for osteoarthritis or any other form of arthritis.

Glucosamine sulfate, chondroitin sulfate, cartilage, natural unflavored gelatin, or similar compounds are the building blocks for cartilage growth. Once the arthritic process is stopped they are much more beneficial.

Speaking of the Arthritis Foundation, they will neither confirm, nor deny that CMO is the cure for arthritis. We are aware of several cases where CMO was presented members of the AF. In turn, they were cured and presented CMO to AF staff. To this day, despite the fact that CMO has cured some of their members, the only official comment the AF has made, was to suggest that when taking CMO, you should consult your physician before reducing steroids or other medications.

According to doctors, clinical studies, users and the media, CMO would certainly seem like the most likely candidate to be given the true title being of a "cure" for arthritis. When asking Dr. Sands if CMO is the only cure for arthritis he replies:

"According to the *Journal of Rheumatology* (1993; 20:137-140) bone marrow

transplants seem to have succeeded in curing two cases of arthritis."

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CMO Distribution Centers

Clinical Information

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Research

CMO Distribution Centers of America in conjunction with the San Diego Clinic act as a clearing house for all the latest information on CMO. With this joint research effort, a network of communication is established between all medical professionals and distributors. This allows for up to the minute information sharing. This will facilitate the application of CMO to uses other than for arthritis. Currently, studies for the use of CMO on other auto-immune diseases are in progress. It is hoped that the Lupus Foundation will conduct one such study. We have offered to fund the protocol.

Current studies of CMO as a part of therapeutic protocol for other diseases include asthma, scleroderma, fibromyalgia, lupus, emphysema, certain cancers, and benign prostrate hyperplasia. CMO Distribution Centers of America and The San Diego Clinic team have dedicated themselves to that research and the results will expand the potential of CMO to other diseases. These CMO pages will reflect any progress we make. In the near future, a user BBS will be added for public access to the latest data base information posted by medical professionals.

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Clinical Study

A Study on Dose Effectiveness and Patient Response Conducted by the San Diego Clinic

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The Purpose

The effectiveness and nontoxicity of CMO (cerasomal-cis-9-cetylmystoleate) for arthritis symptoms of pain, inflammation, and impaired mobility having been previously established, the purpose of the present study was:

- 1.) to determine optimum dosage levels for various types of arthritis,
- 2.) to determine if different dosage levels would be required relative to the severity of each type of arthritis,
- 3.) to observe response time required for initial and partial relief of symptoms,
- 4.) to observe response time required for complete relief of symptoms, and
- 5.) to determine factors influencing subjects who may not respond to the protocol.

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The Subjects

Subjects were volunteers treated as outpatients. They presented with osteoarthritis,

rheumatoid arthritis, and other forms of reactive arthritis.

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The Study

The study involved 48 subjects. Female subjects (28) ranged from 33 to 82 years of age. Male subjects (20) ranged from 29 to 74 years of age. All races and many ethnic backgrounds were represented. Age, gender, race, and ethnological background appeared to be irrelevant to patient response in this study.

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The Protocol

CMO was administered orally in the form of 75mg capsules each morning and evening. The number of capsules and duration of treatment varied for each group of subjects. Subjects were advised to take capsules on an empty stomach with water only; and to avoid tea, chocolate, alcohol, coffee, cola, and other caffeinated drinks for five hours after taking the capsules. Subjects were advised to completely avoid chocolate and alcohol during the entire trial period of two to four weeks duration. With a few exceptions for subjects who could not function without them, steroids were also prohibited. Otherwise diet was not controlled in any way. Subjects were permitted to continue taking their customary pain and non-steroidal anti-inflammatory medications until they were no longer needed. Subjects were asked to visit or call in to report progress at least twice weekly.

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The Results

Only two subjects failed to show marked or complete relief of all symptoms of pain and limited mobility normally associated with arthritis. Both of these non-responding subjects had suffered prior hepatic problems: one from alcohol abuse resulting in cirrhosis of the liver; the other, a former professional athlete, presented with considerable liver damage from steroid abuse. Further studies are necessary to determine the role of liver function capacity with respect to this protocol. Liver damage resulting from steroids previously prescribed for arthritis may also prove to be a factor affecting patient response.

Two other subjects showed less than a 75% return of articular mobility. The balance of all

subjects reported 80% to 100% return of articular mobility as well as a 70% to 100% decrease of pain. Relief of inflammation frequently resulted in at least partial correction of some deformities. Informal independent trials at clinics, by individual medical doctors, and other health practitioners appear to have brought approximately the same results.

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GROUP # 1

Mild to moderately severe osteoarthritis & reactive psoriatic arthritis

In Group #1, eleven subjects presenting with mild to moderately severe osteoarthritis and one with reactive psoriatic arthritis were supplied with 16 capsules, two 75mg capsules to be taken each morning and evening for four days. Nine reported about 20% to 30% improvement in articulation and inflammation and about 40% to 50% relief of arthritic pain within 36 hours. In these nine subjects improvement continued rapidly for the next 60 hours, reaching a 70% to 80% overall improvement by the end of the four days. Two of the three latter subjects continued to improve over the following week despite the fact that they were no longer taking the capsules. However, about half of this group experienced the return of some mild arthritic symptoms after about three to five weeks. (Although not included as part of this study, all of the subjects in this group were treated again and their symptoms have not returned.) The patient with reactive psoriatic arthritis also experienced an almost complete reversal of his associated very severe psoriatic skin condition affecting about 20% of his total skin area.

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GROUP # 2

Severe to crippling rheumatoid arthritis

In Group #2, nine subjects presenting with severe to crippling rheumatoid arthritis were supplied with 50 capsules to be taken in two series, two 75mg capsules each morning and evening for seven days, with a seven day interval before repeating the same dosage for 5-1/2 more days. Four of these subjects were unable to walk and were accustomed to being transported by wheelchairs. One, her femur being fused at the hip, was unable to achieve a sitting position for wheelchair transport. She could, however, move about slowly on crutches as long as she was accompanied by someone to aid her in maintaining her balance. Otherwise she could only stand or lie down. The remaining four could move about with canes or walkers. All nine subjects presented with pain, inflammation, and marked deformation of nearly all proximal interphalangeal and large joints. Five presented with limited lumbar flexion and pain in the vertebral column. All had difficulty grasping and manipulating common objects.

Within three days of treatment six subjects in the group reported a 30% to 50% decrease in pain and 20% to 30% increase in joint mobility, and three subjects reported little change. Within seven days five subjects reported a 70% to 90% decrease in pain and 70% to 80%

increase in joint mobility. Three subjects reported to be totally free of pain with almost complete return of joint mobility and marked improvement in joint deformation. One patient reported no perceptible change.

On the fourteenth day, at the end of the one week interval without treatment, six subjects reported minor continuing improvement; two reported maintaining their improved status, and one continued to show no improvement. Treatment was resumed on the fifteenth day for 5-1/2 more days.

By the end of the treatment period all but two subjects reported to be 90% free of pain with return of 70% to 100% mobility. The fused hip joint remained fused, of course, but with a return of over 70% mobility in other joints the subject felt hip surgery now to be worth consideration. The one nonresponsive subject proved to have cirrhosis of the liver, which may have been the reason for her inability to respond to treatment.. Further investigation is necessary to determine the role of liver function in this protocol.

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GROUP # 3

Mild to moderately severe rheumatoid arthritis

In Group #3, fourteen subjects presenting with mild to moderately severe rheumatoid arthritis were supplied with 24 capsules, two 75mg capsules to be taken each morning and evening for six days. After three days of treatment eleven reported about 20% to 30% improvement in articulation and inflammation, and about 40% to 50% relief of arthritic pain. In these eleven subjects improvement continued rapidly over the next four days, approaching the 80% to 100% level. The remaining three subjects reported similar improvements by the end of the fourth day, with an overall improvement of 70% to 80% after seven days.

Most of the subjects continued to report minor additional improvement for one week or more even though they were no longer under treatment. However, six in this group began to experience the return of some mild arthritic symptoms after about three to four weeks. (Although not included as part of this study, all of the subjects in this group were treated again and their level of improvement has subsequently stabilized).

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GROUP # 4

Severe to crippling osteoarthritis

In Group #4, fourteen subjects presenting with severe to crippling osteoarthritis were supplied with 50 capsules to be taken in two series, two 75mg capsules each morning and evening for seven days, with a seven day interval before repeating the same dosage for 5-1/2 more days. Three of these subjects were unable to walk and were accustomed to being

transported by wheelchairs. The other eleven could move about with crutches, walkers, or canes. All presented with pain, inflammation, and marked deformation of nearly all interphalangeal and large joints. Four presented with limited lumbar flexion and pain in the vertebral column. Ten had difficulty grasping and manipulating common objects.

After four days of treatment ten in this group reported 30% to 50% improvement in articulation and inflammation and about 40% to 60% relief of arthritic pain. In these ten subjects improvement continued rapidly over the next three days, reaching 80% to 100% by the end of seven days. One reported no perceptible change.

On the fourteenth day, at the end of the one week interval without treatment, nine subjects reported continuing minor improvement, four reported maintaining their improved status, and one continued to show no improvement. Treatment was resumed on the fifteenth day for 5-1/2 more days.

By the end of the treatment period eleven subjects reported 80% to 100% relief of pain with a return of 80% to 100% mobility. Two subjects reported 70% to 80% return of articular mobility with a 70% to 90% reduction of arthritic pain. The one non-responsive subject proved to have previous liver damage as a result of sports-related steroid abuse. Further studies are necessary to determine the role of liver function in this protocol.

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Summary

The results of this study lead to several conclusions regarding its five principal objectives:

- 1.) Optimum dosage levels appear to be equal for all three types of arthritis investigated: osteoarthritis, rheumatoid arthritis, and reactive psoriatic arthritis. This is evidenced by the gradual return of minor arthritis symptoms in several of those treated with only 16 or 24 capsules, and no regression in those treated with 50 capsules in two series separated by one week without treatment.
- 2.) Dosage level requirements appear to be equal irrespective of the severity of the subject's condition.
- 3.) Initial response time for minor improvement appears to vary from two to seven days irrespective of the severity of the subject's condition.
- 4.) The time for maximum attainable response appears to vary from seven to twenty-one days, resulting in 70% to 100% overall improvement. (Apart from this study, three of the most severely afflicted subjects were treated again after a five week interval, resulting in an additional 10% to 20% overall improvement.)
- 5.) The two non-responding subjects both proved to have suffered previous damage to the liver from steroid or alcohol abuse, indicating that impaired liver function may preclude success with this protocol.

In addition, it was evident that for many subjects the relief of inflammation resulted in marked improvement in joint deformation.

(This study was conducted at several different sites after the model prepared by the developers of CMO.)

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Case Histories

Condensed Highlights From Case Histories Recorded By The San Diego Clinic

From case history #38:

Medical Doctor. Pain and stiffness in hands for several years. Unable to perform simple office surgery. One day of CMO brought relief. Dexterity and fine surgical ability returned gradually. Ordered CMO for his patients.

From case history #39:

Male. Medical Doctor/psychiatrist. This physician complained of persistent pains along his spine and in his feet. He became completely free of pain in both the spine and feet within two days of starting CMO capsules. Remission continues.

From case history # 33:

Medical Doctor. Auto wreck ten years earlier damaged hip, caused limp and arthritis. CMO relieved pain permanently in one day for the first time after many years. The limp problem is irreparable. Ordered CMO for his patients.

From case history # 06:

Female. Age 45. Arthritis attack worsened rapidly over a period of only seven months. Required a wheelchair to be moved about. Frequently unable to leave bed in mornings because of debilitating pain. Seeking relief, she worked with a personal trainer. She was incapable of holding a five pound weight, unable to make a fist. Saw immediate improvement with CMO in just three days. Two weeks after the first, she took a second course of CMO. She is now able to perform a full workout, has no difficulty making a fist, wakes in the mornings free of pain, and has resumed a normal active life.

From case history # 29:

Female. Age 63. Despite devoted adherence to a truly natural diet, suffered severe osteoarthritis in most joints for over ten years. Woke to agonizing pain. Even simple chores were arduous. CMO brought total relief in ten days.

From case history # 24:

Female. Age 50. Family history of arthritis. Pain in shoulders. Severe pain, limited mobility, and gross swelling in hands and fingers. By the third day of CMO, hands were free of pain, mobility had increased immensely, and finger swelling decreased so dramatically she had to have all her rings re-sized. Repeated treatment three weeks later. Totally free of pain and inflammation since. For the first time in many years, she was recently delighted to experience a pain-free skiing holiday.

From case history # 22:

Female. Clinically obese. Arthritis in neck and spinal column resulting in joint mobility limitations. Despite impaired liver function which frequently inhibits the benefits of CMO, her range of motion increased by 100% within one week. A repeat course of CMO two weeks later has resulted in even greater and continuing improvement.

From case history # 03:

Male. Age 32. Rheumatoid arthritis at age 25. Family history of arthritis. Seven years of pain in hands, shoulders, legs, and ankles. Although subject saw substantial improvement after taking CMO for three days, he did not experience complete relief with continuing remission for about two weeks. He has subsequently enjoyed skiing holidays and has been able to return to playing golf without the discomfort of any pain

From case history # 17:

Female. Age 60. Physician. Relentless pain from hip injury one year prior. Diverse treatments and medicines brought little relief. With CMO and massages to reduce edema and improve muscle activity, her pain gradually diminished in two weeks. Now remains completely free of pain.

From case history # 15:

Lifelong athlete. Arthritic pain and/or stiffness in hands, feet, knees, neck, and shoulders especially with exposure to the cold. With three days of CMO, was totally free of pain with dramatically increased articulation in the joints. Further improved mobility came with a repeat set of CMO three weeks later. He now enjoys skiing and other activities with the vigor and delight he lost so many years ago.

From case history # 11:

Male. Age 58. Ex football player. Clinically obese. Had knee surgery three times about 15 years ago. Had extreme pain upon lying down. Often slept in a recliner chair instead. With his first evening dose of CMO capsules, he slept soundly and arose the next morning completely free of pain. He has enjoyed continuing pain-free remission ever since the first day.

From case history # 08:

Male. Medical Doctor/psychiatrist. Pains in feet daily for over five years. With CMO almost constant pain disappeared within a day. Ordered CMO for his patients.

From case history #32:

Female. Age 66. Rheumatoid arthritis rendered hands useless, gnarled, inflexible, agonizingly painful six years ago. Pain relieved and full use of hands restored after five days of CMO.

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Suggested Use

Suggested Use:

Take three (3) capsules in the morning, and three (3) capsules at night (bedtime), until you finish all the capsules. Do not drink anything but water for two hours before and one hour after taking your CMO capsules. Very Important: Do not take CMO with alcohol, caffeine or chocolate. This may render your CMO capsules totally ineffective. Following the recommended diet and suggested nutrients will improve effectiveness.

Recommended Diet:

The golden rule while taking CMO:

To improve effectiveness, abstain from the use of alcohol, caffeine and chocolate during the entire period while taking CMO and for two weeks after taking your final capsules. This includes non-alcohol beer, coffee (even decaffeinated), black tea, colas or other caffeine containing substances. Consult your doctor before making radical changes to your diet.

Additional hints to improve effectiveness while taking CMO:

Minimize or avoid eating Nightshades (tomatoes, potatoes, green, red and yellow bell peppers, and eggplant). Some users find it also helps to reduce the consumption of fats, oils, beans, lentils, and all forms of wheat, rye, corn and barley during the protocol. You should remain on this diet for the entire period of protocol and the following two weeks for optimum results. Consult your doctor before making radical changes to your diet.

A diet for anyone with arthritis:

As with all arthritis sufferers, it is best to avoid the "nightshade" group of vegetables whether you are taking CMO or not. Nightshades have been found to aggravate the arthritic condition. You can check with your local Arthritis Foundation for more information or ask them about the Help Yourself Cookbook, the cookbook for people with arthritis. Cookbook toll-free number: 1-800-454-4662. We are not affiliated with the AF or the makers of the cookbook. We only provide this information in response to the many request we get for type of information. Consult your doctor before making radical changes to your diet.

Medications:

CMO does not interfere with any known medications or alter there effects. Medications do not interfere with the effects of CMO except in two cases, methotrexate and steroids.

Methotrxate:

The prescription drug methotrexate or (Rheumatrex) will completely block the effects of CMO. Methotrexate is an immune suppressant, CMO is a an immune modulator, to two actions are contradictory and the effects of CMO are blocked. Request that your doctor allow you to discontinue these drugs for at least one week prior to starting CMO. Consult with your physician before making any changes in your current medications.

Steroids:

In some cases, cortisone or other steroids, have hindered the benefits of CMO. Because your liver is so busy processing them, you can't absorb the full benefits of CMO. If you are taking cortisone or other steroids, advise your doctor that it would be better to avoid them or reduce their dosage levels. If not ask him about taking half doses. Then as your pain disappears you may request that he discontinue them completely. Consult with your physician before making any changes in your current medications.

Pain Medications: After taking CMO, you may find you no longer need pain medications. If

wish to discontinue taking your pain medications, consult with your physician.

Nutritional Supplements: CMO does not interfere with the effects of nutritional supplements. Nutritional supplements do not interfere with the effects of CMO, except in some cases they may actually improve it's effectiveness. In most cases there is no need for additional supplements. However, in a few cases, users report they have found the following protocols to help boost the effects of CMO when they felt they were receiving below average benefits. According to users, digestive enzymes are the single most popular way to help your body absorb CMO. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Digestive Enzymes: CMO may be taken with digestive enzymes to improve it's effectiveness. They seem to aid in the assimilation of CMO through the digestive track. Consult your doctor before making radical changes to your diet.

Enzyme mixtures that contain lipase, protease and amylase are recommended. Avoid combinations containing hydrochloric acid (HCL) or pancreatin. It is not necessary to take enzymes with meals, only with your CMO capsules. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Whey Protein: Although the general rule is to take CMO on an empty stomach with water, CMO capsules may also be taken with a whey protein drink and digestive enzymes to further improve it's effectiveness. This is a new protocol developed by a doctor who says that he has been getting very good results. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Cartilage Supplements: Glucosamine sulfate, chondroitin sulfate, cartilage, natural unflavored gelatin, or similar substances may help to promote the regeneration of joint cartilage during and after CMO use. They may be taken during the CMO protocol as well as afterwards. This may promote the healing of your cartilage. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Fish Oils: Natural fish oil supplements have been highly recommended by Dr. Hunt in his book "Boom You're Well." They can act as a lubricant to reduce wear and tear on your healing joints. Many user report to us that within a week, they can feel the benefits of fish oil. This may be taken during the CMO protocol as well as afterwards. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Liver Cleansers: Users report that using a natural liver cleansing product several days before starting CMO capsules may improve it's effectiveness. This is especially true among moderate to heavy users of alcohol and those on strong medications. Such cleansers among others include milk thistle extract (active ingredient selenium) and phosphatidylcholine. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Note: All of these products are available at your local health and nutrition stores where the sales people are generally very helpful. These products are inexpensive and easy to use. Simply follow the instructions that come with them. Consult your physician before making radical changes to your diet or adding nutritional supplements.

Detoxification: Some persons who have been ill for many years may sometimes experience the effects of a "detoxification reaction". This can occur when the body is unable to eliminate large amounts of newly cleansed toxins fast enough. If after a few days of taking CMO, feelings of nausea and or weakness appear, feel free to stop taking the capsules until the body cleanses and the symptoms are gone. This generally takes only a couple of days. Then continue with your CMO capsules as before. Since the beneficial effects are cumulative, any temporary interruptions will not affect the final outcome. Although rare, a

few people with rheumatoid arthritis have felt a short-term, temporary worsening of their symptoms. This has lasted for a few days after which their progress has then continued normally. Sometimes it may appear that the full benefits of CMO have occurred early in the treatment. However it is advised to take all 100 capsules to assure the complete, long lasting benefits of CMO.

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Last Update: 09/21/97

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CMO Distribution Centers

Manufacturing & Specifications

CMO is produced and bottled in the USA. The production facilities are state of the art and inspected by the state Food and Drug Branch of Health Services. CMO is bottled in a state of the art facility with cleanrooms and air lock doors.



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Method of Manufacture

- **Premises:** All manufacturing is conducted in a plant which is a facility approved for food products and is licensed for the manufacture of therapeutic products.
- **General:** All manufacturing is conducted in cleanrooms provided with filtered air. Entry to the manufacturing area is through air locks.
- **Quality Control:** The raw material CMO (cerasomal-cis-9-cetylmyristoleate) powders derived from beef tallow, the calcium phosphate, and silicon dioxide are tested and approved by Quality Control and weighed into clean, dry plastic buckets.
- **Weighing:** The weighing of each ingredient is checked by at least two workers who must each initial the manufacturing batch record.
- **Mixing:** Depending on the size of the batch, the powders are transferred to a ribbon blender or a drum mixer which was first inspected for cleanliness and dryness. The mixing time is strictly controlled according to manufacturing instructions and must be entered into the manufacturing batch book.
- **Filling:** The resulting mix is transferred to a semiautomatic encapsulator machine by means of plastic buckets. At predetermined times during the filling process, samples of the capsules are evaluated by Quality Control for proper weight of mix. If it is determined that any problem exists, all capsules filled since the previous check are destroyed.
- **Bottling:** The filled capsules are placed in a semiautomatic bottling machine which dispenses the proper amount of capsules into each bottle.
- **Labeling:** A semiautomatic labeling machine is used to apply supplied labels and print batch numbers and expiration dates or a separate batch number.

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Quality Control

The strictest quality control is maintained. Lots are analyzed and a specifications sheet is generated (see below). Batch records are logged and must be signed by both parties inspecting the run. Should an error in the fill weight be detected, all product since the last check is removed and destroyed. Each capsule of CMO has been checked 3 times. Content, quality and quantity (fill weight) are checked at three different points during the manufacturing process.

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Specifications

This is a copy of one of the specification sheets: Document NO: CMO 863 effective August 3, 1996, the specifications are as follows:

- Product: CMO (cerasomal-cis-9-cetylmyristoleate)
- Description: Nutritional / dietary supplement consisting of white crystalline powder encapsulated in size 00 white capsules.
- Containers: 125 ml or 225 ml white polypropylene bottle with safety seal, a white plastic screw cap, and a white shrink-wrap seal around top of bottle neck. Packaged twelve (12) per case.
- Fill Weight: 770 mg per capsule, one hundred (100) capsules per bottle.
- Formula:
 - CMO cerasomal-cis-9-cetylmyristoleate derived from natural bovine tallow in a mix of related natural tallow-derived waxes.....50%
 - Calcium Phosphate.....48%
 - Silicon Dioxide.....02%
- Identification: Mixed ester, alcohol, tallow-acid wax.
- Melting Point: 34-39°C
- Differential Thermal Analysis (DTA): Minimum between 50-60°C with thermogram structure depending on scan rate and packing sample tube. Matches standards.
- Infrared Spectrum: Neat on NaCl plates. Matches standards.
- Microbial Testing: Plate count <10cfu per gram. E. Coli: Negative. Salmonella: Negative.
- Certification: CMO is a substance naturally derived from natural bovine tallow in a mix of naturally derived bovine tallow waxes, containing only naturally derived ingredients.

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Packaging & Labeling

CMO comes in units of 100 capsules per bottle. The 225 ml white polypropylene bottles with safety seals, white plastic screw caps, and white shrink-wrap seals around top of bottle necks, come packaged 12 per case. The cases are standard #8 shipping cartons. Batch numbers are applied to the bottom of the bottle. Distributors labels are applied to the side of the bottle. Labels are supplied by the distributor for application at the bottling facility. Distributors labels must be supplied to CMO Distribution Centers of America Inc. 7 days prior to ordering to allow time for shipment to the bottling facility. There is no charge for label application on orders of 1,000 or more.

Labels supplied for application at the bottling facility should be pressure sensitive and on rolls of 2,500 to 3,500. If you wish to print the labels in California, Hunter Pacific (714-975-1331) is close to the bottling plant and familiar with our requirements.

- Label Dimensions : 2 1/8 inches by 5 1/2 inches, Horizontal
- Maximum Roll Size: 9 inches (2,500 - 3,500 average)
- Core Dimensions: 3 inches VOrientation: Right to Left

Standard 2 inch by 4 inch labels will be supplied by CMO Distribution Centers of America Inc. for orders of less than 1,000 units. These labels must be applied by the distributor. Labels will include distributors name and all other standard label information. Custom labels are available.

Standard Suggested Use pamphlets will be supplied by CMO Distribution Centers of America Inc. for orders of less than 1,000 units. These pamphlets must be folded by the distributor. Pamphlets will include distributors name and all other standard use information. Custom pamphlets are available. Special inserts, mailing containers, product boxes and other materials can be supplied by distributor for assembly, insertion or application. Price is bid per job.

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Supply

We are currently able to manufacture 40,000 units (100 capsule bottles) of CMO per week. Provisions have been made to produce over 100,00 units per week. That would be over 7 million units per year or over 500,000 units per month.

- 5 million units of raw materials on hand.
- 220,000 units of finished product on hand.
- 66,000 units of finished product in bottling plant at all times.

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Ordering Policy

Retail orders must be paid in full at time of order. Orders will arrive within 2 weeks from the time we receive payment. Rush orders can be arranged.

Wholesale orders of 1,000 units or more require 50% upon order, net upon delivery. Orders of less than 1,000 units must be paid in full at time of order. Orders must be placed at least:

- 10 days prior to FOB pick up from plant in Anaheim, California.
- 14 days prior to FOB pick up from our offices in Sarasota, Florida.
- 18 days prior to air express shipment.
- 21 days prior to land carrier shipment.

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Shipping

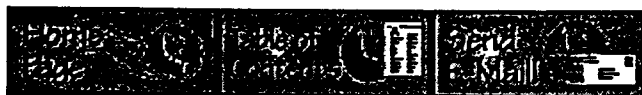
- 5 lbs and under: N/C
- Over 5 lbs: FOB

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Guarantee

CMO Distribution Centers of America Inc. guarantees that the product we ship meets all the above specifications.

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CMO Distribution Centers

Marketing & Sales

Marketing & Sales

Market Information

The following is not intended as a projected market share. It is provided only as an overview of the potential market size for CMO as applied to arthritis. An accurate market potential for CMO as applied to arthritis is impossible to project. The following figures were based on the statistics of 50 million Americans with arthritis, 500,000 new cases each year and CMO retailing for \$295.00 per bottle.

The gross retail value of the U.S. market for CMO as applied to arthritis is 14.75 billion dollars. The reoccurring gross annual new market in the U.S. is 147.5 million dollars. If you were to speculate that a 5% market share were possible, then the gross retail value of the U.S. market would be 737.5 million dollars. Even if you did cure everyone with arthritis in America, the annual figures for new buyers, based on 5% of the new cases of arthritis each year, would be a gross retail value of 7.37 million dollars. No matter how you look at it, the figures are staggering.

Furthermore, the effects of CMO on other autoimmune diseases is still under study. Current studies of CMO as a part of therapeutic protocol for other diseases include asthma, scleroderma, fibromyalgia, lupus, emphysema, certain cancers, and benign prostrate hyperplasia. The CMO Distribution Centers and San Diego Clinic team have dedicated themselves to that research and the results will expand the market potential of CMO to other diseases.

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Domestic Market

- Over 50 million Americans have arthritis.
- Over 40 million individuals list arthritis as a cause for visiting their doctors each year.
- CMO benefits all types of arthritis except gouty arthritis.
- Over 500,000 Americans with new cases of arthritis every year.

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International Market

CMO has a certificate of Free Trade and is available for export. The full potential of the international market for CMO should be more than double that of the US market. However, a world wide market is impossible to project without first answering these questions:

- What is the true scope of effectiveness for CMO on other autoimmune related diseases?
- How will price positioning effect foreign markets?

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Current Market

Last year independent distributors sales of CMO expanded at a rate of approximately 20% per month. Orders for this coming year exceed 100,000 units..

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Counterfeit & Inferiort

With the success of CMO in the marketplace, counterfeit, inferior and legally questionable products are rapidly appearing. Already two such impostors have been forced to comply with cease and desist orders and a third that refused to comply was sued resulting in a half million dollar judgement. Various companies are marketing cetylmyristoleate as CMO. This is very deceptive because CMO is not cetylmyristoleate. This is also illegal since a trademark registration for CMO was filed and those rights were assigned to CMO Distribution Centers of America Inc. Our investigations reveal only three manufacturers of cetylmyristoleate. All of their end products can be identified as liquid, 48 capsule or 60 capsule units. Though cetylmyristoleate was effective as an injectable compound, it is not nearly as effective as an orally administered agent. CMO is cerasomal-cis-9-cetylmyristoleate a highly bio-available analogue that is designed to be orally administered and is over 90% effective. Only CMO has been tested clinically. CMO is naturally derived from beef and may be sold directly to the public without regulatory intervention.

Synthetic cetylmyristoleate appears to be in the market without clinical study or the proper regulatory approval. This synthetic version of the original injectable compound is being sold as an orally administered product. Reports of it's effectiveness have not been favorable. In fact, it has been so ineffective the mere association of this product with CMO is about to inspire legal action. This high failure rate can be explained by the manufacturer's own words. Published in the Journal of Pharmaceutical Sciences he said that cetylmyristoleate was most effective when injected near the site of the arthritis. We agree with that observation completely. That's why we formulated an orally administered analogue.

There is a very odd collection of characters with uncertain backgrounds that were trying to market cetylmyristoleate and other substances as CMO. They have been forced to comply with a cease and desist order. They are hard to keep track of because they collectively have several corporations that

change names frequently. They are easy to identify because no matter what corporation they operate behind, their literature claims that their cetylmyristoleate comes from "vegetable sources". This claim has our biochemist feeling a little bit confused, because there are no adequate vegetable sources for cetylmyristoleate. This brings to mind the question of exactly what is the source of their product? We have done some investigation and find that many of it's users complain of intense nausea and diarrhea to the point where they cannot continue the protocol. We suspect the presence of noxious or toxic substances. It is our moral duty to protect the potential victims of this product and we plan to fund the costly chemical analysis. It is of course our hope that this is not the case. We have addressed two of the three forms of cetylmyristoleate that are available on the market. The third is hardly worth mentioning. This product contains whale spermaceti. Cows, beavers, whales and Swiss albino mice contain cetylmyristoleate. However, injecting these creatures will not be of very much benefit to the arthritis sufferer. Neither will this product. In mentioning inferior products, we cannot overlook glucosamine sulfate and chondroitin sulfate. These compounds help the body repair cartilage at an accelerated rate so long as you continue to take them and the disease doesn't progress to the point where arthritis is removing cartilage faster than your body can rebuild it. The down side of glucosamine sulfate and chondroitin sulfate is that you have to continually take it for the rest of your life to maintain any kind of relief and you have to accompany it with the 9 point program and stringent diet outlined in Dr. Theodosakis' book. It is a similar protocol to pain killers, anti-inflammatory drugs and steroids. While you take them your arthritis will not bother you as much, but once you stop you're soon back to square one again. Even the Arthritis Foundation cannot recommend glucosamine and chondroitin sulfate as a treatment for osteoarthritis or any other form of arthritis.

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Unique

CMO is in a totally different category than the 9 point program, glucosamine sulfate, chondroitin sulfate, cartilage and natural unflavored gelatin. We have always acknowledged the potential benefits of these substances and mention them in our suggested use pamphlets under Nutrients .

CMO is in a totally different category than cetylmyristoleate. CMO is:

- Naturally derived from beef
- Legally sold directly to the public
- Backed by clinical study
- Supported by ongoing research
- Developed for oral administration
- Highly effective
- Beneficial to all types of arthritis except gouty arthritis
- Manufactured by a reliable and reputable company
- Protected by trademark registration

As you can see, we have a unique product and we have moved swiftly to protect it's reputation from counterfeiters and imitators. We have been working on securing the status of CMO in the market place through a consumer awareness campaign. The next page reflects just one of the ideas that may be used in health trade journals.

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Promotion

Target Market

With 85% of Americans over 65 years old and 40% of Americans over 40 years old being afflicted with arthritis, the target market is plain to see. All senior and adult health related media is prime launch ground for any campaign and has brought at least a 2 to 1 return. Detroit metropolitan areas are generating 3 to 1 returns in senior oriented newspaper print media. Television advertising is untested at this point. Radio advertising response has been varied. Direct mail has been approached with several methods and a variety of results. Mailings to seniors organizations have brought less than a 1% return, but direct mail test marketing to seniors in Southfield, Michigan brought a staggering 7% return.

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Print

This approach to print ads keep any claims about the product itself from falling under regulatory agency scrutiny. Currently all distributors are modifying their approach to parallel this one. Ad placement has proven crucial to the response rate from print advertising. Classified ads barely brought a 1 to 1. Home Living, Senior Living and Health and Fitness magazine inserts proved to be very responsive. Responses of 3 to 1 are achieved through these type of placements as well as standard placement in news sections carrying health related articles. Display ads have been anywhere from 2 to 5 column inches on the average. The ad on this page is a typical 4 column inch size.

Currently all advertising is geared to generate a mailing. All product information pamphlets should contain something similar to this statement: "CMO is naturally derived. It is sold only as a dietary supplement not intended to treat, cure, or diagnose any disease. Therefore, it is available mail order without prescription." Response to requested mailings are better than 10%.

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Radio

Radio health talk shows have proven to generate an overwhelming response. Both Dr. Sands and Dr. Muller are available for interviews. In Detroit the response to the Mark Scott Show with both Dr. Sands and Dr. Muller generated sales of over 80 bottles per week for over 5 weeks running. Zerbo's Health Foods in Livonia Michigan ran only 2 radio ads during the Mark Scott Show and they are selling about a dozen bottles per week. Their sales have not trickled off as would be expected.

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Television

Being that CMO is a consumable, we feel that the best suggested approach to marketing through television is to promote the product through a mini infomercial. The book by Dr. Sands will be available

very soon. An interview style infomercial with Dr. Sands about the book and how CMO is the cure for arthritis would be the key to get people to call. Then when callers reach an operator, they are converted to purchase CMO as well. This approach keeps any claims about the product itself from falling under regulatory scrutiny. This is the same approach that was used for shark cartilage and it proved to be very effective. We do not have the official facts and figures from shark cartilage sales, but we are told that sales reached 10,000 per week using this technique.

In the meantime, television advertising could be limited to the same technique as print advertising using the "Who Says There's A Cure For Arthritis" slogan and mailing out free information pamphlets and tapes. This could be done very economically with the shortest available spots targeted at the senior and adult health interest shows.

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CMO In The Media

Quotes extracted from: *BOOM You're Well*, by Dr. Douglas Hunt

"Let me give you a feel for the scope of this nutrient, and a sense of how many lives it will improve. ARTHRITIS: It is 98% "effective", I mean it will either cure the disease outright, or at least leave the recipient greatly improved. There are over 50,000,000 Americans with osteoarthritis and another 6,000,000 with rheumatoid arthritis... There are 6 billion people on earth, most of whom are going to get arthritis someday."

Quotes extracted from: *The Nature of Health* KCEO Radio San Diego, August 1996 (see attached tape)

"...It may be what we consider almost a miracle cure for arthritis, and the form of arthritis doesn't matter. ...What is more impressive is once you undergo the appropriate treatment... you are in most cases free from arthritis symptoms forever."

Quotes extracted from: *The Mark Scott Show* WXYT Radio Detroit, December 1996 (see attached tape)

"Hang on folks because if you haven't heard this before, it certainly is going to be an eye opener for you. ...Amazing is not the word for it. ...CMO gets to the source of the problem, it actually stops the arthritic process."

Quotes extracted from: *Rescued From Arthritis*, by Dr. Len Sands (see attached manuscript)

"This book reports on a substance discovered years ago... It is already available now and has already succeeded in that magical immunological intervention for thousands of grateful ex-arthritic individuals... it's best known by its trademarked name of CMO"

Quotes extracted from: *Second Opinion*, May, 1996. Newsletter by Dr. William Campbell Douglass (see attached)

Now we have a new star on the horizon that promises as much (or more) than the old sure-cures... The trade name is CMO, so that's what we'll call it."

Quotes extracted from: *Journal of Pharmaceutical Sciences*, Vol. 83, No 3, March, 1994.

"It is to be hoped that our very promising but preliminary results will stimulate other investigators to repeat and extend our studies with larger test groups and more exact protocols with respect to dosages

and length of trials and, particularly, more extensive tests of cetyl myristoleate analogues."

Quotes extracted from: *The Nature of Health Magazine*, September, 1996.

"On August 2, 1996, I interviewed Dr. Len Sands on my radio program... Our topic of discussion was cerasomal-cis-9-cetylmyristoleate or CMO. That one hour program generated more calls than any other show I've ever done and in fact was the largest response ever for a single show in the history of the radio station. CMO is a natural substance and is considered an immunomodulator. The reason for the enormous interest is the effect of CMO on both rheumatoid and osteoarthritis. The results of CMO are so impressive that nothing that mainstream or natural medicine has to offer can come close to the dramatic reversals in arthritis that have been observed. The link between CMO and arthritis was discovered at the National Institutes of Health... It is estimated that arthritis affects approximately 50 million people in the United States alone. Standard medical treatment is aimed at symptomatic relief of pain and inflammation and has shown to actually accelerate the disease process... In contrast, the CMO protocol works rapidly and does not need to be continued in the vast majority of cases. The rest of this article is devoted to the most commonly asked questions regarding the potential benefits of CMO ...

Does CMO stop arthritis pain? Arthritis pain will disappear completely in almost every instance. In a few extreme cases pain was reduced by only 70% to 90%, which was still of such major benefit that it allowed the persons to function normally again.

Does CMO improve joint mobility? Absolutely! If the joint can be moved just slightly, by the afflicted person or even by someone else, joint mobility can usually be restored. But if the bones have fused and grown together only surgery can help those particular joints.

Can it correct deformities? Yes. Deformed fingers and toes are often caused by inflammation which swells joints and pushes the bones out of place. Reduction of the swelling alone improves appearance dramatically and often allows the dislocated bones to return to their normal positions. Extreme cases may require some physical therapy."

Does it work for both rheumatoid and osteoarthritis? Both types of arthritis respond equally well to CMO. It also works for most other types of arthritis such as those associated with ankylosing spondylitis, Reiter's syndrome, Sj"gren's syndrome, Behçet's syndrome, and psoriasis. It has also been found to relieve various types of back pain of undetermined origin, which is more than likely arthritis related.

What about really severe cases? Most people previously confined to bed or to wheelchairs are no longer dependent on others for care. A number of these cases received an additional benefit from repeating the treatment one more time. A few others found that physical therapy or exercise programs also helped.

Does it work for everyone? So far CMO has been able to help everyone who has not suffered from digestive problems or liver function impairment, which usually results from disease, alcohol or steroid abuse.

Is age a factor? Not really. All ages respond well. Although arthritis becomes far more common with advancing age, even young children are sometimes afflicted."

RESOURCES Services CMO Distribution Centers's entire staff is at your disposal. There are also graphic artists, copy writers, market analysts and attorneys who are completely familiar with this project and they are available on a free-lance basis.

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Personnel There are dozens of doctors available to help promote CMO. There is a multitude of

ex-arthritis sufferers that would like to help spread the word. The list of people available for media appearances grows daily. Just to mention a few familiar names:

Dr. Sands is available for telephone interviews or on location interviews. As director of the San Diego Clinic that developed CMO he will provide all the help he can from his location. He is an experienced advertising campaign manager and copywriter. His work with Pontiac, Bendix, AAMCO, AC Spark plugs, and Michigan International Speedway was notable. You will find an example of his personable approach in the attached live radio interviews. Dr. Muller is a walking testimonial to the effectiveness of CMO. His personal experience with arthritis and being cured with CMO makes an incredible first hand report. He is more than willing to appear in person for television, radio, newspaper and magazine interviews.

Dr. Hunt, the author of the book (Boom You're Well), has assured us of his interest and cooperation in connection with promotional appearances. He is a published author with 2 books available through Warner publishing. As an ex-disc jockey from his college days, this multi-talented doctor presents himself smoothly and is very articulate. His enthusiasm for CMO is reflected not only in his writings, but also in his actions. He was motivated to publish the book because felt that the public needed to know about this revolutionary new substance. The book is very informative. It is easy to read and is based on Dr. Hunt's personal observations about CMO. There were more than 40 patients studied to provide the material for the book. Many of their case histories are contained within.

NOTE: The rights to Dr. Hunt's book were recently purchased for international distribution. All promotional appearances must be approved by the proprietary rights holder.

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Materials CMO Distribution Centers of America Inc. has the most comprehensive graphic and print resources available on CMO. All these resource in the form of master art are available at no charge. Master art for our brochures, press releases, print ads, information pamphlets, stationary and business cards are all available to you. We will even type set your company name and logo into our existing material at no expense.

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World Wide Web Our web site is currently under construction. We invite you to visit us at <http://home.earthlink.net/cmocure/>. CMO Distribution Centers of America Inc. will list all distributors and their contact information on the web site. We will list any additional services related to arthritis that distributors offer. In addition to the existing web site, there will soon be 24 hour support through a private access site for ordering, downloading latest press releases, a doctors data base and a marketing data base. The marketing database will be updated with information requests from yet another site called the Arthritis Information Net. This site will have the capability to process forms. There will be a section for visitors to fill out information request forms. Access to the information requests will be segmented and relayed according to distributors territorial regions.

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Research CMO Distribution Centers of America Inc. in conjunction with the San Diego Clinic act as a clearing house for all the latest information on CMO. With this joint research effort a network of

communication is established between all medical professionals and distributors. This allows for up to the minute information sharing. This will facilitate the expansion of the market for CMO to uses other than for arthritis.

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CMO Distribution Centers

Counterfeit & Inferior Warning

There are a lot of people out there now claiming to have a "cure" for arthritis. I'm afraid that we are responsible for starting all this ruckus. Unfortunately for the consumer, those other people are mostly doing nothing but making "claims". We've been too busy taking care of the research end of arthritis to get involved in any shouting match. Now our product name has been imitated. This has caused a lot of unsatisfied consumers to come to us and ask us to correct the problem. You'll be pleased to know that those imitators have been stopped. Only CMO™ is naturally derived from beef tallow and backed by clinical research. Please look for the TM symbol and accompanying graphic to make sure the product you purchase is authentic.

Counterfeit & Inferior

With the success of CMO in the marketplace, counterfeit, inferior and legally questionable products are rapidly appearing. Already two such impostors have been forced to comply with cease and desist orders and a third that refused to comply was sued resulting in a half million dollar judgment. Various companies are marketing cetylmyristoleate as CMO. This is very deceptive because CMO is not cetylmyristoleate. This is also illegal since a trademark registration for CMO was filed and those rights were assigned to SKF Marketing Inc. Our investigations reveal only three manufacturers of cetylmyristoleate. All of their end products can be identified as liquid, 48 capsule or 60 capsule units. Though cetylmyristoleate was effective as an injectable compound, it is not nearly as effective as an orally administered agent. CMO is cerasomal-cis-9-cetylmyristoleate a highly bio-available analogue that is designed to be orally administered and is over 90% effective. Only CMO has been tested clinically. CMO is naturally derived from beef and may be sold directly to the public without regulatory intervention. Synthetic cetylmyristoleate appears to be in the market without clinical study or the proper regulatory approval. This synthetic version of the original injectable compound is being sold as an orally administered product. Reports of it's effectiveness have not been favorable. In fact, it has been so ineffective the mere association of this product with CMO is about to inspire legal action. This high failure rate can be explained by the manufacturer's own words. Published in the Journal of Pharmaceutical Sciences he said that cetylmyristoleate was most effective when injected near the site of the arthritis. We agree with that observation completely. That's why we formulated an orally administered analogue. There is a very odd collection of characters with uncertain backgrounds that were trying to market cetylmyristoleate and other substances as CMO. They have been forced to comply with a cease and desist order. They are hard to keep track of because they collectively have several corporations that change names frequently. They are easy to identify because no matter what corporation they operate behind, their literature claims that their cetylmyristoleate comes from "vegetable sources". This claim has our biochemist feeling a little bit confused, because there are no adequate vegetable sources for cetylmyristoleate. This brings to mind the question of exactly what is the source of their product? We have done some investigation and find that many of it's users complain of intense nausea and diarrhea to the point where they cannot continue the protocol. We suspect the presence of noxious or toxic substances. It is our moral duty to protect the potential victims of this product and we plan to fund the costly chemical analysis. It is of course our hope that this is not the case. We have addressed two of the three forms of cetylmyristoleate that are available on the market. The third is hardly worth mentioning. This product contains whale spermaceti. Cows, beavers, whales and Swiss albino mice contain cetylmyristoleate. However, ingesting these creatures will not be of very much benefit to the arthritis sufferer. Neither will this product. In mentioning inferior products, we cannot overlook glucosamine sulfate and chondroitin sulfate. These compounds help the body repair cartilage at an accelerated rate so long as you continue to take them and the disease doesn't progress to the point where arthritis is removing cartilage faster than your body can rebuild it. The down side of glucosamine sulfate

and chondroitin sulfate is that you have to continually take it for the rest of your life to maintain any kind of relief and you have to accompany it with the 9 point program and stringent diet outlined in Dr. Theodosakis' book. It is a similar protocol to pain killers, anti-inflammatory drugs and steroids. While you take them your arthritis will not bother you as much, but once you stop you're soon back to square one again. Even the Arthritis Foundation cannot recommend glucosamine and chondroitin sulfate as a treatment for osteoarthritis or any other form of arthritis.

Unique CMO is in a totally different category than the 9 point program, glucosamine sulfate, chondroitin sulfate, cartilage and natural unflavored gelatin. We have always acknowledged the potential benefits of these substances and mention them in our suggested use pamphlets under Nutrients .

CMO is in a totally different category than cetylmyristoleate. CMO is:

*** Naturally derived from beef * Legally sold directly to the public * Backed by clinical study * Supported by ongoing research * Developed for oral administration * Highly effective * Beneficial to all types of arthritis except gouty arthritis * Manufactured by a reliable and reputable company * Protected by trademark registration**

As you can see, we have a unique product and we have moved swiftly to protect it's reputation from counterfeiters and imitators. We have been working on securing the status of CMO in the market place through a consumer awareness campaign.

MEMORANDUM - CMOTM, CM Pure, CM Plus, Cetylmyristoleate, et al.

The marketplace seems to be sprouting new CMO counterfeit impersonators every day. Consumers, distributors, nutritionists, scientists, physicians, and other health care professionals are confused and dizzy from the spin put on these phony products. We hope to clarify and differentiate between as many of these various fraudulent impostors as best we can. However, we may not be able to keep up with all the new ones as fast as they appear. Still, you should be able to apply many of the points here to other products as well. First and foremost, let me emphasize that we are the one and only producer of CMOTM. It is strictly our own proprietary product. There is no other. And it is the only naturally derived product of its kind on the market. As such it contains many beneficial closely related trace substances which aid in its effectiveness -- just as the bioflavanoids accompanying vitamin C aid in its effectiveness.

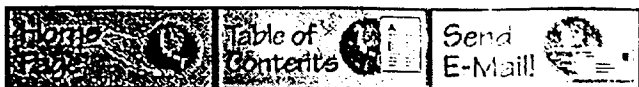
HERE ARE SOME FACTS FOR YOU TO DIGEST:

1. CMOTM is the only naturally derived immunomodulator marketed in the world. There is no other.
2. CMO is the one and only effective orally administered immunomodulator marketed in the world.
3. CMO is the only product of its kind derived from cows. (MOOOve over, impostors.)
4. The biochemical name for CMO is cerasomal-cis-9-cetylmyristoleate. It is not cetylmyristoleate. It is an analog of cetylmyristoleate produced by a complex proprietary process.
5. CMOTM is our proprietary trademarked designation for cerasomal-cis-9-cetylmyristoleate. We are the only manufacturer of CMO. There is no other. Products called CMO by other manufacturers are counterfeits that have virtually no effect on the arthritic process.
6. Cetylmyristoleate is not CMO. Cetylmyristoleate is an injectable. In his own journal article, the discoverer of cetylmyristoleate himself states that it works best when it is injected at or near the site of the arthritic inflammation. It has a very low bioavailability level in oral administration.
7. Myristoleic acid is absolutely essential to make cetylmyristoleate. Myristic acid cannot be used to synthesize cetylmyristoleate or any of its analogs. Any that claim to be phonies.

8. There is no vegetable source for myristoleic acid. Coconut and a few other vegetable oils do yield myristic acid. Products made from myristic acid do not function as immunomodulators.
9. It is virtually impossible to convert cetylmyristoleate (an oil) into a powder for capsules. Any capsule containing powder is not cetylmyristoleate. It's probably spermaceti or some myristic acid product, both of which have absolutely no immunomodulating properties whatsoever.
10. Spermaceti is a synthetic imitation of a natural compound found in sperm whale oil. It has a molecular structure somewhat like cetylmyristoleate, but it has no effect on the arthritic process. Bottles of spermaceti capsules fraudulently labeled "CMO" keep turning up here and there.
11. Any real cetylmyristoleate that may be available is synthetic and lacks the associated beneficial complexes that occur with our naturally derived CMO. (Refer back to items 4 and 6.) Cetylmyristoleate is a thick oily substance with a very low level of bioavailability when administered orally. It cannot be capsuled without significant leakage.
12. The product called "Myristin" appears to be synthetic (injectable) cetylmyristoleate being marketed as an oral product. But the maker is putting out contradictory information. First, the compound myristin can be found in the Merck Chemical Index as a synonym for glyceryl trimyristate. It seems odd to choose a name which indicates that it could not possibly be cetylmyristoleate. Second, the claims are that the product is derived from vegetable source oils. Perhaps they're just trying to confuse any possible imitators. If it's really cetylmyristoleate, it sure confuses us.
13. Analysis of a sample of the "CM Protocol" product reveals that it contains about 63% propylene glycol -- which seems to indicate that the raw materials used are not meant for human consumption! CM Protocol is made by Draco International and is being distributed by private labeling entities as well (e.g. Advanced Labs). Draco also uses the "CM" designation for several other products. Who knows what an analysis of those will show. They first tried calling their products "CMO" but dropped the "O" when we applied proper legal recourse.
14. In checking out the "CM Pure" product (from Biosynergy?) we find that it is based on myristic acid which is not in any way even close to being an immunomodulator. Nor can myristic acid even be used to synthesize cetylmyristoleate. Remember, that requires myristoleic (not myristic) acid.
15. Any product described as being white, tasteless, and odorless (like "CM Pure") could not possibly contain CMO, cetylmyristoleate, or any of its analogs because these are all unpleasant tasting, yellowish in color, and have a strong odor. (Employees hate it when we run CMO at the plant.)
16. Remember, there is no vegetable source for myristoleic acid. Thus, anyone claiming to have an effective product derived from vegetable sources is either terribly mistaken or blatantly lying.
17. When someone claims to have "eliminated the esters" from their product, you can be sure it is not an immunomodulator of any sort.
18. There are an awful lot of incompetent biochemists and unscrupulous crooks out there.
19. We have the one and only CMO. There is no other.

We will try to keep you posted on any relevant new products as we become aware of them. Please advise us of any that come to your attention.

We would be most happy to conference call with any prospective dealer or distributor, or with anyone from any laboratory, research, or medical facility. We would also be delighted to debate representatives from any so-called "competitive" manufacturer.



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CMO Distribution Centers

Notices, Memos & Info Links

NOTICES Copyright & Trademark The information, data and graphics embodied in this business presentation are copyrighted and may not be used without the prior written consent from an officer of SKF Marketing Inc. in Florida. CMO and the accompanying graphic is trademarked. For the convenience of the reader we have omitted the TM symbol in most of our titles and body text. However, the omission of the TM symbol for CMO in our text does not release our proprietary claim to it's exclusive use.

Legal Memorandum The following presentation represents management's best current estimate of the potential of the business, the estimated current business transacted, market sizes, history and future. It is recognized that no presentation of this size can be completely free of errors. Therefore investors, partners and contractors should be aware that all business ventures have inherent risks that must be evaluated, discussed with management and experts capable of interpreting the information prior to making any legal commitments. The materials in this presentation are not intended to be, nor offered as, a prospectus to be used as an investment tool or guide. No representations set forth herein should be inferred or implied as projections on a return of investment. The materials in this presentation have not been reviewed or authorized by any local, state or federal governmental agency.

Manufacturers Statement Modestly speaking, CMO™ is a revolutionary new product. CMO™ is naturally derived, it is sold only as a dietary supplement not intended to treat, cure, or diagnose any disease. Therefore it is available mail order without prescription. CMO™ is produced and bottled in the USA. The production facilities are state of the art and inspected by the California State Food and Drug Branch of Health Services.



Last Update: 09/01/97

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Contact Us

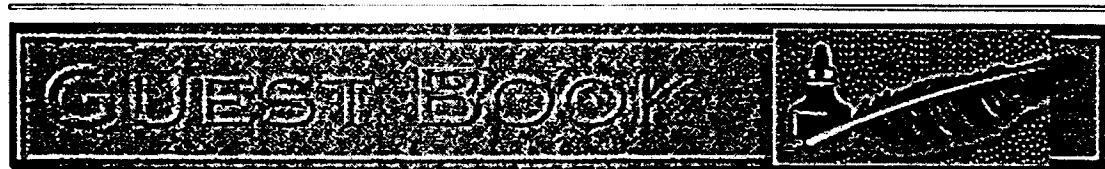
To learn more about us or CMO, you can call or email us with your questions All of our information services are free of charge.

Web sites: Consumer Information (<http://home.earthlink.net/~cmocure/cmocure>)

Toll Free: (800) 909-CURE (800) 909-2873 Phone: (941) 954- 2100

AOL email: cmocenter@aol.com ("CMO Center" from within AOL) Internet email: cmocure@earthlink.net

Postal: CMO Distribution Centers of America 5726 Cortez Road West # 202 Bradenton, FL 34210



Name:

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Guest Book Comments:

Order Form

To:

Subject:

Name:

E-mail Addr:

Company:

Address:

Address:

Address:

City: State: Postal:

Country:

Home Phone:

Home Fax:
Work Phone:
Work Fax:

Item Descriptions:

<input type="text"/>	<input type="text"/>
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Name On Card:
VISA/MasterCard #:
Expiration Date:

(*submit this order*) (*clear this order*)



ANALYSIS OF PROPOSED CONSENT ORDER TO AID PUBLIC COMMENT

The Federal Trade Commission has accepted, subject to final approval, an agreement to a proposed Consent Order (“proposed order”) from CMO Distribution Centers of America, Inc., and Kalon Samulonis, individually and as an officer of CMO Distribution Centers of America, Inc.

The proposed consent order has been placed on the public record for thirty (30) days for the reception of comments by interested persons. Comments received during this period will become part of the public record. After thirty (30) days, the Commission will again review the agreement and will decide whether it should withdraw from the agreement or make final the agreement’s proposed order.

This matter concerns advertisements on the Internet for a product called “CMO,” described as a form of cetylmyristoleate, said to be derived from beef. CMO is purportedly useful in the treatment or cure of arthritis and other diseases. According to the proposed respondents’ advertising, CMO affects the human immune system in one or two courses of treatment, each lasting less than three weeks. The proposed respondents claimed their product permanently relieves the symptoms of osteoarthritis and rheumatoid arthritis and reverses the effects of the disease. CMO was also claimed to be useful for the treatment, mitigation, prevention, and cure of most forms of arthritis and a number of other diseases.

The Commission’s complaint charges that the proposed respondents engaged in deceptive advertising in violation of Sections 5 and 12 of the FTC Act by making unsubstantiated claims that their CMO products: (1) are effective in the mitigation, treatment, prevention, and cure of all forms of arthritis, except gouty arthritis; (2) relieve all symptoms of arthritis, including pain, impaired mobility, swelling, and deformity; (3) are as effective as, or superior to, prescription medications for the treatment of arthritis and the relief of arthritis symptoms; (4) are effective in the treatment of multiple sclerosis, leukemia, lupus, emphysema, cancer, benign prostate hyperplasia, silicone breast disease, asthma, fibromyalgia, and scleroderma; and (5) are completely safe and without harmful side effects, even at extremely high doses.

The complaint further alleges that the proposed respondents made false claims that: (1) clinical studies prove that CMO is a safe and effective treatment for virtually all forms of arthritis except gouty arthritis; (2) CMO is accepted by the medical community; (3) *Time* magazine reported in its October 28, 1996 issue that CMO™ is one of the most promising developments in arthritis research; and (4) the Arthritis Foundation has not commented on CMO, except to suggest that when taking CMO, patients should consult their physicians before reducing steroids or other medications.

The proposed order contains provisions designed to remedy the violations charged and to prevent proposed respondents from engaging in similar acts in the future.

Paragraph I of the proposed order prohibits proposed respondents from making any representation that CMO or any similar product: (1) is effective in the mitigation, treatment, prevention, or cure of arthritis; (2) provides significant relief from symptoms of arthritis, including pain, swelling, impaired mobility, or deformity; (3) is as effective as, or superior to, prescription medications for the treatment of arthritis or the relief of arthritis symptoms; (4) is effective in the treatment of multiple sclerosis, leukemia, lupus, emphysema, cancer, benign prostate hyperplasia, silicone breast disease, asthma, fibromyalgia, or scleroderma; or (5) is safe or has no adverse side effects, unless, at the time the representation is made, respondents possess and rely upon competent and reliable scientific evidence that substantiates the representation.

Paragraph II of the proposed order prohibits proposed respondents from making any representations about the performance, safety, efficacy, or health benefits of CMO or any other food, dietary supplement, or drug, unless the claims are substantiated by competent and reliable scientific evidence.

Paragraph III of the proposed order prohibits proposed respondents from using the name “cmocure,” using the word “cure” in an address or telephone number, or using any other name, address, or telephone number in marketing a food, dietary supplement, drug, or program, to represent a cure for any disease or health-related condition, unless the respondents possess and rely upon competent, reliable scientific evidence substantiating the representation.

Paragraph IV of the proposed order prohibits the proposed respondents from misrepresenting that a product or program is endorsed or approved by any governmental, professional, or private organization or association, or complies with standards or guidelines established by such organization or association.

Paragraph V of the proposed order prohibits proposed respondents from misrepresenting the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

Paragraph VI of the proposed order prohibits proposed respondents from representing that the experience represented by any user testimonial or endorsement of any product or program represents the typical or ordinary experience of members of the public who use the product or program, unless the representation is true, and competent and reliable scientific evidence substantiates that claim, or respondents clearly and prominently disclose either: (1) what the generally expected results would be for users or the product or program; or (2) the limited applicability of the endorser’s experience to what consumers may generally expect to achieve, that is, that consumers should not expect to experience similar results.

Paragraph VII of the proposed order provides that proposed respondents are not prohibited from making representations which are specifically permitted by regulations of the Food and Drug Administration pursuant to the Nutrition Labeling and Education Act of 1990. Paragraph VIII of the proposed order provides that proposed respondents are not prohibited from

making representations for a drug that are permitted under tentative final or final standards issued by the Food and Drug Administration or under any new drug application approved by that agency.

Paragraph IX of the proposed order requires that proposed respondents: (1) not disseminate to any distributor any material containing any representations prohibited by the order; (2) not authorize any distributor to make any representations prohibited by the order; (3) send a required notice to each distributor with whom proposed respondents have done business since January 1, 1996, requesting that the distributor cease using any advertising or promotional materials containing unsubstantiated claims for CMO, requesting distributors not to make unsubstantiated oral representations, informing the distributor of this settlement, and not including any other documents in the mailing; (4) for a period of three (3) years following service of the order, send the required notice to each distributor who has not previously received the notice; the notices shall be sent with the first shipment of respondents' products to the distributor; (5) require distributors to submit to proposed respondents all advertising and promotional materials and claims for any products or programs covered by the order for review prior to their dissemination and publication, and not authorize distributors to disseminate materials and claims unless they comply with the order; alternatively, proposed respondents must furnish to distributors marketing materials that comply with the order and require the distributors to submit for review all advertising and promotional materials for a particular product covered by the order that contain representations that are not substantially similar to the representations for the same product or program contained in the marketing materials most recently provided to the distributors by proposed respondents; and (6) use reasonable efforts to monitor distributors' advertising and promotional activities, immediately terminate the right of any distributor who disseminates advertisements or marketing material or makes oral representations prohibited by the order, and immediately provide information to the Federal Trade Commission about any such distributor and the materials used. "Distributor" is defined in the proposed order to mean any person who purchased a product covered by the order from the respondents for resale or at a discounted or wholesale price unavailable to the general public at the time of the purchase, or who has purchased more than twelve bottles or packages of a covered product from respondents within a twelve-month period.

Paragraph X of the proposed order requires the proposed respondents to send a prescribed notice to each person, other than a distributor, who purchased respondents' CMO products and can be identified through a diligent search of respondents' records. The notice offers a refund of the purchase price and any shipping or handling charges to customers who purchased respondents' CMO product for personal use or the use of a family member and who make a request for a refund within ninety days of the date of the notice. Paragraph XI of the proposed order requires the proposed respondents to submit a report to the Federal Trade Commission specifying the actions they have taken to comply with the provisions of Paragraph X. Paragraph XII of the proposed order requires proposed respondents to retain for five years after the last correspondence to which they pertain and to make available to the Federal Trade Commission on

request, copies of notification letters, communications with distributors, and other materials relating to the requirements of Paragraph IX and Paragraph X.

Paragraph XIII of the proposed order contains record keeping requirements for materials that substantiate, qualify, or contradict covered claims and requires proposed respondents to keep and maintain all advertisements and promotional materials containing any representation covered by the proposed order. In addition, Paragraph XIV requires distribution of a copy of the consent decree to current and future officers and agents. Further, Paragraph XV requires the filing of a compliance report. Paragraph XVI of the proposed order requires the respondents to notify the Federal Trade Commission in advance of any change in the corporation that may affect compliance obligations arising under the order.

Finally, Paragraph XVII of the proposed order provides for the termination of the order after twenty years under certain circumstances.

The purpose of this analysis is to facilitate public comment on the proposed order, and it is not intended to constitute an official interpretation of the agreement and proposed order, or to modify in any way their terms.