ICMJE DISCLOSURE FORM

Date:Septembe	er 15 th , 2022
Your Name: Etto	re Pelosi
Manuscript Title:	Effect of oral enzyme combination (OEC), diet and exercise on chronic low-
grade inflammator	y conditions — a report of three cases
Manuscript number	(if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initial planning of the content of the cont	Specifications/Comments (e.g., if payments were made to you or to your institution) ne work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Medical Writing was provided by Dr. Meike Janto and Dr. Michael Wördehoff, co.medical, Berlin (Germany), and sponsored by Nestlé Health Science, Vevey (Switzerland), who additionally also sponsored article processing charges.				
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated	XNone				

I		in item #1 above).		
I	3	Royalties or licenses	XNone	
I				
I				
I	4	Consulting fees	X_None	
I				
I				
I	5	Payment or honoraria for lectures, presentations,	X_None	
I				
I		speakers bureaus, manuscript writing or		
I		educational events		
6	6	Payment for expert	XNone	
I		testimony	<u></u>	
I		, and a second		
İ	7	Support for attending meetings and for travel	XNone	
I	8	Patents planned, issued	XNone	
I		or pending		
I				
9	9	Participation on a Data	XNone	
Safety Monitori		Safety Monitoring Board		
I		or Advisory Board		
I	10	Leadership or fiduciary role in other board,	X_None	
		society, committee or		
		advocacy group, paid or unpaid		
ļ	11	Stock or stock options	X None	
		J WOOK OF SWORK OP HOLIS		
ļ	12	Receipt of equipment,	X_None	
		materials, drugs, medical writing, gifts or other		
		services		
	13	Other financial or non-	X None	
	15	financial interests		

Please summarize the above conflict of interest in the following box:

Medical Writing was provided by Dr. Meike Janto and Dr. Michael Wördehoff, co.medical, Berlin (Germany), and sponsored by Nestlé Health Science, Vevey (Switzerland), who additionally also sponsored article processing charges.

Please place an "X" next to the following statement to indicate your agreement:

X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.	