

## DAFTAR PUSTAKA

- [Anonim]. Departemen Kesehatan. 2000. *Parameter Standar Umum Ekstrak Tumbuhan Obat*. Departemen Kesehatan Republik Indonesia.
- [Anonim]. Departemen Kesehatan 1980. *Materia Medika Indonesia*. Jilid IV. Jakarta: Departemen Kesehatan Republik Indonesia.
- [Anonim]. Departemen Kesehatan. 1977. *Materia Medika Indonesi*. Jilid I. Jakarta: Departemen Kesehatan Republik Indonesia.
- [Anonim]. Departemen Kesehatan. 2001. *Investaris Tanaman Obat Indonesia*. Jilid 2. Jakarta: Departemen Kesehatan Republik Indonesia.
- [Anonim]. Departemen Kesehatan. 2007. *Riset Kesehatan Dasar*. Jakarta : Departemen Kesehatan Republik Indonesia.
- Astawan M. 2008. *Sehat Bersama Tomat*. <http://www.kompas.com/read/xml/2008>.(30 November 2013).
- [BPOM] Badan Pengawas Obat dan Makanan. 2004. *Kajian Tambahan Bahan Makanan*. Jakarta: Badan Pengawasan Obat dan Makanan.
- Becker R, Zilberstein S, Leser V, Goldman CV. 2002. *Transition-independent Decentralized Markov Decission Processes*. In AAMAS.
- Cheeke PR. 1994. A review of the functional and evolutionary roles of the liver in the detoxification of poisonous plants, with special reference to pyrrolizidine alkaloids. *Vet. Hum. Toxicol*.
- Corwin E.J. 2009. *Buku Saku Patofisiologi*. Edisi Revisi 3. Jakarta: Penerbit buku Kedokteran EGC. Hlm 653-659
- Cotran. 2007. *Buku Ajar Patologi Dasar. Edisi 7*. Jakarta :EGC
- Dalimartha S. 2005. *Ramuan Tradisional untuk Pengobatan Hepatitis*. Jakarta:Penebar Swadaya.
- Davis NG, Harrison G, Ideo B, Portman D, Labadarios, Williams R. 1976. Paracetamol metabolism in the rat: releationship to covalent binding and hepatic damage. *J. Xenobiotica*. Vol. 6, No. 4. Pages 249-255.
- Dimascio P, Kaiser S, Sies H. 1989. Lycopene as the moat efficient biological carotenoid singlet oxygen quencher. *Archives of Biochemistry and Biophysics* 274:532-538.

- Fitriani ESP. 2012. *Untung Berlipat Budidaya Tomat Di Berbagai Media Tanam*. Yogyakarta: Pusaka Baru Press.
- George BC, Kaur DS, Khurdiya, Kapoor HC. 2004. Antioxidant in tomato (*Lycopersicum esculentum*) as a function of genotype. *Food Chem* 84: 45-51
- Girinda A. 1989. *Biokimia Patologi Hewan*. Bogor : IPB Press.
- Guyton A, Hall J. 1997. *Buku Ajar Fisiologi Kedokteran*. Editor Bahasa Indonesia : Irawati Setiawan, Ed 9. Jakarta: EGC,.
- Guyton, Hall. 2009. Textbook of medical physiology. *The AAPS Journal*.8(1) Article 6.
- Harborne JB. 1987. *Metode Fitokimia*. Bandung: Penerbit ITB.
- Hayes AW. 1984. *Principles and Methods of Toxicology, Second Edition*. New York:Raven Press.
- Heinnermen J. 2003. *Khasiat Kedelai Bagi Kesehatan Anda*. Jakarta: Prestasi Pustakarya.
- Heinrich M, Barnes J, Gibson S, Williamson EM. 2009. *Farmakognosi dan fitoterapi*. Syarief WR, Aisyah C, Elviana E., Fidiyari ER. Penerjemah Hadinata AH. Editor alih bahasa. Jakarta: Penerbit EGC: Buku Kedokteran. HLM 183-184.
- Kaplan, Lawrence A, Pesce, Amadeo J. 1998. *Clinical Chemistry*. The CV. Mosby Company.
- Kumar G, Banu GS, Pappa PV, Sundarajan M, Pandian MR. 2004. Hepatoprotective activity of *Trianthema portulacastrum* L. against paracetamol and thiocetamide intoxication in albino rats, *J Enthelopharmacol*.92(1) : 37-40.
- Kurniasih. 2013. *Khasiat dan Mandaat Daun Kelor Untuk Penyembuhan Berbagai Penyakit*. Yogyakarta: Pusaka Baru Press.
- Leeson CR, Leeson TS, Paparo AA. 1996. *Textbook of Histology*. Philadelphia: WB Saunders Co. Pp :383-396.
- Lu C, Frank. 1995. *Toksikologi Dasar (Asas, Organ sasaran dan Penilaian Risiko)*. Nugroho E, Terjemahan dari : *Basic toxicology : fundamentals, target organ, and risk assesement*. Jakarta: UI Press.
- Mahendra B, Abdurrachman, Sukri (e.d). (2005) : *13 Jenis Tanaman Obat Ampuh* . Jakarta : Penebar Swadaya.

- Malinow. 1977. Effect of alfaalfa saponins on intestinal cholesterol absorbtion in rats. *Am. J. Clin. Nutr.*
- Maysara R, Yuliani S. 2011. Efek likopen terhadap tikus putih galur SD (sprangue dawley) yang diinduksi parasetamol dengan melihat aktivitas SGPT dalam darah.[*Skripsi*].Yogyakarta : Universitas Ahmad Dahlan.
- Mussaddad D, Hartuti N. 2003. *Produk Olahsan Tomat*. Jakarta: Penebar Swadaya.
- Mustafa J. 2003. Kajian toksikopatologi pemberian ekstrak etanol daun kelor (*Moringa oleifera* lamk.) pada mencit (*Mus musculus*). [*Skripsi*] Bogor: Fakultas Kedokteran, Institut Pertanian Bogor.
- Prihatini, Yolanda M, Feru HS, Soemarsono, Yuli. *Hematologi*. Akademi Analisis Medis. UNAIR.
- Robbins. 2007. *Buku Ajar Patologi, Edisi VII*. Jakarta: Buku kedokteran EGC.
- Robison T. 1995. *Kandungan Organik Tumbuhan Tinggi*. Bandung: Institut Teknik Bandung.
- Seafast Center.2012. *Senyawa Fenolik pada Sayuran Indigenous*.Bandung : ITB.
- Sugiyanto, 1995.*Methodology Research*. Surakarta: UNS Press.
- Thompson KA, Marshall MRCC, Sims SA, Sargent, Scott JW. 2000. Cultivar, maturity, and heat treatment on lycopene content in tomatoes. *Journal of Food Sci.* Vol.65. No.5 :791-795
- Underwood RA, Day AL. 2004. *Analisa Kimia Kuantitatif*. Penerjemah : Aloysius Hadyana Pudjaatmaka. Jakarta: Erlangga.
- Uma NLG.2008. *Hepatoprotective Effect of Moringa oleifera Leaves Extract on Acetaminophen Induced Liver Damage in Rats*.Thesis. Universiti Putra Malaysia : Malaysia.
- Wati D. 2010. Efek ekstrak etanolik buah cabe jawa terhadap aktivitas enzim GPT dan GOT pada tikus putih jantan yang diinduksi karbon tetraklorida.[*Skripsi*]. Surakarta: Universitas Setia Budi
- Weremfo AKA. Asamoah S, Abassah O. 2011. Preliminare study on hepatoprotective activity of tomato (*Solanum lycopersicum* l) pulp againts hepatic damage in rats.*The Journal of Departement of Biochemistry, University of Cape Coast*.
- [WHO] World Health Organization. 2011. *Hepatitis C factsheet*. Geneva:WHO.

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## Lampiran 1. Surat keterangan determinasi tanaman tomat dan kelor



**BAGIAN BIOLOGI FARMASI**  
**FAKULTAS FARMASI**  
**UNIVERSITAS GADJAH MADA YOGYAKARTA**  
 Alamat: Sekip Utara Jl. Kaliurang Km 4, Yogyakarta 55281  
 Telp. , 0274.649.2568 Fax. +274-543120

**SURAT KETERANGAN**  
 No.: BF/QG / Ident/Det/III/2014

Kepada Yth. :  
 Sdr./Sdr. Rista Putri Rahmawati  
 NIM. 16102964 A  
 Universitas Setia Budi  
 Di Surakarta

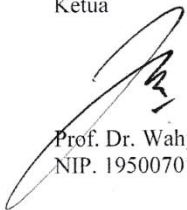
Dengan hormat,

Bersama ini kami sampaikan hasil identifikasi/determinasi sampel yang Saudara kirimkan ke Bagian Biologi Farmasi, Fakultas Farmasi UGM, adalah :

No.Pendaftaran	Jenis	Suku
96	<i>Moringa pterygosperma</i> Gaertn. Sinonim : <i>Moringa oleifera</i> Lmk.	Moringaceae
	<i>Lycopersicon lycopersicum</i> (L.) Karsten Sinonim : <i>Lycopersicon esculentum</i> Mill. <i>Solanum lycopersicum</i> L.	Solanaceae

Demikian, semoga dapat digunakan sebagaimana mestinya.

Yogyakarta, 11 Maret 2014  
 Ketua

  
 Prof. Dr. Wahyono, SU., Apt.  
 NIP. 195007011977021001

## Lampiran 2. Surat keterangan pembelian tikus

### “ABIMANYU FARM”

√ Mencit putih jantan    √ Tikus Wistar    √ Swis Webster    √ Cacing  
 √ Mencit Balb/C    √ Kelinci New Zealand

Ngampon RT 04 / RW 04. Mojosongo Kec. Jebres Surakarta. Phone 085 629 994 33 / Lab USB Ska

---

Yang bertanda tangan di bawah ini:

Nama : Sigit Pramono

Selaku pengelola Abimanyu Farm, menerangkan bahwa hewan uji yang digunakan untuk penelitian, oleh:

Nama : Rista Putri R

Nim : 16102964 A

Institusi : Universitas Setia Budi Surakarta

Merupakan hewan uji dengan spesifikasi sebagai berikut:

Jenis hewan : Tikus Wistar

Umur : 2-3 bulan

Jenis kelamin : Jantan

Jumlah : 35

Keterangan : Sehat

Asal-usul : Unit Pengembangan Hewan Percobaan UGM Yogyakarta

Yang pengembangan dan pengelolaannya disesuaikan standar baku penelitian. Demikian surat keterangan ini dibuat untuk digunakan sebagaimana mestinya.

Surakarta, 22 Mei 2014

Hormat kami



Sigit Pramono  
 “ABIMANYU FARM”

## Lampiran 3. Surat keterangan reagen SGOT

### ASAT (GOT) FS\* (IFCC mod.)

with/without pyridoxal-5-phosphate

Diagnostic reagent for quantitative in vitro determination of ASAT(GOT) in serum or plasma on photometric systems

#### Order Information

Cat. No.	Kit size	R1	R2	Volume
1 2601 99 83 021	R1	5 x	20 mL + R2 1 x	25 mL
1 2601 99 83 022	R1	5 x	80 mL + R2 1 x	100 mL
1 2601 99 83 023	R1	1 x	800 mL + R2 1 x	200 mL
1 2601 99 83 704	R1	8 x	50 mL + R2 8 x	12.5 mL
1 2601 99 83 917	R1	5 x	50 mL + R2 8 x	15 mL
1 2601 99 83 314	R1	10 x	20 mL + R2 2 x	30 mL

For determination with pyridoxal-5-phosphate activation additionally required:

2 5010 99 10 030	6 x	3 mL
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#### Summary [1,2]

Alanine Aminotransferase (ALAT/ALT), formerly called Glutamic Pyruvic Transaminase (GPT) and Aspartate Aminotransferase (ASAT/AST), formerly called Glutamic Oxalacetic Transaminase (GOT) are the most important representatives of a group of enzymes, the aminotransferases or transaminases, which catalyze the conversion of  $\alpha$ -keto acids into amino acids by transfer of amino groups.

As a liver specific enzyme ALAT is only significantly elevated in hepatobiliary diseases. Increased ASAT levels, however, can occur in connection with damages of heart or skeletal muscle as well as of liver parenchyma. Parallel measurement of ALAT and ASAT is therefore applied to distinguish liver from heart or skeletal muscle damages. The ASAT/ALAT ratio is used for differential diagnosis in liver diseases. While ratios < 1 indicate mild liver damage, ratios > 1 are associated with severe, often chronic liver diseases.

#### Method

Optimized UV-test according to IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) [modified]

#### Principle

L-Aspartate + 2-Oxoglutarate  $\xrightarrow{\text{ASAT}}$  L-Glutamate + Oxalacetate

Oxalacetate + NADH + H<sup>+</sup>  $\xrightarrow{\text{MDH}}$  L-Malate + NAD<sup>+</sup>

Addition of pyridoxal-5-phosphate (P-5-P) stabilizes the activity of transaminases and avoids falsely low values in samples containing insufficient endogenous P-5-P, e.g. from patients with myocardial infarction, liver disease and intensive care patients [1].

#### Reagents

##### Components and Concentrations

<b>R1:</b>	TRIS	pH 7.65	110 mmol/L
	L-Aspartate		320 mmol/L
	MDH (malate dehydrogenase)		$\geq 800$ U/L
	LDH (lactate dehydrogenase)		$\geq 1200$ U/L
<b>R2:</b>	2-Oxoglutarate		65 mmol/L
	NADH		1 mmol/L
<b>Pyridoxal-5-Phosphate FS</b>	Good's buffer	pH 9.6	100 mmol/L
	Pyridoxal-5-phosphate		13 mmol/L

#### Storage Instructions and Reagent Stability

The reagents are stable up to the end of the indicated month of expiry, if stored at 2 - 8 °C, protected from light and contamination is avoided. Do not freeze the reagents!

#### Warnings and Precautions

- The reagents contain sodium azide (0,95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
- In very rare cases, samples of patients with gammopathy might give falsified results.
- Please refer to the safety data sheets and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.

#### Waste Management

Please refer to local legal requirements.

#### Reagent Preparation

##### Substrate Start

The reagents are ready to use.

For the determination with pyridoxal-5-phosphate mix 1 part of P-5-P with 100 parts of reagent 1,

e.g. 100  $\mu$ L P-5-P + 10 mL R1

Stability after mixing:

6 days	at	2 - 8 °C
24 hours	at	15 - 25 °C

##### Sample Start

without pyridoxal-5-phosphate

Mix 4 parts of R1 + 1 part of R2

(e.g. 20 mL R1 + 5 mL R2) = monoreagent

Stability:

4 weeks	at	2 - 8 °C
5 days	at	15 - 25 °C

The monoreagent must be protected from light!

#### Materials required but not provided

Pyridoxal-5-Phosphate FS in case of determination with P-5-P activation (Cat.-no. 2 5010 99 10 030)

NaCl solution 9 g/L

General laboratory equipment

#### Specimen

Serum, heparin plasma or EDTA plasma

Stability [3]:

4 days at 20 - 25 °C

7 days at 4 - 8 °C

3 months at -20 °C

Discard contaminated specimens. Only freeze once!

#### Assay Procedure

Application sheets for automated systems are available on request.

Wavelength 340 nm, Hg 365 nm, Hg 334 nm

Optical path 1 cm

Temperature 37 °C

Measurement Against air

#### Substrate Start

Sample/Calibrator	100 $\mu$ L
Reagent 1	1000 $\mu$ L

Mix, incubate for 5 min., then add:

Reagent 2 250  $\mu$ L

Mix, read absorbance after 1 min. and start stopwatch.

Read absorbance again 1, 2 and 3 min thereafter.

#### Sample Start

Don't use sample start with pyridoxal-5-phosphate !

Sample/Calibrator	100 $\mu$ L
Monoreagent	1000 $\mu$ L

Mix, read absorbance after 1 min. and start stopwatch. Read

absorbance again 1, 2 and 3 min thereafter.

**Calculation****With factor**

From absorbance readings calculate  $\Delta A/\text{min}$  and multiply by the corresponding factor from table below:

$$\Delta A/\text{min} \times \text{factor} = \text{ASAT activity [U/L]}$$

Substrate Start	
340 nm	2143
334 nm	2184
365 nm	3971
Sample Start	
340 nm	1745
334 nm	1780
365 nm	3235

**With calibrator**

$$\text{ASAT [U/L]} = \frac{\Delta A/\text{min Sample}}{\Delta A/\text{min Calibrator}} \times \text{Conc. Calibrator [U/L]}$$

**Conversion factor**

$$\text{ASAT [U/L]} \times 0.0167 = \text{ASAT [\mu\text{kat/L}]}$$

**Calibrators and Controls**

For the calibration of automated photometric systems the TruCal U calibrator is recommended. This method has been standardized against the original IFCC formulation. For internal quality control TruLab N and P controls should be assayed. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal U	5 9100 99 83 063	20 x 3 mL
	5 9100 99 83 064	6 x 3 mL
TruLab N	5 9000 99 83 062	20 x 5 mL
	5 9000 99 83 061	6 x 5 mL
TruLab P	5 9050 99 83 062	20 x 5 mL
	5 9050 99 83 061	6 x 5 mL

**Performance Characteristics**

**Measuring range**  
On automated systems the test is suitable for the determination of ASAT activities up to 700 U/L.

In case of a manual procedure, the test is suitable for ASAT activities which correspond to a maximum of  $\Delta A/\text{min}$  of 0.16 at 340 and 334 nm or 0.08 at 365 nm.

If such values are exceeded the samples should be diluted 1 + 9 with NaCl solution (9 g/L) and results multiplied by 10.

**Specificity/Interferences**

No interference was observed by ascorbic acid up to 30 mg/dL, bilirubin up to 40 mg/dL and lipemia up to 2,000 mg/dL triglycerides. The presence of hemoglobin in serum indicates destruction of erythrocytes with release of ASAT, thus producing high interference. For further information on interfering substances refer to Young DS [5].

**Sensitivity/Limit of Detection**

The lower limit of detection is 2 U/L.

**Precision****Without P-5-P**

Intra-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	25.1	0.82	3.25
Sample 2	51.3	1.57	3.06
Sample 3	116	0.90	0.77

Inter-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	25.7	1.13	4.40
Sample 2	48.6	0.67	1.38
Sample 3	115	0.80	0.69

**With P-5-P**

Intra-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	43.6	1.10	2.51
Sample 2	74.5	1.79	2.41
Sample 3	174	3.18	1.83

Inter-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	44.0	1.59	3.61
Sample 2	77.0	3.05	3.97
Sample 3	187	3.37	1.80

**Method Comparison****With P-5-P**

A comparison of ASAT (GOT) FS with P-5-P (y) with the IFCC reference reagent (x) using 51 samples gave following results:  $y = 1.000x - 0.800$  U/L;  $r = 0.999$ .

A comparison of ASAT (GOT) FS (y) with P-5-P and a commercially available test (x) using 51 samples gave following results:  $y = 0.970x + 0.350$  U/L;  $r = 0.999$ .

**Without P-5-P**

A comparison of ASAT (GOT) FS without P-5-P (y) and a commercially available test (x) using 51 samples gave following results:  $y = 0.997x + 0.621$  U/L;  $r = 1.000$ .

**Reference Range****With pyridoxal-5-phosphate activation**

Women [4]		< 31 U/L	< 0.52 $\mu\text{kat/L}$
Men [4]		< 35 U/L	< 0.58 $\mu\text{kat/L}$
Children [1]	1 - 3 Years	< 50 U/L	< 0.83 $\mu\text{kat/L}$
	4 - 6 Years	< 45 U/L	< 0.75 $\mu\text{kat/L}$
	7 - 9 Years	< 40 U/L	< 0.67 $\mu\text{kat/L}$
	10 - 12 Years	< 40 U/L	< 0.67 $\mu\text{kat/L}$
	13 - 15 Years	< 35 U/L	< 0.58 $\mu\text{kat/L}$
	16 - 18 Years	< 35 U/L	< 0.58 $\mu\text{kat/L}$

**Without pyridoxal-5-phosphate activation**

Women	< 31 U/L	< 0.52 $\mu\text{kat/L}$
Men	< 35 U/L	< 0.58 $\mu\text{kat/L}$

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

**Literature**

1. Thomas L. Alanine aminotransferase (ALT), Aspartate aminotransferase (AST). In: Thomas L, editor. Clinical Laboratory Diagnostics. 1<sup>st</sup> ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 55-65.
2. Moss DW, Henderson AR. Clinical enzymology. In: Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3<sup>rd</sup> ed. Philadelphia: W.B Saunders Company; 1999. p. 617-721.
3. Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1<sup>st</sup> ed. Darmstadt: GIT Verlag; 2001; p. 18-9.
4. Schumann G, Bonora R, Ceriotti F, Féraud G et al. IFCC primary reference procedure for the measurement of catalytic activity concentrations of enzymes at 37 °C. Part 5: Reference procedure for the measurement of catalytic concentration of aspartate aminotransferase. Clin Chem Lab Med 2002;40:725-33.
5. Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.

**Manufacturer**

DiaSys Diagnostic Systems GmbH  
Alte Strasse 9 65558 Holzheim Germany  
Distributed by Diagnostika Sistem Indonesia



## Lampiran 4. Surat keterangan reagen SGPT

### ALAT (GPT) FS\* (IFCC mod.) with/without pyridoxal-5-phosphate

Diagnostic reagent for quantitative in vitro determination of ALAT (GPT) in serum or plasma on photometric systems

#### Order Information

Cat. No.	Kit size
1 2701 99 83 021	R1 5 x 20 mL + R2 1 x 25 mL
1 2701 99 83 022	R1 5 x 80 mL + R2 1 x 100 mL
1 2701 99 83 023	R1 1 x 800 mL + R2 1 x 200 mL
1 2701 99 83 704	R1 8 x 50 mL + R2 8 x 12.5 mL
1 2701 99 83 917	R1 8 x 60 mL + R2 8 x 15 mL
1 2701 99 83 314	R1 10 x 20 mL + R2 2 x 30 mL

For determination with pyridoxal-5-phosphate activation  
 additionally required:  
 2 5010 99 83 030 6 x 3 mL

#### Summary [1,2]

Alanine Aminotransferase (ALAT/ALT), formerly called Glutamic Pyruvic Transaminase (GPT) and Aspartate Aminotransferase (ASAT/AST), formerly called Glutamic Oxalacetic Transaminase (GOT) are the most important representatives of a group of enzymes, the aminotransferases or transaminases, which catalyze the conversion of  $\alpha$ -keto acids into amino acids by transfer of amino groups.

As a liver specific enzyme, ALAT is only significantly elevated in hepatobiliary diseases. Increased ASAT levels, however, can occur in connection with damages of heart or skeletal muscle as well as of liver parenchyma. Parallel measurement of ALAT and ASAT is, therefore, applied to distinguish liver from heart or skeletal muscle damages. The ASAT/ALAT ratio is used for differential diagnosis in liver diseases. While ratios < 1 indicate mild liver damage, ratios > 1 are associated with severe, often chronic liver diseases.

#### Method

Optimized UV-test according to IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) [modified]

#### Principle

L-Alanine + 2-Oxoglutarate  $\xrightarrow{\text{ALAT}}$  L-Glutamate + Pyruvate

Pyruvate + NADH + H<sup>+</sup>  $\xrightarrow{\text{LDH}}$  D-Lactate + NAD<sup>+</sup>

Addition of pyridoxal-5-phosphate (P-5-P) stabilizes the activity of transaminases and avoids falsely low values in samples containing insufficient endogenous P-5-P, e.g. from patients with myocardial infarction, liver disease and intensive care patients [1].

#### Reagents

##### Components and Concentrations

<b>R1:</b>	TRIS	pH 7.15	140 mmol/L
	L-Alanine		700 mmol/L
	LDH (lactate dehydrogenase)		≥ 2300 U/L
<b>R2:</b>	2-Oxoglutarate		85 mmol/L
	NADH		1 mmol/L
<b>Pyridoxal-5-Phosphate FS</b>	Good's buffer	pH 9.6	100 mmol/L
	Pyridoxal-5-phosphate		13 mmol/L

#### Storage Instructions and Reagent Stability

The reagents are stable up to the end of the indicated month of expiry, if stored at 2 – 8 °C, protected from light and contamination is avoided. Do not freeze the reagents!

#### Warnings and Precautions

- The reagents contain sodium azide (0.95 g/L) as preservative. Do not swallow! Avoid contact with skin and mucous membranes.
- In very rare cases, samples of patients with gammopathy might give falsified results.
- Please refer to the safety data sheets and take the necessary precautions for the use of laboratory reagents. For diagnostic purposes, the results should always be assessed with the patient's medical history, clinical examinations and other findings.

#### Waste Management

Please refer to local legal requirements.

#### Reagent Preparation

##### Substrate Start

The reagents are ready to use.

For the determination with pyridoxal-5-phosphate (P-5-P) mix 1 part of P-5-P with 100 parts of reagent 1, e.g. 100  $\mu$ L P-5-P + 10 mL R1

Stability after mixing: 6 days at 2 – 8 °C  
24 hours at 15 – 25 °C

##### Sample Start

without pyridoxal-5-phosphate

Mix 4 parts of R1 + 1 part of R2

(e.g. 20 mL R1 + 5 mL R2) = mono-reagent

Stability: 4 weeks at 2 – 8 °C  
5 days at 15 – 25 °C

The mono-reagent must be protected from light!

#### Materials required but not provided

Pyridoxal-5-Phosphate FS in case of determination with P-5-P activation (Cat. No. 2 5010 99 10 030)  
NaCl solution 9 g/L; General laboratory equipment

#### Specimen

Serum, heparin plasma or EDTA plasma

Stability [4]:

3 days at 20 – 25 °C

7 days at 4 – 8 °C

7 days at -20 °C

Only freeze once! Discard contaminated specimens!

#### Assay Procedure

Application sheets for automated systems are available on request.

Wavelength	340 nm, Hg 365 nm, Hg 334 nm
Optical path	1 cm
Temperature	37 °C
Measurement	Against air

##### Substrate Start

<b>Sample or calibrator</b>	100 $\mu$ L
<b>Reagent 1</b>	1000 $\mu$ L
Mix, incubate for 5 min., then add:	
<b>Reagent 2</b>	250 $\mu$ L
Mix, read absorbance after 1 min. and start stopwatch.	
Read absorbance again 1, 2 and 3 min thereafter.	

##### Sample Start

Do not use sample start with pyridoxal-5-phosphate!

<b>Sample or calibrator</b>	100 $\mu$ L
<b>Mono-reagent</b>	1000 $\mu$ L
Mix, read absorbance after 1 min. and start stopwatch.	
Read absorbance again 1, 2 and 3 min thereafter.	

#### Calculation

##### With factor

From absorbance readings calculate  $\Delta A/\text{min}$  and multiply by the corresponding factor from table below:

$\Delta A/\text{min} \times \text{factor} = \text{ALAT activity [U/L]}$

	Substrate Start	Sample Start
340 nm	2143	1745
334 nm	2184	1780
365 nm	3971	3235

##### With calibrator

$$\text{ALAT [U/L]} = \frac{\Delta A/\text{min Sample}}{\Delta A/\text{min Calibrator}} \times \text{Conc. Calibrator [U/L]}$$

**Conversion factor**ALAT [U/L] x 0.0167 = ALAT [ $\mu$ kat/L]**Calibrators and Controls**

For the calibration of automated photometric systems the TruCal U calibrator is recommended. This method has been standardized against the original IFCC formulation (molar extinction coefficient 340 nm). For internal quality control TruLab N and P controls should be assayed. Each laboratory should establish corrective action in case of deviations in control recovery.

	Cat. No.	Kit size
TruCal U	5 9100 99 83 063	20 x 3 mL
	5 9100 99 83 064	6 x 3 mL
TruLab N	5 9000 99 83 062	20 x 5 mL
	5 9000 99 83 061	6 x 5 mL
TruLab P	5 9050 99 83 062	20 x 5 mL
	5 9050 99 83 061	6 x 5 mL

**Performance Characteristics****Measuring range**

On automated systems the test is suitable for the determination of ALAT activities up to 600 U/L.

In case of a manual procedure, the test is suitable for ALAT activities which correspond to a maximum of  $\Delta A/\text{min}$  of 0.16 at 340 and 334 nm or 0.08 at 365 nm. If such values are exceeded the samples should be diluted 1 + 9 with NaCl solution (9 g/L) and results multiplied by 10.

**Specificity/Interferences**

No interference was observed by ascorbic acid up to 30 mg/dL, bilirubin up to 40 mg/dL, hemoglobin up to 400 mg/dL and lipemia up to 2,000 mg/dL triglycerides. For further information on interfering substances refer to Young DS [5].

**Sensitivity/Limit of Detection**

The lower limit of detection is 4 U/L.

**Precision****Without P-5-P**

Intra-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	22.2	1.38	6.22
Sample 2	44.8	1.17	2.62
Sample 3	101	1.02	1.00

Inter-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	22.8	0.70	3.08
Sample 2	42.6	0.68	1.60
Sample 3	99.3	0.92	0.92

**With P-5-P**

Intra-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	33.8	1.25	3.71
Sample 2	72.0	2.04	2.83
Sample 3	128	2.77	2.16

Inter-assay precision n = 20	Mean [U/L]	SD [U/L]	CV [%]
Sample 1	33.3	0.99	2.96
Sample 2	72.1	1.36	1.88
Sample 3	133	1.76	1.32

**Method Comparison****With P-5-P**

A comparison of ALAT (GPT) FS with P-5-P (y) and the IFCC reference reagent (x) using 51 samples gave following results:

$$y = 1.000 x - 0.200 \text{ U/L}; r = 0.999.$$

A comparison of ALAT (GPT) FS with P-5-P (y) and a commercially available test (x) using 51 samples gave following results:

$$y = 0.970 x + 0.531 \text{ U/L}; r = 1.000.$$

**Without P-5-P**

A comparison of ALAT (GPT) FS without P-5-P (y) with a commercially available test (x) using 51 samples gave following results:

$$y = 0.971 x + 0.047 \text{ U/L}; r = 1.000.$$

**Reference Range****With pyridoxal-5-phosphate activation**

Women [3]	< 34 U/L	< 0.57 $\mu$ kat/L
Men [3]	< 45 U/L	< 0.75 $\mu$ kat/L
Children [1]	1 - 30 day(s)	< 25 U/L < 0.42 $\mu$ kat/L
	2 - 12 months	< 35 U/L < 0.58 $\mu$ kat/L
	1 - 3 year(s)	< 30 U/L < 0.50 $\mu$ kat/L
	4 - 6 years	< 25 U/L < 0.42 $\mu$ kat/L
	7 - 9 years	< 25 U/L < 0.42 $\mu$ kat/L
	10 - 18 years	< 30 U/L < 0.50 $\mu$ kat/L

**Without pyridoxal-5-phosphate activation**



Women	< 31 U/L	< 0.52 $\mu$ kat/L
Men	< 41 U/L	< 0.68 $\mu$ kat/L

Each laboratory should check if the reference ranges are transferable to its own patient population and determine own reference ranges if necessary.

**Literature**

- Thomas L. Alanine aminotransferase (ALT), Aspartate aminotransferase (AST). In: Thomas L, editor. Clinical Laboratory Diagnostics. 1<sup>st</sup> ed. Frankfurt: TH-Books Verlagsgesellschaft; 1998. p. 55-65.
- Moss DW, Henderson AR. Clinical enzymology. In: Burtis CA, Ashwood ER, editors. Tietz Textbook of Clinical Chemistry. 3<sup>rd</sup> ed. Philadelphia: W.B Saunders Company; 1999. p. 617-721.
- Schumann G, Bonora R, Ceriotti F, Féraud G et al. IFCC primary reference procedure for the measurement of catalytic activity concentrations of enzymes at 37 °C. Part 5: Reference procedure for the measurement of catalytic concentration of alanine aminotransferase. Clin Chem Lab Med 2002;40:718-24.
- Guder WG, Zawta B et al. The Quality of Diagnostic Samples. 1<sup>st</sup> ed. Darmstadt: GIT Verlag; 2001; 14-5.
- Young DS. Effects of Drugs on Clinical Laboratory Tests. 5th ed. Volume 1 and 2. Washington, DC: The American Association for Clinical Chemistry Press 2000.

**Manufacturer**

  DiaSys Diagnostic Systems GmbH  
Alte Strasse 9 65558 Holzheim Germany  
Distributed by Diagnostika Sistem Indonesia

**Lampiran 5. Foto daun kelor**

**Lampiran 6. Foto buah tomat**



**Lampiran 7. Foto hewan uji tikus putih galur wistar**



### Lampiran 8. Foto alat penelitian



**Spektrofotometri**



**Sentrifuge**

**Lampiran 9. Foto perlakuan tikus****Pemberian ekstrak secara peroral****Pengambilan darah lewat mata**

## Lampiran 10. Dosis Sediaan Uji

### 1. Dosis tomat

$$\begin{aligned} \text{Dosis Efektif} &= 55 \text{ g/kg BB tikus} \\ &= 55 : 5 \text{ g} / 1000 : 5 \text{ g BB tikus} \\ &= 11 \text{ g/200 g BB tikus} \end{aligned}$$

$$100\% = 11 \text{ g/200 g BB tikus}$$

$$\begin{aligned} 75\% &= \frac{75}{100} \times 11 \text{ g/ 200 g BB tikus} \\ &= 0.75 \times 11 \text{ g/ 200g BB tikus} \\ &= 8.25 \text{ g/ 200 g BB tikus} \end{aligned}$$

$$\begin{aligned} 50\% &= \frac{50}{100} \times 11 \text{ g/ 200 g BB tikus} \\ &= 0.5 \times 11 \text{ g/ 200 g BB tikus} \\ &= 5.5 \text{ g/ 200g BB tikus} \end{aligned}$$

$$\begin{aligned} 25\% &= \frac{25}{100} \times 11 \text{ g/ 200 g BB tikus} \\ &= 0.25 \times 11 \text{ g/ 200 g BB tikus} \\ &= 2.75 \text{ g/ 200 g BB tikus} \end{aligned}$$



## 2. Dosis daun kelor

Pada percobaan ini menggunakan dosis orientasi 0,036 g/ 200 g BB tikus dengan penambahan aquadest 3ml/ 200 g BB tikus

Dosis Efektif = 0.036 mg/200BB tikus

100% = 0.036 g/200 g BB tikus

75% =  $\frac{75}{100} \times 0,036 \text{ g/ } 200 \text{ g BB tikus}$   
 = 0.75 x 0,036 g/ 200g BB tikus  
 = 0,027g/ 200 g BB tikus

50% =  $\frac{50}{100} \times 0,036\text{g/ } 200 \text{ g BB tikus}$   
 = 0.5 x 0.036 g/ 200 g BB tikus  
 = 0,018g/ 200g BB tikus

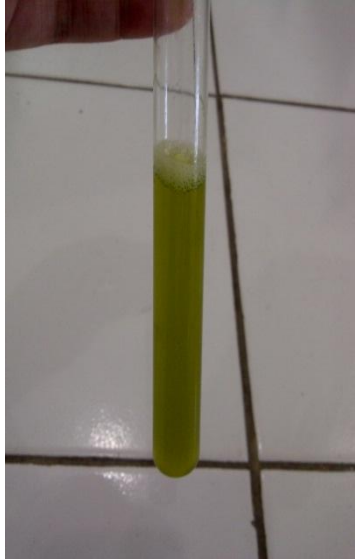
25% =  $\frac{25}{100} \times 0,036 \text{ g/ } 200 \text{ g BB tikus}$   
 = 0.25 x 0,036 g/ 200 g BB tikus  
 = 0,009 g/ 200 g BB tikus

### Lampiran 11.Dosis parasetamol

dosis parasetamol yang digunakan pada penelitian ini adalah dosis orientasi 10,8 mg/ 200 g BB tikus.

**Lampiran 12. Foto kandungan senyawa kimia secara kualitatif.**

Uji saponin daun kelor



Uji tanin daun kelor



Uji fenol daun kelor



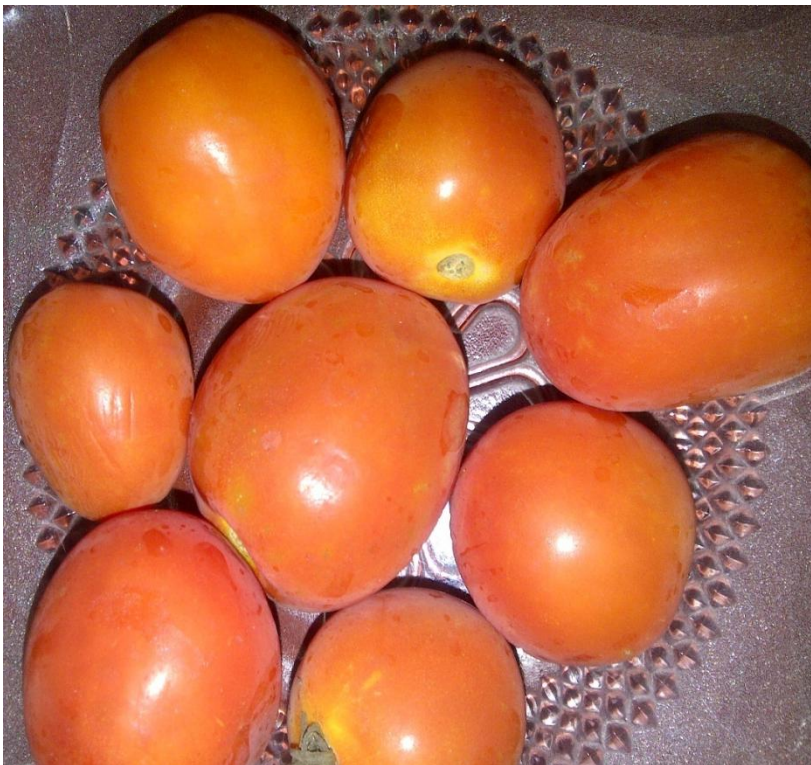
Uji flavonoid buah tomat



**Lampiran 13. Gambar daun kelor dan buah tomat segar**



**Daun kelor segar**



**Buah tomat segar**

**Lampiran 14. Gambar ekstrak segar daun kelor dan buah tomat**



**Gambar ekstrak segar daun kelor**



**Gambar ekstrak segar buah tomat**

**Lampiran 15. Tabel data pengamatan aktivitas SGPT (U/L) pada tikus putih**

Kelompok	Kadar SGPT awal	Kadar SGPT setelah di berikan ekstrak	Kadar SGPT setelah di induksi
	T0	T7	T8
I kelompok sehat	8	8	12
	8	11	13
	8	10	11
	12	9	14
	19	12	14
$\square \square \Sigma$	55	50	64
$\bar{X}$	11	10	12,8
2 kelompok sakit	8	8	40
	10	9	40
	12	9	41
	11	10	49
	9	11	41
$\Sigma$	50	47	211
$\bar{X}$	10	9,4	42,2
3 T75 : K25	13	7	9
	12	6	11
	7	6	8
	10	9	37
	9	8	13
$\Sigma$	51	36	78
$\bar{X}$	10,2	7,2	15,6
4 T50 : K 50	11	13	13
	15	17	24
	14	9	11
	14	12	13
	11	11	16
$\Sigma$	65	62	77
$\bar{X}$	13	12,4	15,4
5 T25 : K75	11	10	10
	10	10	15
	10	11	18
	10	11	22
	11	9	16
$\Sigma$	52	51	81
$\bar{X}$	10,4	10,2	16,2
6 T 100	7	13	13
	8	7	10

	9	12	14
	9	10	13
	10	8	14
$\Sigma$	43	50	64
$\bar{X}$	8,6	10	12,8
7	10	17	16
	14	12	8
K 100	10	10	9
	7	11	10
	12	11	13
$\Sigma$	53	61	56
$\bar{X}$	10,6	12,2	11,2

**Lampiran 16. Tabel data pengamatan aktivitas SGOT (U/L) pada tikus putih**

Kelompok	Kadar SGOT awal	Kadar SGOT setelah di berikan ekstrak	Kadar SGOT setelah di induksi
	T0	T7	T8
I kelompok sehat	20	20	27
	22	20	28
	20	29	29
	24	25	28
	14	13	27
$\Sigma$	12	107	139
$\bar{X}$	20	21.4	27.8
2 kelompok sakit	50	22	78
	10	28	88
	10	10	90
	30	14	77
	27	26	92
$\Sigma$	127	100	425
$\bar{X}$	25.4	20	85
3 T75 : K25	27	34	33
	24	55	31
	25	26	29
	60	30	27
	33	17	32
$\Sigma$	169	162	152
$\bar{X}$	33.8	32.4	30.4
4 T50 : K 50	10	21	24
	25	23	38
	10	23	37
	15	16	27
	17	8	32
$\Sigma$	77	91	158
$\bar{X}$	15.4	18.2	31.6
5 T25 : K75	34	32	40
	13	29	29
	22	24	29
	26	22	24
	24	18	48
$\Sigma$	119	125	170
$\bar{X}$	23.8	25	34
6 T 100	21	25	23
	28	22	38
	18	25	43

	24	19	17
	34	27	26
$\Sigma$	125	118	147
$\bar{X}$	25	23.6	29.4
7	28	42	26
	29	27	24
K 100	32	25	26
	40	22	25
	16	17	28
$\Sigma$	145	133	129
$\bar{X}$	29	26.6	25.8



## Lampiran 17. Analisa statistik aktivitas SGPT (U/L) pada tikus putih

### NPar Tests

#### One-Sample Kolmogorov-Smirnov Test

		SGPT
N		105
Normal Parameters <sup>a, b</sup>	Mean	12.924
	Std. Deviation	7.7220
Most Extreme Differences	Absolute	.283
	Positive	.283
	Negative	-.202
Kolmogorov-Smirnov Z		2.897
Asymp. Sig. (2-tailed)		.000

a. Test distribution is Normal.

b. Calculated from data.

### NPar Tests

#### Kruskal-Wallis Test

##### Ranks

Hari		N	Mean Rank
SGPT	Kadar SGPT awal	35	44.31
	SGPT setelah di berikan ekstrak	35	41.17
	SGPT setelah di induksi	35	73.51
	Total	105	

##### Test Statistics<sup>a, b</sup>

	SGPT
Chi-Square	24.291
Df	2
Asymp. Sig.	.000

a. Kruskal Wallis Test

b. Grouping Variable: Hari

## NPar Tests

### Kruskal-Wallis Test

**Ranks**

	Kelompok	N	Mean Rank
SGPT	kelompok sehat	15	51.33
	kelompok sakit	15	57.97
	T75 : K25	15	35.10
	T50 : K 50	15	72.40
	T25 : K75	15	56.93
	T 100	15	44.57
	K 100	15	52.70
	Total	105	

### Test Statistics<sup>a,b</sup>

	SGPT
Chi-Square	13.269
Df	6
Asymp. Sig.	.039

a. Kruskal Wallis Test

b. Grouping Variable:  
Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	3.00	15.00
	kelompok sakit	5	8.00	40.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.635
Asymp. Sig. (2-tailed)	.008
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	6.40	32.00
	T75 : K25	5	4.60	23.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	8.000
Wilcoxon W	23.000
Z	-.949
Asymp. Sig. (2-tailed)	.343
Exact Sig. [2*(1-tailed Sig.)]	.421 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	4.90	24.50
	T50 : K 50	5	6.10	30.50
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	9.500
Wilcoxon W	24.500
Z	-.638
Asymp. Sig. (2-tailed)	.523
Exact Sig. [2*(1-tailed Sig.)]	.548 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	4.00	20.00
	T25 : K75	5	7.00	35.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	5.000
Wilcoxon W	20.000
Z	-1.571
Asymp. Sig. (2-tailed)	.116
Exact Sig. [2*(1-tailed Sig.)]	.151 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	5.40	27.00
	T 100	5	5.60	28.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	12.000
Wilcoxon W	27.000
Z	-.109
Asymp. Sig. (2-tailed)	.913
Exact Sig. [2*(1-tailed Sig.)]	1.000 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sehat	5	6.50	32.50
	K 100	5	4.50	22.50
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	7.500
Wilcoxon W	22.500
Z	-1.051
Asymp. Sig. (2-tailed)	.293
Exact Sig. [2*(1-tailed Sig.)]	.310 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sakit	5	8.00	40.00
	T75 : K25	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.627
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sakit	5	8.00	40.00
	T50 : K 50	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.635
Asymp. Sig. (2-tailed)	.008
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sakit	5	8.00	40.00
	T25 : K75	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.627
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sakit	5	8.00	40.00
	T 100	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.643
Asymp. Sig. (2-tailed)	.008
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

**Ranks**

	Kelompok	N	Mean Rank	Sum of Ranks
SGPT	kelompok sakit	5	8.00	40.00
	K 100	5	3.00	15.00
	Total	10		

**Test Statistics<sup>b</sup>**

	SGPT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.627
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok



## Lampiran 18. Analisa statistik aktivitas SGOT (U/L) pada tikus putih

### NPar Tests

#### One-Sample Kolmogorov-Smirnov Test

		SGOT
N		105
Normal Parameters <sup>a, b</sup>	Mean	28.743
	Std. Deviation	15.5687
Most Extreme Differences	Absolute	.227
	Positive	.227
	Negative	-.105
Kolmogorov-Smirnov Z		2.323
Asymp. Sig. (2-tailed)		.000

a. Test distribution is Normal.

b. Calculated from data.

### NPar Tests

#### Kruskal-Wallis Test

##### Ranks

Hari		N	Mean Rank
SGOT	Kadar SGPT awal	35	44.84
	SGPT setelah di berikan ekstrak	35	42.13
	SGPT setelah di induksi	35	72.03
	Total	105	

##### Test Statistics<sup>a, b</sup>

		SGOT
Chi-Square		20.683
df		2
Asymp. Sig.		.000

a. Kruskal Wallis Test

b. Grouping Variable: Hari

## NPar Tests

### Kruskal-Wallis Test

Ranks

	Kelompok	N	Mean Rank
SGOT	kelompok sehat	15	41.80
	kelompok sakit	15	61.60
	T75 : K25	15	69.97
	T50 : K 50	15	36.83
	T25 : K75	15	56.00
	T 100	15	48.90
	K 100	15	55.90
	Total	105	

Test Statistics<sup>a,b</sup>

	SGOT
Chi-Square	12.690
df	6
Asymp. Sig.	.048

a. Kruskal Wallis Test

b. Grouping Variable:  
Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	3.00	15.00
	kelompok sakit	5	8.00	40.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.627
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	3.90	19.50
	T75 : K25	5	7.10	35.50
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	4.500
Wilcoxon W	19.500
Z	-1.702
Asymp. Sig. (2-tailed)	.089
Exact Sig. [2*(1-tailed Sig.)]	.095 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	4.80	24.00
	T50 : K 50	5	6.20	31.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	9.000
Wilcoxon W	24.000
Z	-.742
Asymp. Sig. (2-tailed)	.458
Exact Sig. [2*(1-tailed Sig.)]	.548 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	4.20	21.00
	T25 : K75	5	6.80	34.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	6.000
Wilcoxon W	21.000
Z	-1.383
Asymp. Sig. (2-tailed)	.167
Exact Sig. [2*(1-tailed Sig.)]	.222 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	6.00	30.00
	T 100	5	5.00	25.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	10.000
Wilcoxon W	25.000
Z	-.525
Asymp. Sig. (2-tailed)	.599
Exact Sig. [2*(1-tailed Sig.)]	.690 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sehat	5	7.40	37.00
	K 100	5	3.60	18.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	3.000
Wilcoxon W	18.000
Z	-2.022
Asymp. Sig. (2-tailed)	.043
Exact Sig. [2*(1-tailed Sig.)]	.056 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sakit	5	8.00	40.00
	T75 : K25	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.611
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sakit	5	8.00	40.00
	T50 : K 50	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.611
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sakit	5	8.00	40.00
	T25 : K75	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.619
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sakit	5	8.00	40.00
	T 100	5	3.00	15.00
	Total	10		

Test Statistics<sup>b</sup>

	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.611
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## NPar Tests

### Mann-Whitney Test

Ranks				
	Kelompok	N	Mean Rank	Sum of Ranks
SGOT	kelompok sakit	5	8.00	40.00
	K 100	5	3.00	15.00
	Total	10		

Test Statistics <sup>b</sup>	
	SGOT
Mann-Whitney U	.000
Wilcoxon W	15.000
Z	-2.619
Asymp. Sig. (2-tailed)	.009
Exact Sig. [2*(1-tailed Sig.)]	.008 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok



## **BAB V**

### **KESIMPULAN DAN SARAN**

#### **A. Kesimpulan**

Berdasarkan hasil penelitian ini didapatkan kesimpulan :

Pertama, pemberian ekstrak segar daun kelor (*Moringa oleifera*. Lamk) dan buah tomat (*Solanum lycopersicum* L) memiliki efek melindungi dari kerusakan yang dilihat dari rendahnya kadar SGPT dan SGOT dari tikus putih jantan galur wistar yang di induksi parasetamol.

Kedua, ekstrak segar daun kelor 100% memiliki efek yang paling baik diantara dosis tunggal dan dosis kombinasi ekstrak segar yang lain.

#### **B. Saran**

Perlu dilakukan penelitian lebih lanjut tentang senyawa pada ekstrak daun kelor dan buah tomat kenapa hasil yang lebih baik adalah jika dosis tunggal. Apakah ada senyawa yang menghambat kerja senyawa-senyawa sebagai hepatoprotektif sehingga bekerja tidak semaksimal jika tanaman yang di gunakan tunggal.