

BAB V

KESIMPULAN DAN SARAN

A. KESIMPULAN

Berdasarkan hasil penelitian dapat disimpulkan :

Pertama, imipenem 100 ppm merupakan antibiotik paling sensitif dibanding antibiotik seftriakson, siprofloksasin, sefotaksim dan amikasin terhadap daya hambat bakteri *Klebsiella pneumoniae* ATCC 10031.

Kedua, kombinasi simvastatin 15 ppm dan 150 ppm dengan antibiotik seftriakson, siprofloksasin, imipenem, dan amikasin tidak memberikan peningkatan efek terhadap diameter zona hambat bakteri *Klebsiella pneumoniae* ATCC 10031, hanya kombinasi sefotaksim 100 ppm dan simvastatin 150 ppm yang memberikan hasil diameter daya hambat beda signifikan.

Ketiga, kombinasi simvastatin 150 ppm dengan sefotaksim 100 ppm memberikan hasil diameter daya hambat berbeda signifikan terhadap pertumbuhan bakteri *Klebsiella pneumoniae* ATCC 10031.

B. SARAN

Saran yang dapat diberikan untuk penelitian lebih lanjut :

Pertama, perlu dilakukan penelitian lebih lanjut efek kombinasi simvastatin dengan antibiotik yang berbeda dengan bakteri Gram negatif lain untuk mengetahui kemungkinan peningkatan efek antibakteri.

Kedua, perlu dilakukan penelitian efek antibakteri simvastatin pada konsentrasi dibawah 150 ppm untuk kemungkinan mendapatkan konsentrasi lebih kecil yang dapat memberikan aktivitas terhadap bakteri Gram negatif lain.

Ketiga, perlu dilakukan penelitian lanjutan untuk mengetahui secara pasti mekanisme kerja kombinasi sefotaksim 100 ppm dengan simvastatin 150 ppm agar dapat digunakan untuk pengobatan.

Keempat, perlu dilakukan penelitian lebih lanjut untuk mengetahui jenis kombinasi simvastatin 150 ppm dengan sefotaksim 100 ppm termasuk dalam kombinasi sinergisme adisi atau potensiasi.

DAFTAR PUSTAKA

- Bangun A. 1989. *Petunjuk Laboratorium Isolasi dan Identifikasi Mikroorganisme*. Yogyakarta: Fakultas Kedokteran Universitas Gadjah Mada.
- Behrman RE, Kliegman RM, Arvin AM, editor. 1996. *Ilmu Kesehatan Anak*. Edisi 15. Jakarta: Buku Kedokteran EGC.
- Bergmen P, Linde C, Pütsep K, Pohanka A, Normark S, Normark B, Anderson J, Bergman LB. 2011. Studies on the Antibacterial Effects of Statins - *in vitro* and *in vivo*. *Plos One* 6(8):1-7.
- Bonang G dan Koeswardono S. 1982. *Mikrobiologi Kedokteran untuk Laboratorium dan Klinik*. Jakarta: Gramedia.
- Brashers Valentine L. 2003. *Aplikasi Klinis Kedokteran*. Jakarta: Buku Kedokteran EGC.
- Brooks GF, Butel JS, Morse SA. *Mikrobiologi Kedokteran*. Hartanto H, Rochman C, Dimanti A, Diani A, penerjemah; Elferia RN, Ramadhani S, Karolina S, Indriyani F, Rianti SSP, Yulia R, editor. Jakarta: Buku Kedokteran EGC. Terjemahan dari: *Jawetz, Melnick, and Adelberg's Medical Microbiology 23th Ed.*
- Brunton Laurence dan Goodman LS. 2008. *Goodmans & Gilman's Manual Of Pharmacology and Therapeutics*. Jakarta: Buku Kedokteran EGC.
- Caims Donald. 2000. *Intisari Kimia Farmasi*. Edisi 2. Jakarta: Buku Kedokteran EGC.
- Chow OA, Blickwede MVK, Bright AT, Hensler ME, Zinkernagel AS, Cogen AL, Gallo RL, Monestier M, Wang Y, Glass CK, Nizet V. 2010. Statins Enhance Formation of Phagocyte Extracellular Traps. *Cell Host Microbe* 8(5):1-20.
- Corwin Elizabeth J. 2009. *Buku Saku Patofisiologi*. Edisi 3. Jakarta: Buku Kedokteran EGC.
- Cosgrove SE, Kaye KS, Eliopoulos GM, Carmeli Y. 2002. Health and Economic Outcomes of The Emergence of Third-Generation Sefalosporin Resistance in Enterobacter Species. *Arch Inter Med* 162:95-180.
- Daldiyono. 2006. *Menuju Seni Ilmu Kedokteran*. Jakarta: Gramedia.

- Davey P. 2005. *At a Glance Medicine*. Rahmalia A, Novianty C, penerjemah; Safitri A, editor. Jakarta: Erlangga. Terjemahan dari: *Medicine at a Glance*.
- Fahmey SS. 2013. Early-Onset Sepsis in a Neonatal Intensive Care Unit in Beni Suef, Egypt: Bacterial Isolates and Antibiotic Resistance Pattern. *Korean J Pediatr* 56(8):332-337.
- Filius PM, Liem TB, Van Der Linden PD, Janknegt R, Natsch S, Vulto AG. 2005. An Additional Measure for Quantifying Antibiotics Use in Hospitals. *J Antimicrob Chemoter* 55:805-808.
- Gillespie SH and Bamford KH. 2009. *Medical Microbiology and Infection at a Glance*. Jakarta: Erlangga.
- Hardman JG, Limbird LE, editor. 2003. *The Pharmacological Basis of Therapeutics 10th Ed.* Jakarta: Buku Kedokteran EGC.
- Harr Robert R. 1995. *Resensi Ilmu Laboratorium Klinis*. Jakarta: Buku Kedokteran EGC.
- Hawser SP, Samuel K, Bouchillon, Lascols C, Hackel M, Hoban RE, Badal, Woodford N, Livermore DM. 2011. Susceptibility of *Klebsiella pneumoniae* isolates from intra-abdominal infections and molecular characterization of ertapenem-resistant isolates. *Antimicrobial Agent and Chemotherapy*. 55:3917-3921.
- Iskamto Bambang. 2009. *Bakteriologi Kesehatan*. Surakarta: UPT penerbitan dan Pencetakan UNS.
- James J, Baler C, Swain H. 2008. *Prinsip-Prinsip Sains untuk Keperawatan*. Wardhani IR, penerjemah; Safitri A, Astikawati R, editor. Jakarta: Erlangga. Terjemahan dari: *Principles of Science for Nurses*.
- Karlowsky JA, Jones ME, Thornsberry C, Friedland IR, Sahm DF. 2003. Trends in Antimicrobial Susceptibilities among *Enterobacteriaceae* Isolated from Hospitalized Patients in the United States from 1998 to 2001. *Antimicrobial Agents and Chemotherapy* 47(5):1672-1680.
- Karsinah, Lucky HM, Suharto, Mardiastuti HW. 1994. Enterobacteriaceae. Di dalam: Batang Negatif Gram. *Buku Ajar Mikrobiologi Kedokteran*. Jakarta: Binarupa Aksara.
- Katzung BG. 2007. *Farmakologi Dasar dan Klinik*. Edisi ke-10. Jakarta: Buku Kedokteran EGC.
- Kee JL. dan Hayes Evelyn R. 1996. *Farmakologi Pendekatan Proses Keperawatan*. Jakarta: Buku Kedokteran EGC.

- Kumar V, Abbas AK, Fausto N. 2007. *Buku Ajar Patologi Robbins Ed 7*. Brahm U, Pendit, penerjemah; Rachman LY, Dany F, Rendy L, editor. Jakarta:Buku Kedokteran EGC. Terjemahan dari: *Robbins and Cotran Pathologic Basis of Disease 7th Ed.*
- Masadeh M, Mhaidat N, Alzoubi K, Al-azzam S, Alnasser Z. 2012. Antibacterial activity of statins: a comparative study of atorvastatin, simvastatin, and rosuvastatin. *Annals of clinical microbiology and antimicrobials*. 11(13):1-5.
- Misnadiarly. 2008. *Penyakit Infeksi Saluran Nafas Pneumonia*. Jakarta: Pustaka Obor Populer.
- Mutschler E. 1986. *Dinamika Obat*. Edisi ke-5. Widianto MB, Ranti AS, penerjemah; Bandung:ITB. Terjemahan dari: *Arzneimittelwirkungen*.
- Neal MJ. 2006. *At a Glance Farmakologi Medis*.Edisi 5. Jakarta: Erlangga.
- Pelczar MJ, Chan ECS. 1986. *Dasar-Dasar Mikrobiologi*. Volume ke-1.Hadieotomo RS, Imas T, Tjitrosomo S, Angka SL, penerjemah; Jakarta:UI Press. Terjemahan dari: *Elements of Microbiology*.
- Power DA, Mc Cuen PJ. 1988. *Manual of BBL Products and Laboratory Procedures Sixth Edition*. Maryland: Beckton Dickinson.
- Radji Maksum dan Biomed M. 2009. *Buku Ajar Mikrobiologi Panduan Mahasiswa Farmasi dan Kedokteran*. Jakarta: Buku Kedokteran EGC.
- Rosch JW, Boyd AR, Hinojosa E, Pestina T, Hu Y, Persons DA, Orihuela CJ, Tuomanen EI. Statins Protect Against Fulminant Pneumococcal Infection and Cytolsin Toxicity in a Mouse Model of Sickle Cell Disease. 2010. *The Journal of Clinical Investigation* 120(2):627-635.
- Sacher Ronald A. dan McPherson Richard A. 2000. *Tinjauan Klinis Hasil Pemeriksaan Laboratorium*.Edisi 11. Jakarta: Buku Kedokteran EGC.
- Saepudin. 2011. *Tingkat Persepsi Antibiotik di Puskesmas Kabupaten Sleman Yogyakarta Selama Tahun 2004-2008*. Yogyakarta: Fakultas MIPA UNN Islam Indonesia.
- Schwartz SI. 2000. *Intisari Prinsip-Prinsip Ilmu Bedah*.Edisi 6. Jakarta: Buku Kedokteran EGC.
- Stringer Janet L. 2006. *Konsep Dasar Farmakologi*.Edisi 3. Jakarta: Buku Kedokteran EGC.
- Stewart FS, Beswick TSL. 1977. *Bacteriology Virology and Immunity*. London: Balliere Tindall.

- Sumardjo D. 2006. *Pengantar Kimia Buku Panduan Kuliah Mahasiswa Kedokteran*. Jakarta: Buku Kedokteran EGC.
- Suryatna FD. 2007. *Farmakologi dan Terapi*. Edisi 5. Jakarta: Balai Penerbit FKUI.
- Suryo J. 2010. *Herbal Penyembuh Gangguan Sistem Pernafasan*. Yogyakarta: Bentang Pustaka.
- Tjay TH, Kirana R. 2007. *Obat-Obat Penting*. Ed-6. Jakarta: Gramedia.
- Utami ER. 2012. Antibiotika, resistensi, dan rasionalitas terapi. *Sainstis* 1:90-99.
- Waluyo Lud. 2005. *Mikrobiologi Umum*. Malang: UMM Press.
- Wattimena JR, Sugiarso NC, Widianto MB, Sukandar EY, Soemardji AA, Setiadi AR. 1991. *Farmakodinami dan Terapi Antibiotik*. Yogyakarta: Gadjah Mada University Press.
- Wiyono WI, Deby A. Mpila, Fatimawali. 2012. Uji aktivitas antibakteri ekstrak etanol daun mayana (*Coleus atropurpureus* [L] Benth) terhadap *Staphylococcus aureus*, *Escherichia coli* dan *Pseudomonas aeruginosa* secara *in vitro*[Karya Tulis Ilmiah]. Manado: Universitas Sam Ratulangi Manado.

Lampiran 1. Certificate of Analysis simvastatin

		TA : B-14/12/2012 TD : 28/11/2012	Ae sample f 12
SHANGYU JINGXIN PHARMACEUTICAL CO., LTD. CERTIFICATE OF ANALYSIS Simvastatin			
D-QA542-P05-R03		Analysis serial No.:DK40-1204281-01	
Batch No.: DK40-1204281		Quantity: 25.00Kg	
Package Size: 25 Kg/Drum		Manufacturing Date: 28 Apr. 2012	
Issuing Date: 30 Apr. 2012		Expiry Date: 27 Apr. 2013	
Source: S16 Workshop		Quality Specification: USP34	
Items	Specification	Results	
CHARACTERS			
Appearance	White to off-white powder	white powder	
Solubility	Practically insoluble in water, freely soluble in chloroform, in methanol, and in ethanol. Sparingly soluble in propylene glycol. Very slightly soluble in Hexane.	Complies	
IDENTIFICATION			
IR	The spectrum obtained from sample consists with that obtained from Simvastatin RS	Complies	
HPLC	The retention time of the major peak in the chromatogram of the standard preparation, as obtained in the Assay	Complies	
Specific rotation	+285°~+298°	+291.0°	
Loss on drying	Not more than 0.5%	0.02%	
Residue on ignition	Not more than 0.1%	0.04%	
Heavy metals	Not more than 0.002%	Less than 0.002%	
Chromatographic purity			
Simvastatin hydroxyacid	Not more than 0.4%	0.04%	
Epilovastatin and Lovastatin	Not more than 1.0%	0.44%	
Methylene simvastatin	Not more than 0.4%	0.11%	
Acetyl simvastatin	Not more than 0.4%	0.09%	
Anhydro simvastatin	Not more than 0.4%	0.02%	
Simvastatin dimer	Not more than 0.4%	0.17%	
Any other individual impurity	Not more than 0.1%	0.06%	
Total impurities other than lovastatin and epilovastatin	Not more than 1.0%	0.55%	
Residual solvents			
Ethanol	Not more than 5000ppm	724 ppm	
Dichloromethane	Not more than 600ppm	not tested	
ASSAY (on the dried basis)	98.0% to 102.0% of C ₂₅ H ₃₈ O ₃	99.4%	
Conclusion: The results v/conform with do not conform with the specifications.			
Analyst: Wu Xiaofei 	Checker: Geng Rui Feng 	QA Manager: Ma Zhiling 	
Address: No. 31 Weisan Road, Zhejiang Hangzhou Bay Shangyu Industrial Area, Shangyu City, Zhejiang Province, P.R. China, 312369 Tel.: +86-575-82728559 Fax: +86-575-82728551			

Lampiran 2. Certificate of Analysis siprofloksasin

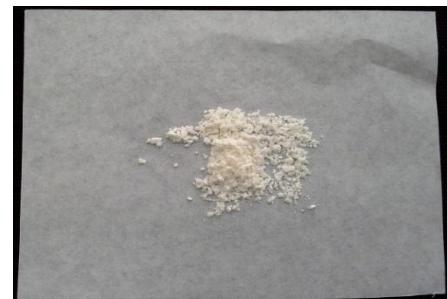
Ae Sample
TO : 01-04-2013
TA : 04-06-05-2013

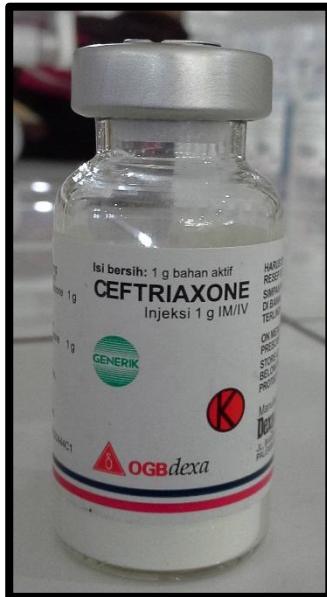
浙江国邦药业有限公司
ZHEJIANG GUOBANG PHARMACEUTICAL CO., LTD.
地址：中宣桥过上虞精细化工园区五弄 电话：0575-82735575 传真：0575-82735575 电子：0575-82735575
Wu Road, Fine Chemical Zone, Shangyu, Zhejiang, China 312350 Fax: 0575-82735575 Tel: 0575-82735575

质量检验报告书
CERTIFICATE OF ANALYSIS

产品名称 Product	盐酸环丙沙星 Ciprofloxacin HCl	批号 Batch No	101-130225-1 ✓
包装 Packaging Size	25Kg/桶 (drum)	数量 Quantity	400Kg
生产日期 MFG Date	25/02/2013 (d/m/y)	检测日期 Testing Date	01/03/2013 (d/m/y)
执行标准 According to	美国药典 (USP35)	失效日期 Expiry Date	24/02/2016(d/m/y)

检验项目 (Tests)	标准规定 (Acceptance Criteria)	结果 (Results)	
外型 Description	淡黄色至浅黄色结晶性粉末 Faintly yellowish to light yellow crystalline powder	符合 Conforms	
溶解性 Solubility	在水中略溶，在乙醇、乙酸、乙酰乙酸、正己烷和二氯甲烷，几乎不溶于丙酮、乙醚、乙酰乙酸、正己烷和二氯甲烷。Sparingly soluble in water, slightly soluble in acetic acid and methanol, very slightly soluble in dehydrated alcohol, practically insoluble in acetone, in acetonitrile, in ethyl acetate, in hexane, and in methylene chloride		
鉴别 Identification	(1) IR: 红外光吸收图谱应与对照品的图谱一致 IR: Conforms to the spectrum of Ciprofloxacin Hydrochloride RS (2) HPLC: 在含量测定项下，供试品溶液主峰保留时间应与对照品溶液主峰保留时间一致 HPLC The retention time of the major peak of the Sample solution corresponds to that of the Standard solution, as obtained in the Assay (3) 应呈氯化物的鉴别反应 Responds to the tests for chloride	符合 Conforms	
酸度 pH	3.0~4.5. (1g/10ml water)	3.6	
水分 Water	≤ 7.7%	5.7%	
灰分 Residue on ignition	≤ 0.1%	0.05%	
硫酸盐 Sulphate	≤ 0.04%	< 0.04%	
重金属 Heavy metals	≤ 0.002%	< 0.002%	
氯喹啉酸 (TLC)	≤ 0.2%	< 0.2%	
色谱纯度 (HPLC) Chromatographic purity	(1) 乙二胺类环丙沙星 Ciprofloxacin ethylenediamine analog (2) 其它单个杂质 Any other single impurity (3) 所有杂质 The sum of all impurities	≤ 0.2% ≤ 0.2% ≤ 0.5%	0.10% 0.06% 0.21%
含量 (HPLC) Assay	按无水物计算，含 $C_{16}H_{18}N_4O_3 \cdot HCl$ 应为 98.0%~102.0%	98.0%~102.0% (On the anhydrous substance)	99.9%
残留溶剂 Residual solvents	(1) 乙醇 Ethanol (2) 甲苯 Toluene	≤ 500ppm ≤ 800ppm	453ppm 未检出 Not detected
结论：本品按美国药典 35 版标准检验，结果符合规定 Conclusion: Conforms to USP 35 specification for ciprofloxacin hydrochloride			
备注(note): 松密度(bulk density) 0.26g/ml			
Reported by Li Na Li Na	Reviewed by Pang Yanhua Pang Yanhua	Approved by Wu Qinghua Wu Qinghua	
		31.50	03/01/2013

Lampiran 3. Foto bahan penelitian**3a. Foto simvastatin serbuk****3b. Foto siprofloksasin serbuk****3c. Foto injeksi imipenem****3d. Foto injeksi amikasin**



3e. Foto injeksi seftriakson



3f. Foto injeksi sefotaksim



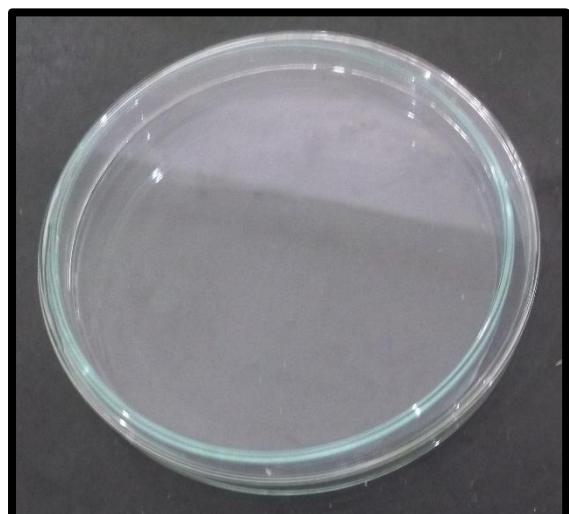
3g. Foto Sodium chloride 0,9%



3h. Foto ringer laktat

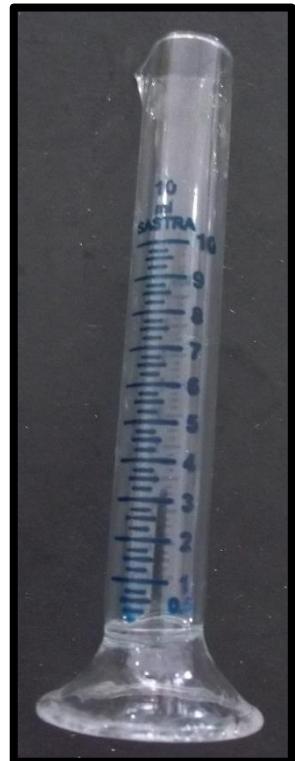


3i. Foto sterile water for injection 3j. Foto aquadest steril

Lampiran 4. Foto alat penelitian.**4a. Foto mikropipet dan tip****4b. Fo****4c. Foto jarum ose****4d. Foto cawan petri**



4e. Foto inkas



4f. Foto gelas ukur



4g. Foto labu takar



4h. Foto bunsen



4i. vortex



4j. foto timbangan analitik



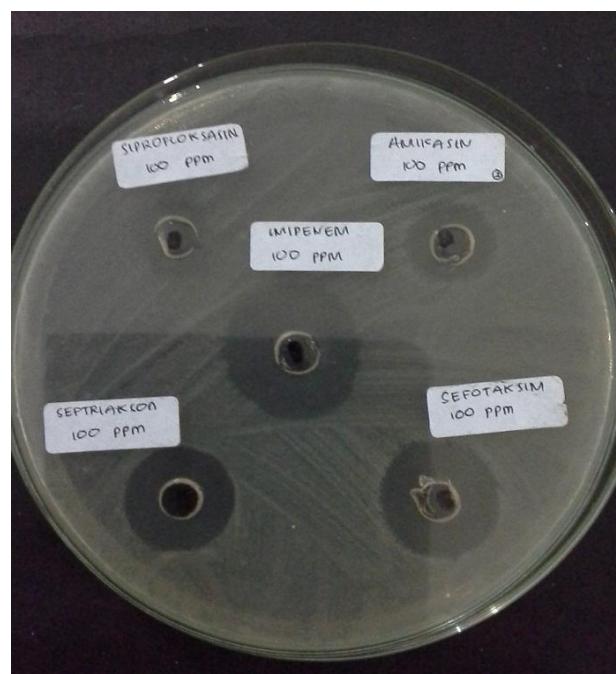
4k. Foto beaker glass



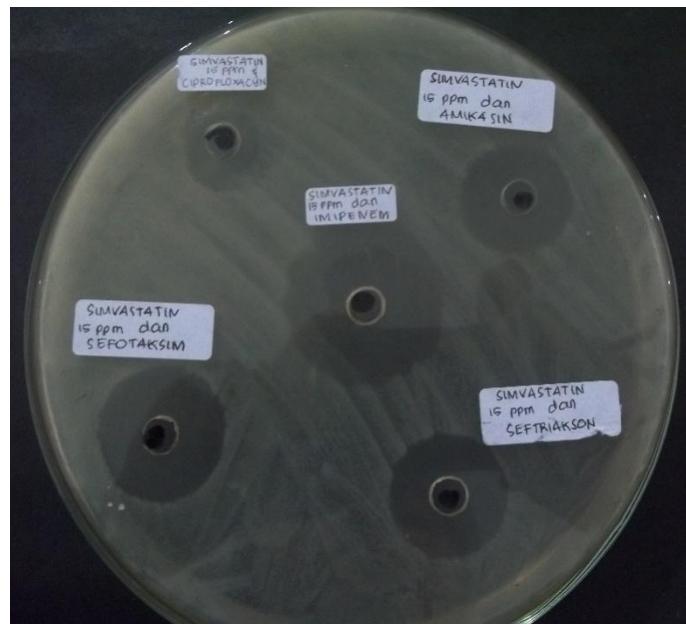
4k. Foto autoklav

Lampiran 5. Foto hasil percobaan

5a. foto hasil efek simvastatin 15 dan 150 ppm terhadap bakteri *Klebsiella pneumoniae*



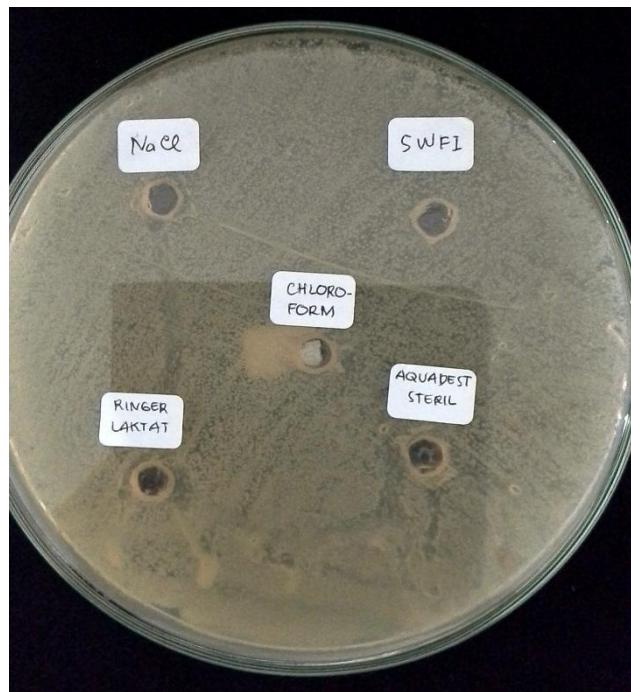
5b. foto hasil efek antibiotik sefriakson, siprofloksasin, sefotaksim, imipenem, dan amikasin 100 ppm terhadap bakteri *Klebsiella pneumoniae*.



5c. foto hasil efek kombinasi simvastatin 15 ppm dengan kelima antibiotik terhadap bakteri *Klebsiella pneumoniae*



5d. foto hasil efek kombinasi simvastatin 150 ppm dengan kelima antibiotik terhadap bakteri *Klebsiella pneumoniae*.



5f. foto kontrol pelarut.

Lampiran 6. Tabel hasil uji statistik.

6a. Hasil uji statistik perbandingan diameter daya hambat seftriakson dan kombinasi seftriakson dengan simvastatin 15 dan 150ppm.

Npar Tests**Descriptive Statistics**

	N	Mean	Std. Deviation	Minimum	Maximum
diameter daya hambat	9	25.22	2.108	23	29

One-Sample Kolmogorov-Smirnov Test

		diameter daya hambat
N		9
Normal Parameters ^{a,b}	Mean	25.22
	Std. Deviation	2.108
Most Extreme Differences	Absolute	.209
	Positive	.209
	Negative	-.146
Kolmogorov-Smirnov Z		.626
Asymp. Sig. (2-tailed)		.828

a. Test distribution is Normal.

b. Calculated from data.

Oneway**Test of Homogeneity of Variances**

diameter daya hambat

Levene Statistic	df1	df2	Sig.
1.968	2	6	.220

ANOVA

diameter daya hambat

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	13.556	2	6.778	1.848	.237
Within Groups	22.000	6	3.667		
Total	35.556	8			

6b. Hasil uji statistik perbandingan diameter daya hambat sefotaksim dan kombinasi sefotaksim dengan simvastatin 15 dan 150 ppm.

NPar Tests

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
diameter daya hambat	9	25.67	4.000	18	30

One-Sample Kolmogorov-Smirnov Test

		diameter daya hambat
N		9
Normal Parameters ^{a,b}	Mean	25.67
	Std. Deviation	4.000
Most Extreme Differences	Absolute	.311
	Positive	.169
	Negative	-.311
Kolmogorov-Smirnov Z		.933
Asymp. Sig. (2-tailed)		.349

a. Test distribution is Normal.

b. Calculated from data.

Oneway

Test of Homogeneity of Variances

diameter daya hambat

Levene Statistic	df1	df2	Sig.
4.989	2	6	.053

ANOVA

diameter daya hambat

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	88.667	2	44.333	6.763	.029
Within Groups	39.333	6	6.556		
Total	128.000	8			

Post Hoc Tests

Multiple Comparisons

Dependent Variable:diameter daya hambat

	(I) sampel	(J) sampel	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Tukey HSD	sefotaksim	sefotaksim + simvastatin 15 ppm	-5.667	2.091	.078	-12.08	.75
		sefotaksim + simvastatin 150 ppm	-7.333*	2.091	.029	-13.75	-.92
		sefotaksim + simvastatin 15 ppm	5.667	2.091	.078	-.75	12.08
	sefotaksim + simvastatin 150 ppm	sefotaksim	-1.667	2.091	.718	-8.08	4.75
		sefotaksim + simvastatin 150 ppm	7.333*	2.091	.029	.92	13.75
		sefotaksim + simvastatin 15 ppm	1.667	2.091	.718	-4.75	8.08
Bonferroni	sefotaksim	sefotaksim + simvastatin 15 ppm	-5.667	2.091	.105	-12.54	1.21
		sefotaksim + simvastatin 150 ppm	-7.333*	2.091	.038	-14.21	-.46
		sefotaksim + simvastatin 15 ppm	5.667	2.091	.105	-1.21	12.54
	sefotaksim + simvastatin 150 ppm	sefotaksim	-1.667	2.091	1.000	-8.54	5.21
		sefotaksim + simvastatin 15 ppm	7.333*	2.091	.038	.46	14.21
		sefotaksim + simvastatin 150 ppm	1.667	2.091	1.000	-5.21	8.54

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

diameter daya hambat			
sampel	N	Subset for alpha = 0.05	
		1	2
Tukey HSD ^a			
sefotaksim	3	21.33	
sefotaksim + simvastatin 15 ppm	3	27.00	27.00
sefotaksim + simvastatin 150 ppm	3		28.67
Sig.		.078	.718

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 3,000.

6c. Hasil uji statistik perbandingan diameter daya hambat siprofloksasin dan kombinasi siprofloksasin dengan simvastatin 15 dan 150 ppm.

NPar Tests

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
diameter daya hambat	9	21.00	3.428	17	28

One-Sample Kolmogorov-Smirnov Test

		diameter daya hambat
N		9
Normal Parameters ^{a,b}	Mean	21.00
	Std. Deviation	3.428
Most Extreme Differences	Absolute	.170
	Positive	.170
	Negative	-.122
Kolmogorov-Smirnov Z		.511
Asymp. Sig. (2-tailed)		.957

a. Test distribution is Normal.

b. Calculated from data.

Oneway

Test of Homogeneity of Variances

diameter daya hambat

Levene Statistic	df1	df2	Sig.
.630	2	6	.564

ANOVA

diameter daya hambat

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	18.667	2	9.333	.743	.515
Within Groups	75.333	6	12.556		
Total	94.000	8			

6d. Hasil uji statistik perbandingan diameter daya hambat imipenem dan kombinasi imipenem dengan simvastatin 15 dan 150 ppm.

NPar Tests

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
diameter daya hambat	9	32.11	2.472	29	37

One-Sample Kolmogorov-Smirnov Test

		diameter daya hambat
N		9
Normal Parameters ^{a,,b}	Mean	32.11
	Std. Deviation	2.472
Most Extreme Differences	Absolute	.185
	Positive	.185
	Negative	-.149
Kolmogorov-Smirnov Z		.554
Asymp. Sig. (2-tailed)		.919

a. Test distribution is Normal.

b. Calculated from data.

Oneway

Test of Homogeneity of Variances

diameter daya hambat

Levene Statistic	df1	df2	Sig.
3.564	2	6	.095

ANOVA

diameter daya hambat

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	20.222	2	10.111	2.116	.202
Within Groups	28.667	6	4.778		
Total	48.889	8			

6e. Hasil uji statistik perbandingan diameter daya hambat amikasin dan kombinasi amikasin dengan simvastatin 15 dan 150ppm.

NPar Tests

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
diameter daya hambat	9	19.11	1.364	17	22

One-Sample Kolmogorov-Smirnov Test

		diameter daya hambat
N		9
Normal Parameters ^{a,,b}	Mean	19.11
	Std. Deviation	1.364
Most Extreme Differences	Absolute	.310
	Positive	.310
	Negative	-.245
Kolmogorov-Smirnov Z		.931
Asymp. Sig. (2-tailed)		.352

a. Test distribution is Normal.

b. Calculated from data.

Oneway

Test of Homogeneity of Variances

diameter daya hambat

Levene Statistic	df1	df2	Sig.
2.261	2	6	.185

ANOVA

diameter daya hambat

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.556	2	1.778	.941	.441
Within Groups	11.333	6	1.889		
Total	14.889	8			

Lampiran 7. Perhitungan pembuatan larutan uji

7a. Perhitungan pembuatan simvastatin 15 dan 150ppm.

- Pembuatan larutan stock simvastatin 600 ppm dengan cara melarutkan simvastatin 60 mg, masukkan labu takar 100 ml, larutkan dengan kloroform ad 100 mL.
- Pengenceran simvastatin 600 ppm menjadi 150 ppm.

$$V_1 \cdot C_1 = V_2 \cdot C_2$$

$$100 \cdot 150 = V_2 \cdot 600$$

$$\begin{array}{rcl} V_2 & = 15000 \\ & \hline & 600 \end{array}$$

$$= 25$$

Pipet 25 ml dari larutan stock 600 ppm, masukkan dalam labu takar 100 ml, tambahkan kloroform ad 100 ml.

- Pengenceran simvastatin 150 ppm menjadi 15 ppm

$$V_1 \cdot C_1 = V_2 \cdot C_2$$

$$100 \cdot 15 = V_2 \cdot 15$$

$$\begin{array}{rcl} V_2 & = 1500 \\ & \hline & 150 \end{array}$$

$$= 10$$

Pipet 10 ml dari larutan simvastatin 150 ppm, masukkan labu takar 100 ml, tambahkan kloroform ad 100 ml.

7b. Perhitungan pembuatan antibiotik siprofloksasin 100 ppm

- Membuat larutan stock dengan menimbang siprofloksasin 100 mg, masukkan labu takar 100 ml, larutkan dengan aquadest steril ad 100 ml.
- Pengenceran siprofloksasin 1000 ppm menjadi 100 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$1000 \cdot 10 = C_2 \cdot 100$$

$$\begin{array}{r} C_2 = 10000 \\ \hline 100 \end{array}$$

$$= 100 \text{ ppm}$$

Pipet 10 ml larutan siprofloksain1000 ppm, masukkan labu takar 100 ml, tambahkanaquadest steril ad 100 ml.

7c. Perhitungan pembuatan antibiotik seftriakson 100 ppm

- Tersedia injeksi seftriakson $1^{\text{g}}/10 \text{ ml}$ pelarut, dibuat konsentrasi 100 ppm.
- Seftriakson $1^{\text{g}}/10 \text{ ml} = 100000 \text{ mg}/1000 \text{ ml} = 100000 \text{ ppm}$ larutan stock diencerkan menjadi 100 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$100000 \cdot 0,1 = C_2 \cdot 100$$

$$\begin{array}{r} C_2 = 10000 \\ \hline 100 \end{array}$$

$$= 100 \text{ ppm}$$

Pipet 0,1 ml injeksi seftriakson, masukkan labu takar 100 ml, tambahkan dengan *Sterile Water for Injection* ad 100 ml.

7d. Perhitungan pembuatan antibiotik sefotaksim 100 ppm

- Tersedia injeksi sefotaksim $1\text{ g}/4\text{ ml}$ pelarut, dibuat konsentrasi 100 ppm.
- Sefotaksim $1\text{ g}/4\text{ ml} = 250000 \text{ mg}/1000 \text{ ml} = 250000 \text{ ppm}$ diencerkan menjadi 5000 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$250000 \cdot 1 = C_2 \cdot 50$$

$$C_2 = \frac{250000}{50}$$

$$= 5000 \text{ ppm}$$

Pipet 1 ml injeksi sefotaksim dari larutan stock 250000 ppm, masukkan labu takar 50 ml, tambahkan dengan *Sterile Water for Injection* ad 50 ml.

- Pengenceran sefotaksim 5000 ppm menjadi 100 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$5000 \cdot 1 = C_2 \cdot 50$$

$$C_2 = \frac{5000}{50}$$

$$= 100 \text{ ppm}$$

Pipet larutan injeksi sefotaksim 5000 ppm, masukkan labu takar 50 ml, tambahkan *Sterile Water for Injection* ad 50 ml.

7e. Perhitungan pembuatan antibiotik imipenem 100 ppm.

- Tersedia injeksi imipenem $500 \text{ mg}/100 \text{ ml}$ pelarut, dibuat konsentrasi 100 ppm.
- Imipenem $5000 \text{ mg}/1000 \text{ ml} = 5000 \text{ ppm}$ diencerkan menjadi 100 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$5000 \cdot 1 = C_2 \cdot 50$$

$$\begin{array}{r} C_2 = 5000 \\ \hline 50 \end{array}$$

$$= 100 \text{ ppm}$$

Pipet 1 ml larutan injeksi imipenem dari larutan stock 5000 ppm, masukkan labu takar 50 ml, tambahkan pelarut NaCl ad 50 ml.

Lampiran 16. Perhitungan pembuatan antibiotik amikasin 100 ppm

- Tersedia injeksi amikasin 250 mg/2 ml pelarut, dibuat konsentrasi 100 ppm
- Amikasin 250 mg/2 ml = 125000 mg/1000 ml = 125000 ppm dijadikan 500 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$125000 \cdot 0,1 = C_2 \cdot 25$$

$$\begin{array}{r} C_2 = 12500 \\ \hline 25 \end{array}$$

$$= 500 \text{ ppm}$$

Pipet 0,1 ml larutan injeksi amikasin dari larutan stock 125000 ppm, masukkan labu takar 25 ml, tambahkan ringer laktat ad 25 ml.

- Pengenceran amikasin 500 ppm menjadi 100 ppm

$$C_1 \cdot V_1 = C_2 \cdot V_2$$

$$500 \cdot 5 = C_2 \cdot 25$$

$$\begin{array}{r} C_2 = 2500 \\ \hline 25 \end{array}$$

$$= 100 \text{ ppm}$$

Pipet 5 ml larutan injeksi amikasin dari 500 ppm, masukkan labu takar 25 ml, tambahkan ringer laktat ad 25 ml.