

Tropical Medicine Journal

Volume 03, No. 2, 2013

- The Effects of Curcumin Against Dengue-2 Virus Based on Immunocytochemistry Technique
- Risk Factors Analysis of Typhoid Fever Occurrence of Inpatient in Kebumen Public Hospital in 2013
- Knowledge, Attitude and Practice on Dengue Fever Transmission Among Urban and Periurban Residents of Dhaka City, Bangladesh
- Geographic Information System (GIS) for Dengue Research in Indonesia: A Review
- Risk Factors of Pneumonia Among Under Five Children in Purbalingga District, Central Java Province
- Factors Associated with Delayed Diagnosis Among Tuberculosis Patient in Kebumen District
- Effication Test of Srikaya Seeds Extract (*Annona squamosa* L.) to Kill *Aedes aegypti* Larvae in Laboratory
- Immune Response against Hepatitis B Virus after Vaccination among Low Birth Weight and Preterm Newborns: A Retrospective Cohort Study in Magelang District Central Java
- Tumor Necrosis Factor-Alpha (TNF-Alpha) and Intercellular Adhesion Molecule-1 (ICAM-1) Expression of *Plasmodium berghei* Infected Swiss Mice Treated with Red Fruit (*Pandanus Conoideus* Lam) Ethanol Extract
- Validity of p-LDH/HRP2-Based Rapid Diagnostic Test for the Diagnosis of Malaria on Pregnant Women in Maluku
- Comparing the Sensitivity and Specificity of Zinc Sulphate Flotation Method to Formal Ether Sedimentation Method in Identifying Intestinal Protozoa's Cysts
- The Effect of Anticoagulant in Blood Meal Source on the *Aedes aegypti* Reproductive Ability in Laboratory

TMJ

Volume
03

Number
02

Page
95 - 195

ISSN
2089 - 2136

Center for Tropical Medicine, Faculty of Medicine, Universitas Gadjah Mada
in collaboration with Indonesian Society of Tropical Medicine and Infectious Disease (PETRI)

Editor-in-chief

Prof. dr. Supargiyono, DTM&H., SU., Ph.D, S.Park

Managing Editor

Dr. dr. Mahardika Agus Wijayanti, M.Kes

Associate Editors

Prof. Dr. Mustofa, M.Kes., Apt.
dr. Yodhi Mahendradhata, M.Sc, Ph.D
Dr. Dra. Erna Kristin, MSi, Apt.
dr. Riris Andono Ahmad, MPH., Ph.D
dr. Doni Priambodo, SpPD-KPTI

Editorial Advisory Board

Dr. Tedjo Sasmono, Bsc
dr. Din Syafruddin, Ph.D
Prof. dr. Ni Made Mertaniasih, MS, Sp.MK
Prof. Dr. dr. Arie Mansyur, SpPD-KPTI
dr. Subagyo Loehoeri, SpPD
Dr. dr. Budiman Bela, Sp.MK (K)

All right reserved. No part of this publication may be reproduced, stored or transmitted in any form or by any mean, electronic or mechanical, without written permission from the publisher.

Address : Tropical Medicine Journal, PAU Building, Jalan Teknik Utara Barek, Yogyakarta
Universitas Gadjah Mada, Yogyakarta 55281, Phone : +62-274-588483, E-mail: tropmedjournal@gmail.com

TROPICAL MEDICINE JOURNAL

ISSN : 2089-2136

Center for Tropical Medicine, Faculty of Medicine, Universitas Gadjah Mada in collaboration with
Indonesian Society of Tropical Medicine and Infectious Disease (PETRI)

Volume 03, Number 02

CONTENTS

- 95 - 102 The Effects of Curcumin Against Dengue-2 Virus Based on Immunocytochemistry Technique
Dewi Marbawati, Sitti Rahmah Umniyati
- 103- 109 Risk Factors Analysis of Typhoid Fever Occurrence of Inpatient in Kebumen Public Hospital in 2013
Rina Hidayani, Hari Kusnanto, Rizka Humardewayanti, Trisno Agung W
- 110 - 120 Knowledge, Attitude and Practice on Dengue Fever Transmission Among Urban and Periurban Residents of Dhaka City, Bangladesh
Muhammad Sohel Rana, Mohammad Syaket Ahmed Shakil
- 121 - 127 Geographic Information System (GIS) for Dengue Research in Indonesia: A Review
Adnanto Wiweko
- 128- 135 Risk Factors of Pneumonia Among Under Five Children in Purbalingga District, Central Java Province
Ni Kadek Nira, Dibyo Pramono, Roni Naning
- 136 - 141 Factors Associated with Delayed Diagnosis Among Tuberculosis Patient in Kebumen District
Edwin Sovvan Aritonang, Ning Rintiswati, Riris Andono Ahmad
- 142 - 148 Effication Test of Srikaya Seeds Extract (*Annona squamosa* L.) to Kill *Aedes aegypti* Larvae in Laboratory
Eny Sofiyatun, Joko Malis Sunarno
- 149 - 154 Immune Response against Hepatitis B Virus after Vaccination among Low Birth Weight and Preterm Newborns: A Retrospective Cohort Study in Magelang District Central Java
Muhardison, Hari Kusnanto, Nenny Sri Mulyani
- 155 - 165 Tumor Necrosis Factor-Alpha (TNF-Alpha) and Intercellular Adhesion Molecule-1 (ICAM-1) Expression of *Plasmodium berghei* Infected Swiss Mice Treated with Red Fruit (*Pandanus Conoideus* Lam) Ethanol Extract
Demianus Tafor, Achmad Djunaidi, Widya Wasityastuti, Eti Nurwening Sholikhah
- 166 - 175 Validity of p-LDH/HRP2-Based Rapid Diagnostic Test for the Diagnosis of Malaria on Pregnant Women in Maluku
Vebiyanti, E. Elsa Herdiana Murhandarwati, Bambang Udji Jokorianto
- 176 - 183 Comparing the Sensitivity and Specificity of Zinc Sulphate Flotation Method to Formol Ether Sedimentation Method in Identifying Intestinal Protozoa's Cysts
Dini Alyani, Elsa Herdiana Murhandarwati, Sri Sumarni, Ernaningsih
- 184 - 195 The Effect of Anticoagulant in Blood Meal Source on the *Aedes aegypti* Reproductive Ability in Laboratory
Novyan Lusiyana, Budi Mulyaningsih, Sitti Rahmah Umniyati

The Effects of Curcumin Against Dengue-2 Virus Based on Immunocytochemistry Technique

Dewi Marbawati^{1*}, Sitti Rahmah Umniyati²

¹Vector Control Research Unit-National Institute of Health Research and Development, Banjarnegara, Indonesia; ²Department of Parasitology, Faculty of Medicine, Universitas Gadjah Mada, Yogyakarta, Indonesia.

Corresponding author: dewimarba@yahoo.co.id

ABSTRACT

Introduction: Dengue is the most important mosquito-borne flavivirus disease. The number of Dengue cases in Indonesia in 2010 range from 150,000 cases with the deaths of around 1,317 people. Huge number of cases have made Indonesia was the first ranked as the state with the highest Dengue cases in the ASEAN region and the world's second ranking after Brazil. The drugs or antibiotics that can be administered effectively to cure this disease has not been found yet. Many study have been done and some that have been reported include viral RNA synthesis inhibitors, protein inhibitors of NS3 helicase and protease and inhibitors that inhibit Dengue virus maturation. Curcumin have preventive activity against several viruses: *vasicular stomatis* (VSV), HSV 1 and 2, *parainfluenza* - 3, *reovirus* - 1, *feline corona virus*, *feline herpes virus* . Curcumin also known have ubiquitin proteasome inhibition system was able to decrease the production of *Japanese ensefalitis* virus.

Objectives: This study aims to determine safe concentrations of curcumin against vero cells (cytotoxic test results) and know the Dengue-2 antiviral potency of curcumin.

Methods: Including quasi-experimental study. The anti viral potency of curcumin seen from the result of immunocytochemistry Streptavidin Biotin Peroxidase Complex (SBPC). Data were analyzed by ANOVA.

Results: The results showed that secure concentrations from cytotoxic of curcumin against vero cells is 6.25 ppm. The calculation of positive rate from immunocytochemistry in vero cells infected by Dengue - 2 incubation 1 and 3 days were the result is significantly different than the control.

Conclusion: The secure concentration of curcumin against vero cells was 6.25 ppm and curcumin was able to lower the positive rate due to Dengue-2 infection.

Key Words : Dengue virus, Curcumin, Immunocytochemistry.

INTISARI

Pendahuluan: Dengue adalah penyakit flavivirus paling penting yang ditularkan oleh nyamuk. Jumlah kasus Demam Berdarah Dengue (DBD) di Indonesia pada tahun 2010 berkisar 150.000 kasus dengan kematian sekitar 1.317 orang. Jumlah kasus yang besar ini membuat Indonesia menjadi peringkat pertama sebagai negara dengan kasus DBD tertinggi di kawasan ASEAN dan peringkat kedua di dunia setelah Brazil. Sampai saat ini belum ditemukan obat – obatan ataupun antibiotik yang efektif yang dapat diberikan untuk menyembuhkan penyakit ini. Berbagai senyawa dilaporkan mencakup penghambat sintesis RNA virus, inhibitor NS3 protein helikase dan protease serta inhibitor

yang menghambat pematangan virus Dengue. Kurkumin terbukti memiliki aktivitas preventif terhadap beberapa virus, antara lain: *vasicular stomatis* (VSV), HSV 1 dan 2, *parainfluenza-3*, *reovirus-1*, *feline corona virus*, *feline herpes virus*. Kurkumin juga diketahui mampu melakukan penghambatan sistem *ubiquitin-proteasome* yang menyebabkan penurunan produksi virus *Japanese ensefalitis*.

Tujuan: Penelitian ini bertujuan untuk mengetahui konsentrasi yang aman dari kurkumin terhadap sel vero (hasil uji sitotoksik) dan mengetahui potensi antiviral kurkumin terhadap Dengue-2.

Metode: Termasuk penelitian kuasi eksperimental. Potensi anti viral kurkumin dilihat dari hasil uji imunositokimia *Streptavidin Biotin Peroxidase Complex* (SBPC). Data dianalisis dengan ANOVA.

Hasil: Hasil uji sitotoksik menunjukkan konsentrasi kurkumin yang aman terhadap sel vero adalah 6,25 ppm. Hasil perhitungan nilai *positive rate* dari uji imunositokimia pada sel vero yang diinfeksi Dengue-2 inkubasi 1 hari dan 3 hari dengan perlakuan kurkumin dibandingkan kontrol adalah berbeda nyata.

Simpulan: Konsentrasi kurkumin yang aman terhadap sel vero adalah 6,25 ppm dan diketahui kurkumin mampu menurunkan nilai *positive rate* akibat infeksi Dengue-2.

Kata kunci: Virus Dengue, kurkumin, imunositokimia.

INTRODUCTION

Dengue is the most important mosquito-borne flavivirus disease. People living in the tropical and subtropical areas are at risk of Dengue virus infection. More than Dengue infected cases occur worldwide each year. The number of Dengue cases in Indonesia in 2010 range from 150,000 cases with the deaths of around 1,317 people. Huge number of cases have made Indonesia was the first ranked as the state with the highest Dengue cases in the ASEAN region and the world's second ranking after Brazil¹.

Dengue infection is caused by Dengue virus transmitted to humans by the mosquito. These viruses belongs to the Flaviviridae family of RNA viruses. Dengue virus has four serotypes of Dengue-1, Dengue-2, Dengue-3 and Dengue -4. Clinical syndroms in humans caused by Dengue virus ranging from an acute self-limited febrile illness (Dengue fever, DF) to Dengue Haemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS)².

The drugs or antibiotics that can be administered effectively to cure this disease has not been found yet. Handling Dengue cases was usually done only to relieve symptoms with intravenous fluids.³ Many have been studied extensively and some that have been reported to act as inhibitors of RNA synthesis, protein inhibitors of NS3, protease inhibitors that inhibit Dengue virus maturation and polianion monoclonal antibody that prevents binding to host cell receptors^{4,5}.

Curcumin is known have the preventive activity against several viruses, such as *vasicular stomatis* (VSV), HSV 1 and 2, *parainfluenza-3*, *reovirus-1*, *feline corona virus*, *feline herpes virus* and other viruses with EC_{50} 0.019 to 0.105 μM ⁶. Curcumin also known have ubiquitin proteasome inhibition system was able to decrease the production of *Japanese ensefalitis virus*⁷. Curcumin, a hydrophobic polyphenol compound derived from the rhizome of the herb *Curcuma longa* an Indonesian traditional medicinal plants. Some of this considerations underlying the use of curcumin was tested in Dengue virus.

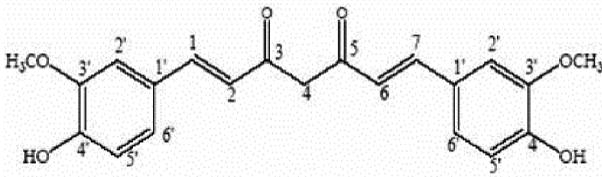


Figure 1. Structure of [1,7-bis-(4'-hidroksi-3'-metoksifenil)hepta-1,6-diena-3,5-dion] (curcumin)¹⁰

Curcumin has a wide spectrum of biological and pharmacological activities, such as anticancer, antimutagenic, anticoagulant, antifertilitas, antidiabetic, antibacterial, antifungal, antiprotozoa, antiviral and antifibrosis⁸. The pharmacological activities of curcumin associated with as double bonds in the curcumin's central chain, β -diketone group, and a hydroxy phenolic group⁹. This study was conducted to determine the cytotoxic effects of curcumin and to test the activity of curcumin against Dengue-2 in vitro. The Antiviral potency of curcumin known by Streptavidin Biotin Peroxidase Complex (SBPC) immunocyto-

chemistry. Here is a chemical structure of curcumin.

MATERIAL AND METHODS

This study was an experimental study. Five mg of Curcumin (1,7-bis (4'-hidroksi - 3 methoxyphenyl)-1,6 heptadien, 3,5-dione) was dissolved in 100 μ l dimethyl sulfoxide (DMSO) as stock solution.

Cytotoxic test were carried out using the MTT [3 - (4,5-dimetiiazol-2-i1) -2,5 difeniltetrazolium bromide]. Cells at a density of 10^4 vero cells/wells distributed in wells (well plate) and incubated for 24 hours. Followed by the addition of curcumin with 7 (seven) concentration series of 50, 25, 12.5, 6.25, 3.125, 1.5625 and 0.78125 ppm respectively - each of 4 replications. Solvent that used to dissolve the test compound was dimethylsulfoxide (DMSO). The cytotoxicity test results read by Elisa reader with a wavelength of 595 nm, the absorbance data obtained converted into living cells or the percentage of cell viability that can be calculated with the following formula.

$$\text{Percent of living cells} = \frac{\text{Absorbance cell treatment} - \text{Absorbance media}}{\text{Absorbance of control cells} - \text{Absorbance media}} \times 100\%$$

Immunocytochemistry SBPC

Vero cell at a density of 5×10^5 cells per well were grown in a well plate. Each given a deck plate glass that has been coated with poly elysin as the attachment of cells . Well plate is divided into two (2) incubation of the incubation groups (1) and three (3) days . Each group was divided into groups of Dengue - 2 virus infected 1 day incubation and were given curcumin, the positive control (cells infected by Dengue 2 of incubation 1 days) and cells infected by Dengue - 2

incubation 1 day but not given DSSE10 as primary antibody of immunocytochemistry staining as immunocytochemistry control and negative control (uninfected cells 1 day incubation). The division of the group on the infected cell for three (3) days is similar to one (1) day incubation.

Immunocytochemistry SBPC¹¹

Sample to be tested were fixed with cold methanol and washed with PBS. The sample

then inundated in peroxidase blocking solution at room temperature for 10 minutes, to remove endogenous peroxidase activity, then washed with distilled water. Sample incubated in the background sniper (protein blocking solution) for 10 minutes at room temperature. Primary antibodies (DSSE10 monoclonal antibodies 1:10) was added 100 mL per sample (adjusted until all parts were flooded) and then incubated in a moist tray overnight. Sample then washed with PBS for 2 x 2 minutes. Trekkie universal link (secondary antibody) was added to 30 mL per sample and incubated at room temperature (25⁰ C) for 15 minutes and washed with PBS for 2 x 2 minutes. Trekavidin - HRP reagent was added and incubated for 10 minutes, then washed with PBS for 2 x 2 minutes.

One (1) mL DAB chromogen betazoid diluted with 100 mL betazoid susbtrate DAB buffer immediatly before used. Sample incubated in DAB chromogen substrate above 30 mL per sample for 10 minutes, then washed with tap water. Mayer hematoxylin (counterstain) was added to the sample then incubated for 1-3 minutes, washed under tap water and dried. Furthermore, dipped in alcohol, dried and cleaned and then covered with entellan and cover glass. Ready to be examined under a microscope at a magnification of 40x, 100x, 400x and 1000x. Cell preparations showed a brown color at the cytoplasm or contained brown granules around the cell means Dengue - 2 antigen positive, whereas cells showed blue or pale and there are no brown granules around the cell as a negative control. Positive rate result from Immunocytochemistry examination was analyzed by ANOVA with 95 % Confidence Interval (CI).

RESULT AND DISCUSSION

Cytotoxic test of curcumin

Test is intended to determine the cytotoxic of curcumin. Test performed by the MTT method. 3 - (4,5-dimetiiazol-2-i1) -2,5 difeniltetrazolium bromide (MTT) is absorbed into the cells and reduced the mitochondria-dependent reaction into formazan crystals that can be measured using ELISA reader spectrophotometric at λ 595 nm. Dimethyl-sulfoxide (DMSO) which is used as a solvent of curcumin known to have no effect on vero cell death. Research using DMSO as a solvent in the cytotoxicity test against HSC-4 did not affect the cell growth^{12,13}.

Percentage living of vero cells after administration by curcumin can be viewed as the following graph.

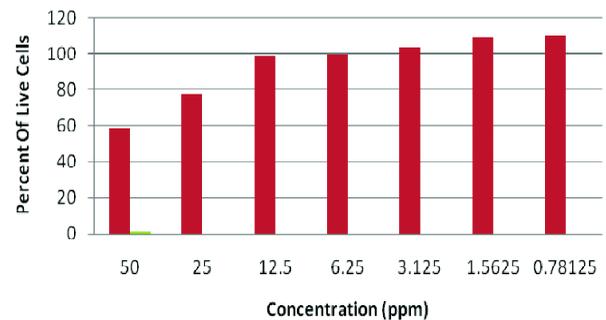


Figure 2. Percentage living vero cells after administration of curcumin

Figure 2. Showed the result of curcumin cytotoxic test against vero cells. The decrease of the concentration of curcumin was positively correlated with the percentage of living cells. The results showed cytotoxic concentrations of curcumin that safe to vero cells was 6.26 ppm is due to the results of the calculation of percent concentration of living cells has reached 100%.

In vero cell cultures treated with curcumin at rise concentrations was appears the vero cell

morphological changes. Vero cell death mechanisms at the molecular level as a result of administration of curcumin can't be known by the cytotoxicity assay. Reactivity curcumin was capable of interacting with cellular components such as DNA, membrane lipids and other cellular proteins that will affect biological processes in the cell such as cell cycle, metabolism and apoptosis¹⁴. Curcumin is known have the ability to stimulate apoptosis in various cancer cell culture¹⁵. Viewed lipophilic nature, curcumin easily related to the cell and modulate nuclear transcription factors or protein kinases, leading to caspase-activated DNase enters the nucleus and degrade DNA¹². Depth studies related to the apoptotic process can be performed to determine this.

Antiviral Test with SBPC immunocyto-chemistry

Antiviral test of curcumin is known through immunocytochemistry test. This immunocyto-

chemistry using biotin labeled secondary antibody that can recognize the primary antibodies and using the enzyme labeled streptavidin conjugated with horseradish peroxidase and chromogen substrate mixture to detect antigens on the cell or tissue with a high sensitivity, so that the low level of antigen can be detected. Straptavidin Biotin Peroxidase Complex (SBPC) base reaction was a very strong bond between streptavidin and biotin.¹⁶

Test results showed SBPC immunocyto-chemistry with DSSE10 primary antibodies able to detect Dengue-2 virus infection at 1 day incubation that indicated by the light brown color was formed and the 3 day incubation formed brown look older. Positive control, negative control were used to control the work. The specificity of immunocyto-chemistry should be validated with the negative control and positive control showed the antibody binding.¹⁷ The immunocytochemistry assay results can be seen in figure 3 below.

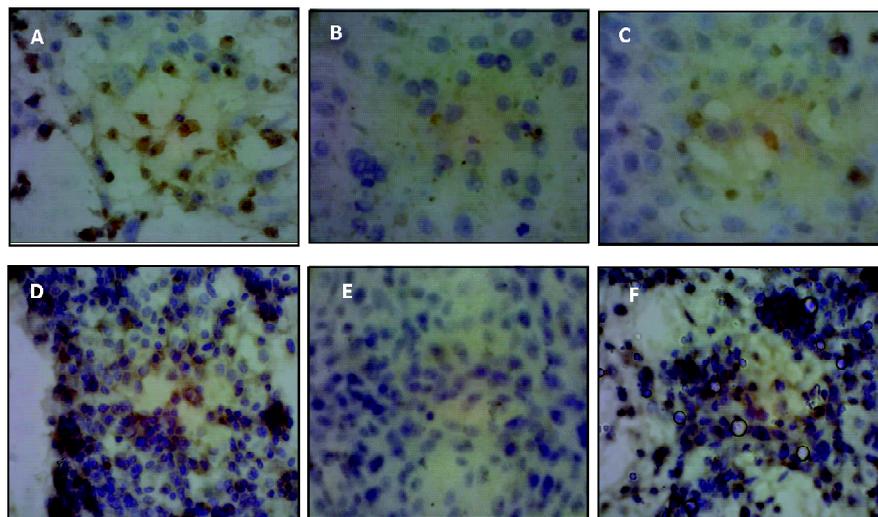


Figure 3. Microscopic photograph at a 40 x 10 magnification of vero cells infected by Dengue-2 virus were incubated 1 and 3 days and treated with curcumin examination by SBPC immunocyto-chemistry. One (1) days positive control (A), one (1) days negative control (B), curcumin treatment with 1 days incubation of Dengue-2 infection (C), 3 days positive control (D), 3 days negative control (E), curcumin treatment three 3 days incubation of Dengue-2 infection (F).

Figure 3. showed the effect of curcumin on vero cells infected Dengue - 2 incubation 1 and 3 days. At vero cell were incubated 1 day infection (both positive control (A) or treated with curcumin (C)) are visible positive reaction. A positive reaction seen by the presence of light brown colour on vero cell cytoplasm. Negative control 1 (one) day (B) and negative controls 3 (three) days (E) appears blue colour on cytoplasm. Sample which incubated 3 days of infection looks more positive reaction when compared with 1 day incubation infection. On microscopic observation brown color intensity in vero cells were incubated 3 days of infection seen dark brown colour on cytoplasm.

Immunocytochemistry results are qualitative methods, but very sensitive, specific and valid for Dengue diagnostic¹⁸. This method allows researchers to determine the sub-cellular compartement containing antigen. Widiastuti research (2011)¹⁹ showed that the SBPC immunocytochemistry with DSSE10 antibodies have a high sensitivity and specificity diagnostic (100 % and 91 %).

The calculation of the positive rate.

The calculation of the positive rate results from SBPC immunocytochemistry using DSSE10 monoclonal antibody on vero cell looks like in table 1 below .

Table 1. Positive value rate vero cells infected by Dengue-2 incubation 1 day and 3 days

Incubation	Curcumin (6.25 ppm)	Positive Control
The first day	3.53 ± 2.03	14.55 ± 7.25
The third day	13.63 ± 8.506	21.5 ± 13.25

Table 1 shows the value of a positive rate of vero cells infected by Dengue - 2 incubation 1

and 3 days to be curcumin treatment. When compared to the positive controls seem a significant difference, so it can be interpreted that curcumin can decrease the positive rate values due to Dengue - 2 infection.

Curcumin is known to suppress viral replication with proteasome inhibitors. The endocytosis process for virus penetration was regulated by the Ubiquitin Proteasome System (UPS) . Ubiquitin Proteasome System has a role in replication, maturation and assembly of viruses. Provision of proteasome inhibitors such as MG123 is known to inhibit the production of virus²⁰. Study of Dutta et al., (2009)⁷ state that curcumin can decreased the viral particles of *Japanese encephalitis* through ubiquitin proteasome mechanism. Effect of curcumin administration against *Japanese encephalitis* was expected gives similar results when given in Dengue virus, because both types of virus are in the same type of flavivirus, but further research is needed to know about it.

CONCLUSION

The results showed that secure concentrations from cytotoxic of curcumin against vero cells is 6.25 ppm. The calculation of positive rate from immunocytochemistry in vero cells infected by Dengue - 2 incubation 1 and 3 days were the result is significantly different than the control, it means curcumin can lower positive rate due to Dengue-2 infection.

REFERENCES

1. Kusriastuti R. Kasus DBD di Indonesia Tertinggi di ASEAN. Health.kompas.com. 2011.
2. Swaminathan S, Khanna N. Dengue: recent advances in biology and current status of

- translation research. *Curr Mol Med*, 2009; (9): 152-73.
3. William. Perancangan Peptida Siklis Disulfida Sebagai Inhibitor Fusi Protein Envelope Denv. Universitas Indonesia, 2012
 4. Yennamali R, Subbarao N, Kampmann T, McGeary RP, Young PR, Kobe B. Identification of novel target sites and an inhibitor of dengue virus E protein. *J.Comput Aided Mol*, 2009;(23):333-41.
 5. Noble CG, Chen YL, Dong H, Gu F, Kim SP, Schul W, Wang QY, Shi PY. Strategies for development of dengue inhibitors. *Antiviral Research*, 2010;(85):450-62.
 6. Rai D, Yadav J, Balzarini E, De Clercq, et al. Design and Development of Curcumin Bioconjugates as Antiviral Agent, 2008. Available from: [http:// nas.oxfordjournals.org/cgi/content/short/52/1/599](http://nas.oxfordjournals.org/cgi/content/short/52/1/599).
 7. Dutta K, Debapriya G and Anirban B. Curcumin Protects Neuronal Cells from Japanese Encephalitis Virus-Mediated Cell Death and also Inhibits Infective Viral Particle Formation by Dysregulation of Ubiquitin-Proteasome System. *J of Neuro_Pharm*, 2009;4(3): 328-37.
 8. Chattopadhyay I, Biswas K, Bandyopadhyay U and Banerjee, R.K. Turmeric and Curcumin: Biological Actions and Medicinal Applications. *Current Science*, 2004;87 (1):44-53.
 9. Majeed M, Badmaev V, Shirakumar U and Rajendrar R. Curcumin antioxidant phytonutrients, New Jersey: Nutri Science Publisher, 1995;3:80.
 10. Joe B, Vijayakumar M, Lokesh BR. Biological properties of curcumin-celluler and moleculer mechanism of action. *J Physiol*, 2004; (44) 97-111.
 11. Umniyati SR, Sutaryo, Wahyono D, Artama WT. Application of monoclonal antibody DSSC7 for early detection of dengue infection in blood smear preparation based on immunocytochemical streptavidin biotin peroxidase complex assay. *Int. Joint. Symp. Frontier Sciences from gene to application. Faculty of Medicine. Gadjah Mada University. Yogyakarta*, 2008.
 12. Nogaki A, Satoh K, Iwasaka K, Takano H, Takahama M, Ida Y and Sakagami H. Radical intensity and cytotoxic activity of curcumin and gallic acid, *Anticancer Research*, 1998; 18(5A):3487-91.
 13. Zandia K, Ramedani E, Mohammadi K, Tajbakhsh S, Deilami I, Rastian Z, Fouladvand M, Yousefi F and Farshadpour F. Evaluation of Antiviral Activities of Curcumin Derivatives against HSV-1 in Vero Cell Line. *Natural Product Communications (NPC)*, 2010;5(12): 1935-38.
 14. Meiyanto E. Kurkumin sebagai obat kanker. Menelusuri mekanisme aksinya. *Majalah Farmasi Indonesia*, 1999;10(4):224-36.
 15. Mukhopadhyay A, Bueso-Ramos C, Chatterjee D, Pantazis P, Aggarwal B. Curcumin down regulates cell survival mechanism in human prostate cancer cell lines. *Oncogene*, 2001; 20(52):7591-609.
 16. Anonim. Histology and Immunocytochemistry, 2005. Available from: URL: www.hmds.org.uk/histology.html.
 17. Burry RW. Specificity Control for immunocyto-chemical Methods, *J. histochem & Cytochemi*, 2000;48(2):163-5.
 18. Mardihusodo SJ, Satoto TBT, Mulyaningsih B, Umniyati SR dan Ernaningsih. Bukti Adanya Penularan Virus Dengue Secara Transovarial Pada Nyamuk *Aedes aegypti* di Kota Yogyakarta. *Simposium Nasional Aspek Biologi Molekuler, Patogenesis, Manajemen dan Pencegahan KLB. Pusat Studi Bioteknologi UGM. Yogyakarta*, 2007.

19. Widiastuti D. Deteksi Infeksi Virus Dengue-3 Pada Nyamuk *Aedes aegypti* dengan Teknik Imunitokimia Menggunakan Antibodi Monoklonal DSSE10. [Tesis]. Program Studi Ilmu Kedokteran Tropis. Fakultas Kedokteran UGM. Yogyakarta, 2011.
20. Khor R, McElroy LJ and Whittaker GR. The ubiquitin-vacuolar protein sorting system is selectively required during entry of influenza virus into host cells. *Traffic*, 2003;(4):857-68.

Tropical Medicine Journal

PAU Building
Jl. Teknik Utara, Berek, Yogyakarta 55281
0274-588483, email: tropmedjournal@gmail.com
Published by Faculty of Medicine, Universitas Gadjah Mada

Instructions to the Authors

Tropical Medicine Journal is a journal devoted to the publication of original articles in all field of basic, tropical medicine and tropical medical biotechnology.

This journal is a journal in tropical medical sciences that used as the media for dissemination of original research, innovative, ideas and new hypotheses in biomedicine, both for medical development, education and application. It also welcomes perspectives articles, biomedical history abridged articles, and reviews.

Statements and opinions expressed in the articles herein are those of author(s) responsibility and not necessary those of the Editor(s), the Faculty of Medicine, or Universitas Gadjah Mada.

Tropical Medicine Journal is published in June and December by the Faculty of Medicine, Universitas Gadjah Mada.

Submission of papers

Articles should be submitted in both hard copy and soft copy forms or in electronic form through e-mails as attachment to: The Editor-in-Chief, Tropical Medicine Journal, Faculty of Medicine, Universitas Gadjah Mada, Sekip Utara, Yogyakarta 55281, Phone: 0274-588483, Fax: 0274-588483
E-mail: tropmedjournal@gmail.com

Basic requirements for articles submitted to Tropical Medicine Journal are: a) original work; b) have not been previously published and not under consideration for publication elsewhere and if accepted will not be published elsewhere; c) should have obtained approval from the Ethics Committee; d) must have obtained signed informed

consent from subjects for articles involving human subjects.

Referee suggestions

Upon submission, the author should provide one cover letter. In the covering letter, authors should suggest names and addresses (including e-mail) of at least three experts in the field for evaluation of article. The choice of referees will however remain with the editorial board.

Language

Tropical Medicine Journal will publish the articles in English. Editors encourage authors to submit their articles in English. Even so, when a language barrier is encountered, editors allow authors to submit their article in Bahasa Indonesia and it will be translated in English by in-house translator.

Typescripts

Articles should be neatly typed in Times New Roman, 12 pt, double-spaced on A4 format with 3 cm on all margins. Receipt of papers will be acknowledged. Authors will be informed of the referee's comments.

Article types

Three types of articles may be submitted: a) Original research article (maximum: 25 pages, 35 references); b) Review article (maximum: 40 pages, 100 references); c) Case Report article (maximum: 10 pages, 20 references)

Proofs and Reprints

Proofs of manuscript will be sent to the author for approval prior to publication. Page proofs are considered to be the final version of the manuscript. With the exception of typographical or minor clerical errors, no changes will be made in the manuscript at the proof stage. Corrections should be returned to the Editor within one week. Authors of accepted article will receive 10 free off prints of their articles and can place order for additional off prints or hard copy of the journal after the acceptance of the articles.

Copyright

Submission of an article for publication implies to the transfer of the copyright from the author(s) to the publisher upon acceptance. Accepted articles become the permanent property of Tropical Medicine Journal and may not be reproduced by any means without the written consent of the Editor-in-Chief.

Manuscript preparation

The format of the typescript should be as follows:

- a. Title and authors:** The title should be a brief phrase describing the contents of the article. The title page should include the author's full names and affiliation that marked Arabic number. The name of the corresponding author should be indicated with postal adresse, phone, fax and e-mail information.
- b. Abstract:** The author should provide two abstract, in Indonesian and English language. All articles should be provided with an sbstract of between 200-300 words in one spacing. The abstract should be written in simple language with structured abstract style. Abstract should describe of the study using below headings: Introduction, Objectives, Methods, Results and Discussion, and Conclusion. Standard nomenclature should be used and abbreviations should be avoided.

- c. Keywords:** A maximum of 5 keywords must be given at the end of the abstract.
- d. Introduction:** The Introduction should provide the problem statement clearly, the relevant literature on the subject, and the proposed approach or solution.
- e. Materials and methods:** The materials and methods should be clear enough to allow experiments to be reproduced. Previously published research procedure should be cited, and important modifications of it should be mentioned briefly. If the conducted research involved the use of human subjects or animal laboratory, it should be stated that the clearance from the Research Ethics Committee was obtained. The Editor may request a copy of the clearance document or informed consent form for verification.
- f. Results and Discussion:** The Results should be presented with clarity and precision and explained without referring to the literature. The original and important findings should be stated. The Results should be illustrated with figures or tables where necessary but these should be kept to the minimum. The Discussion should interpret the findings in view of the results obtained against the background of existing knowledge. The Discussion should highlight what is new in the paper. Any assumption on which conclusions are made must be stated clearly
- g. Conclusions:** State the Conclusions in a few sentences at the end of the paper.
- h. Acknowledgments:** The Acknowledgments should be presented at the end of the text and before the references. Technical assistance, financial support and advice may be acknowledged.
- i. Tables:** The tables should be kept to a minimum and be designed to be as simple as possible. Each table should be numbered consecutively in Arabic numerals and supplied

with a heading and a legend. Tables should be self-explanatory without reference to the text.

j. Figure: The figures should be numbered consecutively with Arabic numerals. Graphics should be prepared using applications capable of generating high resolution GIF, TIFF, JPEG or Powerpoint before pasting in the Microsoft Word manuscript file. The figures should be constructed in such a manner that they can be understood without reading the text. Appropriate symbols should be used on graphs and explained in the legends. Graphs should not duplicate results presented in tables. Title and comments of the figures and photographs should be provided on separate page using MS Word.

k. References: References should be numbered consecutively in the order in which they are first mentioned in the text (Vancouver style). Identify references by Arabic number as superscript in order of appearance. A number must be used even if the author(s) is named in the text. The original number assigned to the reference is reused each time the reference is cited in the text, regardless of its previous position in the text. For example :

..... it has been reported¹

..... according to Sardjito²

..... Winstein & Swartz³ conducted

..... by Avon *et al.*⁴

Authors are responsible for the accuracy and the completeness of their references. References should be listed numerically (Vancouver style) at the end of the text and in the same order that they have been cited in the text. For citation references with six or less authors, all authors should be listed, when seven or more authors only first three authors should be listed followed by *et al.* Journal names are abbreviated according to Index Medicus and Index of Indonesia Learned Periodicals (PDIN 1974). References to journal articles, books, chapters in books, theses, etc. should be listed as given in Sample References.

Sample References

Scientific Journal

1. *Standard journal article*

You CH, Lee KY, Chey RY, Menguy R. Electro-gastro-graphic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980; 79(2):311-14.

Goate AM, Haynes AR, Owen MJ, Farral M, James LA, Lai LY, et al. Predisposing locus for Alzheimer's disease on chromosome 21. *Lancet* 1989;1:352-55.

2. *Organization as author*

The Royal Marsden Hospital Bone-marrow Transplantation. Team. Failure of syngeneic bone-marrow graft without preconditioning in post-hepatitis marrow aplasia. *Lancet* 1977;2:742-44.

3. *No author given*

Coffee drinking and cancer of the pancreas [editorial]. *BMJ* 1981;283-628.

4. *Article not in English*

Massone L, Borghi S, Pestarino A, Piccini R, Gambini C. Localisations palmaires purpuriques de la dermatite herpetiforme. *Ann Dermatol Venereol* 1987;114:1545-47.

5. *Volume with supplement*

Magni F, Rossoni G, Berti F, BN-52021 protects guinea-pig from heart anaphylaxis. *Pharmacol Res Commun* 1988;20 Suppl 5:75-78.

6. *Issue with supplement*

Gardos G, Cole JO, Haskell D, Marby D, Paine SS, Moore P. The natural history of tardive dyskinesia. *J Clin Psychopharmacol* 1988;8(4 Suppl):31S-37S.

7. *Volume with part*

Hanly C. Metaphysics and innateness: a psychoanalytic perspective. *Int J Psychoanal* 1988;69(Pt 3):389-99.

8. *Issue with part*

Edwards L, Meyskens F, Levine N. Effect of oral isotretinoin on dysplastic nevi. *J Am Acad Dermatol* 1989;20(2 Pt 1):257-60.

9. *Issue with no volume*
Baumeister AA. Origins and control of stereotyped movements. *Monogr Am Assoc Ment Defic* 1978; (3):353-84.
10. *No issue or volume*
Danoek K. Skiing in and through the history of medicine. *Nord Midicinhist Arsb* 1982;86-100.
11. *Pagination in roman numerals*
Ronne Y. Ansvarfall. Bloodtransfusion till fel patients. *Vard-facket* 1989;13:XXVI-XXVII.
12. *Type of article indicated as needed*
Spargo PM, Manners JM, DDAVP and open heart surgery [letter]. *Anaesthesia* 1989;44:363-64.
Fuhrman SA, Joiner KA. Binding of the third component of complement C3 by *Toxoplasma gondii* [abstract]. *Clin Res* 1987; 35:475A.
13. *Article containing retraction*
Shishido A. Retraction notice: Effect of platinum compounds on murine lymphocyte mitogenesis [Retraction of Alsabti EA, Ghalib ON, Salem MH. In: *Jpn J Med Sci Biol* 1979; 32:53-65). *Jpn J Med Sci Biol* 1980;33:235-37.
14. *Article retracted*
Alsabti EA, Ghalib ON, Salem Mh. Effect of platinum compounds on murine lymphocyte mitogenesis [Retracted by Shishido A. In: *Jpn J Med Sci Biol* 1980;33:235-7]. *Jpn J Med Sci Biol* 1979;32:53-65.
15. *Article containing comment*
Piccoli A, Bossatti A. Early steroid therapy in IgA neuropathy: still open question [comment]. *Nephron* 1989;51:289-91.
16. *Article in comment*
Kobayashi Y, Fujii K, Hiki Y, Tateno S, Kurokawa A, Kamiyama M. Steroid therapy in IgA nephropathy: a retrospective study in heavy proteinuric cases [see comments]. *Nephron* 1988;48:12-7. Comment in: *Nephron* 1989;51:289-91.
17. *Article with published erratum*
Schofield A. The CAGE questionnaire and psychological health [published erratum

appears in *Br J Addict* 1989;84:701]. *Br J Addict* 1988;83:761-64.

Books and Other Monographs

18. *Personal author(s)*
Colson JH, Armour WJ. Sports injuries and their treatment. 2nd rev. ed. London: S. Paul, 1986.
19. *Editor(s) as author*
Diener HC, Wilkinson M, editors. Drug-induced headache. New York: Springer-Verlag, 1988.
20. *Organization(s) as author*
Virginia Law Foundation. The medical and legal implications of AIDS. Charlottesville: The Foundation, 1987.
21. *Chapter in a book*
Winstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. *Pathologic Physiology, mechanisms of disease*. Philadelphia: Saunders, 1974:457-72.
22. *Conference proceedings*
Vivian VL, editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference on Child Abuse and Neglect; 1984 Ma 30-31; Chicago. Chicago: American Medical Association, 1985.
23. *Conference paper*
Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV, editors. *Indoor air and human health. Proceedings of the Seventh Life Sciences Symposium*; 1984 Oct 29-31; Knoxville (TN). Chelsea (MI):Lewis, 1985:69-78
24. *Scientific or technical report*
Akutsu T. Total heart replacement device. Bethesda (MD): National Institutes of Health. National Heart and Lung Institute; 1974 Apr. Report No.:NIH-NIHI-69-2185-4.
Disertasi Youssef NM. School adjustment of children with congenital heart disease [dissertation]. Pittsburg (PA): Univ. of Pittsburg, 1988.

25. *Dissertation*
Kay JG. Intracellular cytokine trafficking and phagocytosis in macrophages [Dissertation]. St Lucia, Qld: University of Queensland; 2007.

26. *Patent*
Harred JF, Knight AR, McIntyre JS, inventors. Dow Chemical Company, assignee. Epoxidation process. US patent 3,654,317, 1972 Apr 4.

Other Published Material

27. *Newspaper article*
Resberger B, Specter B. CFCs may be destroyed by natural process. The Washington Post 1989 Aug 7;Sect. A:2(col. 5).

28. *Audiovisual material*
AIDS epidemic: the physician's role [video-recording]. Cleveland (OH): Academy of Medicine of Cleveland, 1987.

29. *Computer program*
Renal system [computer program]. MS-DOS version. Edwardsville (KS): Medi-Sim, 1988.

30. *Legal material*
Toxic Substances Control Act: Hearing on S. 776 Before the Subcomm. on the Environment of the Senate Comm. on Commerce, 94th Cong., 1st Sess. 343(1975).

31. *Map*
Scotland [topographic map]. Washington: National Geographic Society (US), 1981.

32. *Dictionary or Encyclopaedia*
Ectasia. Dorland's illustrated medical dictionary. 27th ed. Philadelphia: Saunders, 1988: 527.

33. *Classic material*
The Winter's Tale: act 5, scene I, lines 13-16. The complete works of William Shakespeare. London: Rex, 1973.

34. *In press*
Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. Science. In press.

Electronic Material

35. *Journal article in the internet*
Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/eid.htm>

36. *Monograph in electronic format*
CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0 San Diego: CMEA; 1995.

37. *Computer program*
Hemodynamics III: the ups and downs of hemodynamics [computer program]. Version 2.2. Orlando (FL): Computerized Educational System; 1993.

We thank to the reviewers of this edition:

dr. Abu Tholib, M.Sc., Ph.D., Sp.MK

dr. Ahmad Hamim Sadewa, Ph.D

dr. Arta Farmawati, Ph.D

dr. Elizabeth Henny Herningtyas, M.Si, Ph.D

Dr. Dra. Erna Kristin, Apt., M.Si.

dr. Hanggoro Tri Rinonce, Ph.D

dr. M. Lutfan Lazuardi, M.Kes., Ph.D

dr. Titik Nuryastuti, Ph.D, Sp.MK

dr. Tri Wibawa, Ph.D

Dra. Raden Ajeng Yayi Suryo Prabandari, M.Si., Ph.D