

## BIAYA PENDAFTARAN :

	Simposium		Workshop "TERAPI NUTRISI PADA PERAWATAN DI RUANG INTENSIF "	Workshop "NUTRISI PARENTERAL DASAR "	Workshop "PEMBUATAN FORMULA RUMAH SAKIT "
	Sebelum 10 September 2018	11 September - 19 Oktober 2018			
Spesialis	Rp. 1.000.000	Rp. 1.200.000	Rp. 1.300.000	Rp. 1.250.000	Rp. 1.250.000
GP/ Residen/ Ahli Gizi/ Perawat	Rp. 850.000	Rp. 1.000.000	Rp. 1.300.000	Rp. 1.250.000	Rp. 1.250.000

## TATA CARA REGISTRASI :

- Pembayaran melalui tunai atau transfer dan harus diverifikasi oleh panitia.
- Pembayaran tidak bisa dikembalikan karena pembatalan registrasi.

Transfer to : Bank BNI Cabang Denpasar  
An. BALI BIENNIAL CLINICAL NUTRITION UPDATE  
Account number : 0695526768  
Email : pdgkibali@gmail.com  
Contact person : dr. Ni KetutSumartini, M.Kes, Sp.GK  
081 933 904 185

## FORMULIR PENDAFTARAN

Nama :  
Alamat :  
Institusi :  
Telepon :  
Email :

### Peserta

Dokter Spesialis	
Dokter Umum/ Residen	
Ahli Gizi	
Perawat	

### Acara yang akan diikuti

Simposium	
Workshop Terapi Nutrisi Pada Perawatan di Ruang Intensif	
Workshop Nutrisi Parenteral Dasar	
Workshop Pembuatan Makanan Modifikasi Rumah Sakit	

## VENUE :

HOTEL PRIME PLAZA SANUR  
Jl. Hang Tuah No. 46, Sanur Kaja,  
Denpasar Selatan, Bali - 80228

## SEKRETARIAT

BBCNU BALI 2018 GEDUNG CEMPAKA LT 4  
RSUP SANGLAH  
Jl. Diponegoro No. 1 Denpasar

## CONTACT PERSON :

dr. Roseputri Sp.GK, Hp. 0818 0554 2141  
dr Syuma M.Kes, Sp.GK, Hp. 081 237 237 237 (WA Only)

## FORMULIR AKOMODASI

Nama :  
Alamat :  
Institusi :  
Telepon :  
Email :

### Harga Akomodasi

HOTEL PRIME PLAZA, SANUR	
Pool View Room : Rp. 850.000,-/kamar/malam*	
Premier Room : Rp. 950.000,-/kamar/malam*	

Check in : Oktober 2018

Check out : Oktober 2018

Total Hari Menginap: Hari

Catatan: \* Harga kamar dapat berubah sewaktu-waktu tanpa konfirmasi.

1<sup>st</sup> ANNOUNCEMENT



# 1<sup>st</sup> BALI BIENNIAL CLINICAL NUTRITION UPDATE

## PERAN NUTRISI PADA KANKER DAN PERMASALAHANNYA

19 - 20 Oktober 2018, Hotel Prime Plaza Sanur, Denpasar



## WORKSHOP DAN SIMPOSIUM :

1. WORKSHOP TERAPI NUTRISI PADA PERAWATAN  
DI RUANG INTENSIF  
(Mengoptimalkan Terapi Nutrisi dengan Membaca Ventilator)
2. WORKSHOP NUTRISI PARENTERAL DASAR  
(Menentukan Komposisi, Memantau dan Evaluasi)
3. WORKSHOP PEMBUATAN MAKANAN  
MODIFIKASI RUMAH SAKIT  
(Tim Gizi Rumah Sakit)

Email & Web :  
pdgkibali@gmail.com  
http://bbcubali2018.com

# SAMBUTAN KETUA PANITIA

Dr. Agust. I Wayan Harimawan, MPH., SpGK.



Dengan memanjatkan puji dan syukur kepada Tuhan Yang Maha Esa, saya mengucapkan terima kasih kepada PP Perhimpunan Dokter Gizi Klinik Indonesia (PP PDGKI) yang telah mempercayakan PDGKI BALI sebagai penyelenggara KONGRES NASIONAL V PDGKI, Dekan FK UDAYANA Bali, RSUP SANGLAH Denpasar, dan perwakilan senter Pendidikan Spesialis Gizi Klinik UNHAS Makassar, UI Jakarta dan UNDIP Semarang yang telah bersedia menjadi narasumber. Sebagai rumah sakit tipe A dan RS Pendidikan, RSUP Sanglah Denpasar telah menetapkan 3 jenis pelayanan unggulan yaitu Jantung Terpadu, Kanker Terpadu dan Pelayanan Intensive, maka dari itulah kami menetapkan Kanker sebagai tema besar pada acara Simposium dan Workshop "1st BALI BIENNIAL CLINICAL NUTRITION UPDATE" (BBCNU) 2018: Peran Nutrisi Pada Kanker Dan Permasalahannya yang dirangkai dengan KONAS V PDGKI.

Pada acara ilmiah ini akan dibahas Kanker dan Permasalahannya serta Peran Nutrisi sebagai bagian dari pengobatan kanker kemudian pada Workshop akan dibahas parameter-parameter alat bantu nafas dan laboratorium yang perlu diketahui dalam memberikan intervensi gizi, penentuan status gizi pasien dan pemberian nutrisi parenteral pada kondisi kritis, serta bagaimana membuat formula RS dalam memenuhi kebutuhan pasien. Pada acara ini juga kami menawarkan paket wisata karena Bali memiliki pesona yang tidak diragukan disamping juga bertujuan untuk menjalin keakraban dan saling mengenal diantara peserta, selamat menikmati keindahan dan keramahan pulau Dewata.

Besar harapankami bahwa Bapak / Ibu dapat datang ke Bali untuk menghadiri acara ini. Akhir kata kami mengucapkan terima kasih atas dukungan semua pihak sehingga acara ini dapat terselenggara dengan baik dan lancar.

Salam Hormat

Ketua Panitia

## TOPIK

1. Kanker pada bidang penyakit dalam
2. Kanker pada bidang bedah
3. Nutrisi pada kanker
4. Nutrisi pada unit perawatan intensif
5. Nutrisi parenteral dasar
6. Pembuatan makanan modifikasi Rumah Sakit

## WAKTU DAN TEMPAT

	Waktu	Tempat
<b>Workshop</b>	Jumat, 19 Oktober 2018	Hotel Prime Plaza, Sanur  Jalan Hang Tuah No 46, Sanur Kaja, Denpasar Selatan, Bali. 80228
<ul style="list-style-type: none"> <li>Terapi Nutrisi pada perawatan di Ruang Intensif</li> <li>Nutrisi Parenteral Dasar</li> <li>Pembuatan Makanan Modifikasi Rumah Sakit</li> </ul>		
<b>Kongres PDGKI 2018</b>	Jumat, 19 Oktober 2018	
<b>Simposium</b>	Sabtu, 20 Oktober 2018	

## SIMPOSIUM

TERAPI NUTRISI PADA KANKER DAN PERMASALAHANNYA  
SABTU, 20 OKTOBER 2018

Waktu	Materi	Penanggung Jawab Kegiatan	
07.30-08.00	Registrasi	Panitia	
08.00-08.20	Pembukaan - Tarian Bali - Laporan Ketua Panitia - Sambutan Ketua PP PDGKI - Sambutan Direktur RSUP Sanglah - Sambutan Dekan FK Unud	Panitia	
08.20-09.00	<b>Keynote Speakers</b> "Aspek Etikolegal pada Pelayanan Kedokteran" "Aspek Klinis Pada Kasus Kanker, Sebuah Pendekatan Dari Sudut Nutrisi"	dr. Ida Bagus Putu Alit, Sp.F DFM Prof. Dr. dr. Nurpudji A. Taslim, MPH, Sp.GK	<b>Moderator</b> Dr. dr. Gde Ngurah Indraguna Pinatih, M.Sc, Sp.GK
09.00-10.40	<b>Topik I: Tatalaksana nutrisi terkini pada bidang bedah onkologi</b>		<b>Moderator</b> dr. Ni Ketut Sumartini, MKes, Sp.GK
09.00-09.20	Penanganan Komprehensif Pada Pasien Bedah Kanker	Dr. dr. I Wayan Sudarsa, Sp.B, K-Onk	
09.20-09.40	Terapi Nutrisi Perioperatif Pada Pasien Kanker	Prof. dr. Nur Indrawaty Lipoto, MSc, PhD, Sp.GK(K)	
09.40-10.00	Pro Dan Kontra Imunonutrisi Pada Pasien Kanker	Dr. dr. Fiastruti Witjaksano, MSc, MS, Sp.GK (K)	
10.00-10.20	Perubahan Metabolisme dan Mikrobiota pada Pasien Pembedahan Digestif	Dr. dr. Masrul, MSc, Sp.GK	
10.20-10.40	Diskusi		
10.40-11.00	Rehat Kopi (Presentasi produk)	Sponsorship I Sponsorship II	
11.00-14.00	<b>Topik II: Tatalaksana nutrisi terkini pada bidang hemato-onkologi medik</b>		<b>Moderator</b> dr. Ni Made Dwi Asti Lestari, M.Kes, Sp.GK
11.00-11.20	Penanganan Komprehensif Medis Pada Pasien Kanker Darah	Dr. dr. Ketut Suega, Sp.PD-KHOM	
11.20-11.40	Dukungan Nutrisi Pasien Perawatan Paliatif	Prof. Dr. dr. Hertanto Wahyu Subagio, MS, Sp.GK (K)	
11.40-12.00	Nutrien Spesifik Dan Selera Makan Pada Kasus Kanker	Dr. dr. Gde Ngurah Indraguna Pinatih, M.Sc, Sp.GK	
12.00-12.20	Diskusi		
12.20-13.20	ISHOMA dan Poster	Panitia	
13.20-13.40	Lunch Symposium	Sponsorship III Sponsorship IV	
13.40-14.00	Bagaimana Memodifikasi Formula Rumah Sakit Sanglah Denpasar Untuk Memenuhi Kebutuhan Pasien	Ni Wayan Rapiasih, SST, MPH	
14.00-16.00	<b>Topik III: Tatalaksana Nutrisi Terkini Pada Kasus Bedah Digestif</b>		<b>Moderator</b> dr. Syuma Adhy Awan, MKes, Sp.GK & dr. Putu Roseputri Bajirani, Sp.GK
14.00-14.20	Permasalahan Perioperatif Pada Kasus Bedah Digestif	dr. I Made Mulyawan, Sp.B-KBD	
14.20-14.40	Tata Laksana Terkini Pada Kasus Bedah Digestif Yang Memerlukan Perawatan Intensif	Prof. Dr. dr. Made Wiriyana, SpAn-KIC	
14.40-15.00	Rehat Kopi (Presentasi produk)	Sponsorship V Sponsorship VI	
15.00-15.20	Tata Laksana Nutrisi Pada Kasus Bedah Digestif	dr. Agussalim Bukhari, MMed, PhD, Sp.GK(K)	
15.20-15.40	Dampak Dari Ventilator Associated Pneumonia Terhadap Status Nutrisi Dan Terapinya.	KSM Anestesiologi dan Terapi Intensif RSUP Sanglah	
15.40-16.00	Diskusi		
16.00-16.20	Penutupan Dan Door Prize	Panitia	

\*Catatan: Jadwal, materi, dan narasumber dapat berubah sewaktu-waktu.

# 1st BALI BIENNIAL CLINICAL NUTRITION UPDATE

**OPTION!**  
Sunday 21 Oktober 2018  
Outdoor Activities in Bali

## Tour of Bali Adventure



1. Mountain & Villages Adventure
2. Beach & Cruise Adventure

From IDR

500.000 - 1.000.000/Person

(Minimal 20 Person / Trip)

penyembuhan luka, mencegah fistel, menurunkan inflamasi, mempercepat penyembuhan fungsi usus, menurunkan infeksi, dan lama perawatan.

Pada operasi anastomosis dapat dilakukan pemasangan tube di distal anastomosis atau pemasangan nasojejunostomi sampai ke distal anastomosis dan pemberian makanan dapat dilakukan dalam 24 jam mulai dengan 10-20 ml per jam sampai tercapai target volume dalam 5-7 hari.

### S.13 - ABSTRACT METABOLISM AND MICROBIOME ALTERATION IN SURGERY DIGESTIVE PATIENT

Dr. dr. Masrul, M.Sc, SpGK1, Dr.rer.nat. Ikhwan R. Sudji, M.Si2  
1Department of Nutrition Faculty of Medicine Andalas University  
2Biomedical Laboratory Faculty of Medicine Andalas University

#### Introduction

The human gastrointestinal (GI) tract represents one of the largest diverse, complex and dynamic populations of microbial communities (microbiomes), which plays a central role in human health and exert a marked influence on the host during homeostasis and disease. The amounts of microorganisms populating in the human GI tract has been estimated up to 100 trillion, which is ~10 times greater than the total number of human cells (Bäckhed, 2005). However, A new study suggest that the ratio of human : bacterial cells is actually closer to 1:1 (Sender, 2016). The constitutional symbiosis between the large number of microbial community and their host it are then referred to as a 'superorganism' (Thursby,2017).

Diet is considered as one of the main drivers in shaping the gut microbiota across the lifetime. In healthy individuals, the microbiome and host have a mutualistic relationship in which both partners sharing benefits. The microbiota provide several benefits to the host, through a range of physiological functions such as strengthening integrity or shaping the intestinal epithelium, harvesting energy, protecting against pathogens and regulating host immunity (Thursby,2017). Intestinal bacteria play a central role in maintaining immune and metabolic homeostasis and protecting against pathogens. Altered gut bacterial composition known, as dysbiosis has been associated with the pathogenesis of many inflammatory diseases and infections.

#### Role of the GI microbiota in health

The gut microbiota and its host are living in a mutualistic relationship that is beneficial to both organisms, and it is especially important in the development of the immune system and food digestion of the host. The altered population of bacteria in the gut tract leads to large defects in the development of gut-associated lymph tissues, levels of secretory IgA antibodies in the intestine, and less and smaller mesenteric lymph nodes. The gut microbiota play an important role in protecting the host against invasion of intestinal pathogens and in maintaining tissue homeostasis (Wang, 2017). In the absence of gut microbiota, the human body was unable digested dietary fibers such as inulin, pectin, xylans, and mannans. The dietary fiber fermented by gut bacteria yields energy, which is important in the growth and maintenance of the

microbial community. Fermentation leads to the formation of metabolic end products that are beneficial to the host (Wang, 2017, Valdes, 2018). The normal gut microbiome produces 50–100 mmol·L<sup>-1</sup> per day of short-chain fatty acids (SCFAs), such as acetic, propionic and butyric acids and serves as an energy source to the host intestinal epithelium. These SCFAs are very effectively absorbed in the colon and serve many diverse roles in regulating gut motility, inflammation, glucose homeostasis, and energy harvesting, lipogenesis and gluconeogenesis (Flint, 2012). The gut microbiota has been shown to deliver vitamins to the host, such as folates, vitamin K, biotin, riboflavin (B2), cobalamin (B12), and possibly other B vitamins (Kang, 2012, Wang, 2017).

#### Dysbiosis of gut microbiota in promoting the development of diseases

Multiple factors contribute to the establishment of the human gut microbiota during infancy. Diet is considered as one of the main drivers in shaping the gut microbiota across the lifetime. Intestinal bacteria play a crucial role in maintaining immune and metabolic homeostasis and protecting against pathogens (Thursby, 2017, Wang, 2017).

Altered gut bacterial composition (dysbiosis) has been associated with the pathogenesis of many inflammatory diseases and infections. Several studies revealed that colorectal microorganisms is playing a great role in inducing the onset and progression of colorectal cancer (CRC) with different dynamic mechanisms such as acceleration of chronic inflammatory state, the biosynthesis of genotoxins that interfere with cell cycle regulation, the production of toxic metabolites, or heterocyclic amine activation of pro-diet carcinogenic compounds (Zou, 2017). Alterations to the gut microbiota may allow the outgrowth of bacterial populations that induce genomic mutations or exacerbate tumorpromoting inflammation. While cancer is largely considered to be a disease of genetic and environmental factors, increasing evidence has demonstrated a role for the microbiota in shaping inflammatory environments and promoting tumor growth and spread (Zackular, 2016, Brennan, 2016).

#### Gut Microbiome Alteration After Digestive Surgery

Digestive system surgery or gastrointestinal surgery both upper GI surgery and lower GI surgery caused changes in the structure, diversity, functional genes, and metabolic pathways of the intestinal microbiota. The richness of microbiota taxonomy and abundance from patient stool before and after surgery was changed (Zheng, 2017). At the genus level, *Enhydrobacter*, *Oscillibacter*, *Anaerotruncus*, and *Alistipes* were significantly higher after surgery, while *Eubacterium* and *Capnocytophaga* were significantly decreased after surgery. At the species level, the gut microbiota after surgery was enriched in *Bacteroides fragilis*, *Clostridium bolteae* and *Lachnospiraceae*

bacterium, while gut microbiota before surgery was enriched in *Enbacterium rectale*, butyrate-producing bacteria, and *Bacteroides plebeius*, among others. The abundance of various genes in the metagenome differed significantly before and after surgery (Zheng, 2017).

The intestinal flora displayed higher abundance of genes involving generation of spermidine/putrescine transport system permease proteins, flagellar motor switch proteins, and branched-chain amino acid transport system proteins in postoperative patients but displayed a lower abundance of genes involving generation of periplasmic nitrate reductase, cathepsin, nitroreductase, nitrite reductase, tryptophan synthase, and sulfur carrier proteins (Zheng, 2017, Medina, 2017, Lederer, 2017, Hibberd, 2017, Aron-Wisniewsky, 2012).

#### Modulation the gut microbiota population through diet

Potential therapies aimed at modulation of the gut microbiota are administrated of adequate amounts of live microorganism like strains of the genera *Bifidobacterium* and *Lactobacillus* (Prebiotics), administrated selectively fermented ingredient that results in specific changes in the composition and/or activity of the GI microbiota (Probiotics), the introduction of gut bacteria from a healthy donor into a patient (Faecal microbiota transplantation) and selected diet. Diet could re-shape the community structure of gut microbiota and influence its function by modulating the production of metabolites (Yang, 2018, Valdes, 2018, Cani, 2018).

Probiotics can modulate the intestinal immunity and alter the responsiveness of the intestinal epithelia and immune cells to microbes in the intestinal lumen. Probiotics produce antimicrobial agents or metabolic compounds that suppress the growth of other microorganism, or compete for receptors and binding sites with other intestinal microbes on the intestinal mucosa. Probiotic *Lactobacillus* strains enhance the integrity of the intestinal barrier, which may result in maintenance of immune tolerance, decreased translocation of bacteria across the intestinal mucosa, and disease phenotypes such as gastrointestinal infections (Hemarajata, 2018).

Prebiotics are a subgroup of dietary fibres with resistance to gastric acidity and the digestive enzymes of mammals, and which confer a variety of health benefits. The main characteristic of prebiotics is their selective stimulation of the growth and/or activity of intestinal bacteria associated with health and well-being. The most well-known prebiotics are inulin, fructooligosaccharides (FOS), lactulose and galactooligosaccharides (GOS). Prebiotics have mostly been assessed for the enhancement of strains of *Bifidobacterium* and *Lactobacillus*, which produce lactate and acetate and contribute to the health of the host via fermenting prebiotics. However, our increasing understanding of the gut microbiota indicates that the effect

of prebiotics can be broader on the gut community, where competition and cooperation between bacteria are significant (Umu, 2017).

### Conclusion

The human microbiome plays an important role in the well-being of the human host, and participates actively in the development of a wide variety of diseases. The gut microbiota potentially influences the host's energy balance through multiple mechanisms, including supplying energy from nondigestible dietary components and influences on gut transit, energy intake and energy expenditure. Digestive surgery caused changes in the structure, diversity, functional genes, and metabolic pathways of the intestinal microbiota. Altered gut bacterial composition (dysbiosis) has been associated with the pathogenesis of many inflammatory diseases and infections. Diet could re-shape the community structure of gut microbiota and influence its function by modulating the production of metabolites. Prebiotics, probiotics and faecal microbiota transplantation are potential therapies to modulate of the gut microbiota population, structure and diversity.

**Keywords:** Microbiome, gut microbiota, gastrointestinal tract, post operative, colorectal cancer, dysbiosis

### References:

Wang, Baohong, Mingfei Yao, Longxian Lv, Zongxin Ling, and Lanjuan Li. "The human microbiota in health and disease." *Engineering* 3, no. 1 (2017): 71-82.

Valdes, Ana M., Jens Walter, Eran Segal, and Tim D. Spector. "Role of the gut microbiota in nutrition and health." *BMJ* 361 (2018): k2179.

Flint, Harry J., Karen P. Scott, Petra Louis, and Sylvia H. Duncan. "The role of the gut microbiota in nutrition and health." *Nature reviews Gastroenterology & hepatology* 9, no. 10 (2012): 577.

Kang, Zhen, Junli Zhang, Jingwen Zhou, Qingsheng Qi, Guocheng Du, and Jian Chen. "Recent advances in microbial production of  $\delta$ -aminolevulinic acid and vitamin B12." *Biotechnology advances* 30, no. 6 (2012): 1533-1542.

Zou, Shaomin, Lekun Fang, and Mong-Hong Lee. "Dysbiosis of gut microbiota in promoting the development of colorectal cancer." *Gastroenterology report* 6, no. 1 (2017): 1-12.

Thursby, Elizabeth, and Nathalie Juge. "Introduction to the human gut microbiota." *Biochemical Journal* 474, no. 11 (2017): 1823-1836.

Zackular, Joseph P., Nielson T. Baxter, Grace Y. Chen, and Patrick D. Schloss. "Manipulation of the gut microbiota reveals role in colon tumorigenesis." *mSphere* 1, no. 1 (2016): e00001-15.

Brennan, Caitlin A., and Wendy S. Garrett. "Gut microbiota, inflammation, and colorectal cancer." *Annual review of microbiology* 70 (2016): 395-411.

Zheng, Shuai, Shulin Shao, Zhiyu Qiao, Xue Chen, Chunmei Piao, Ying Yu, Feng Gao, Jie Zhang, and Jie Du. "Clinical Parameters and Gut Microbiome Changes Before and After Surgery in Thoracic Aortic Dissection in Patients with Gastrointestinal Complications." *Scientific Reports* 7, no. 1 (2017): 15228.

Medina, Daniel A. et al. "Distinct Patterns in the Gut Microbiota after Surgical or Medical Therapy in Obese Patients." Ed. Jie Liu. *PeerJ* 5 (2017): e3443. PMC. Web. 9 Sept. 2018.

Lederer A-K, Pisarski P, Kousoulas L, Fichtner-Feigl S, Hess C, Huber R. Postoperative changes of the microbiome: are surgical complications related to the gut flora? A systematic review. *BMC Surgery*. 2017;17:125. doi:10.1186/s12893-017-0325-8.

Hibberd, Ashley A., Anna Lyra, Arthur C. Ouwehand, Peter Rolny, Helena Lindgren, Lennart Cedgård, and Yvonne Wettergren. "Intestinal microbiota is altered in patients with colon cancer and modified by probiotic intervention." *BMJ open gastroenterology* 4, no. 1 (2017): e000145.

Aron-Wisnewsky, Judith, Joel Doré, and Karine Clement. "The importance of the gut microbiota after bariatric surgery." *Nature reviews Gastroenterology & hepatology* 9, no. 10 (2012): 590.

Yang, Jia, and Jun Yu. "The association of diet, gut microbiota and colorectal cancer: what we eat may imply what we get." *Protein & cell* (2018): 1-14.

Valdes, Ana M., Jens Walter, Eran Segal, and Tim D. Spector. "Role of the gut microbiota in nutrition and health." *BMJ* 361 (2018): k2179.

Cani, Patrice D. "Human gut microbiome: hopes, threats and promises." *Gut* (2018): gutjnl-2018.

Bäckhed, Fredrik, Ruth E. Ley, Justin L. Sonnenburg, Daniel A. Peterson, and Jeffrey I. Gordon. "Host-bacterial mutualism in the human intestine." *science* 307, no. 5711 (2005): 1915-1920.

Sender, Ron, Shai Fuchs, and Ron Milo. "Revised estimates for the number of human and bacteria cells in the body." *PLoS biology* 14, no. 8 (2016): e1002533.

Hemarajata, Peera, and James Versalovic. "Effects of Probiotics on Gut Microbiota: Mechanisms of Intestinal Immunomodulation and Neuromodulation." *Therapeutic Advances in Gastroenterology* 6.1 (2013): 39-51. PMC. Web. 9 Sept. 2018.

Umu, Özgün C. O., Knut Rudi, and Dzung B. Diep. "Modulation of the Gut Microbiota by Prebiotic Fibres and Bacteriocins." *Microbial Ecology in Health and Disease* 28.1 (2017): 1348886. PMC. Web. 9 Sept. 2018.

Pada  
Pada  
men  
dru  
yang  
pen  
suda  
Kau  
men  
berh  
yang  
men  
peny  
kamb  
Stat  
kemb  
kond  
terha  
suda  
maka  
justr  
Pemb  
pemb  
Selen  
Pende  
pender  
ini ber  
mafsu  
pender