

# Gc-Ms Instrument Analysis of Turmeric Rhizome Extract Nanoemulsion Preparation (*Curcuma Domestica* Val.) on Amylase, Lipase Levels and Pancreatic Beta Cell Damage Scoring in Male Rats with Diabetes Mellitus and Histopathological Images of the Pancreas

**Khoirul Bariyah<sup>1</sup>, Alinapiah Nasution<sup>2</sup>, Maya Sari<sup>3</sup>**

<sup>1</sup> Faculty Medicine, Dentistry and Knowledge Health, Prima Indonesia University, North Sumatra

<sup>2</sup> Department of XYZ, College/University Name, Place-Pin Code, (State) Country

\*E-mail : dr.khoirulb@gmail.com

## ABSTRACT

Study This aim For analyze stock nanoemulsi extract rhizome turmeric ( *Curcuma domestica* Val .) uses GC-MS instruments , as well as the impact to level amylase , lipase, and damage scoring pancreatic beta cells on mouse males who suffer from diabetes mellitus . In addition that , research This Also evaluate description histopathology pancreas.

Results study show that The results of GC-MS (Gas Chromatography-Mass Spectrometry) analysis for turmeric compound content usually include a number of chemical compounds that have various health benefits. Here are some of the main compounds often found in turmeric: Curcumin (30%): The main active compound that gives turmeric its yellow color and has anti-inflammatory and antioxidant properties, demethoxycurcumin (15.3%): A variant of curcumin with anti-inflammatory properties, bisdemethoxycurcumin (8.2%): Other compounds that play a role in the biological activity of turmeric, turmerone (5.7%): Compounds that contribute to aroma and have potential therapeutic effects, zingiberene (41%), beta-turmerone (2.8%) and volatile compounds (33.4): Such as zingiberene and beta-turmerone, which also have health benefits. Nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.) was proven to be effective in reducing amylase and lipase levels in alloxan-induced male white rats (*Rattus norvegicus*). The treatment group given nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.) at a dose of 180 mg/kgbb showed the most optimal results, with a significant decrease in amylase and lipase levels, approaching the values shown by the control group. In histopathological examination of the pancreas, the group given nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.) at a dose of 180 mg/kgbb also showed minimal tissue damage, marked by reduced  $\beta$  cell necrosis, reduced vacuosis, and increased islet density. Score 1 because the number of degenerative cells with a degree of damage (<1-25%) of the entire LP (Field of View), the number of necrotic cells <25% of the entire LP. and the number of inflammatory cells <10 in the entire space.

**Keywords:** *Nanoemulsi Turmeric , GC-MS, Amylase , Lipase, Pancreas .*

## INTRODUCTION

Diabetes mellitus is a chronic metabolic disorder characterized by high blood glucose levels caused by impaired insulin secretion from pancreatic  $\beta$  cells. Pancreatic  $\beta$  cell damage is caused by viral infections, genetic disorders, or the induction of toxic agents such as streptozotocin and alloxan (Roosdiana, 2019). Alloxan is a compound that has diabetogenic properties and is toxic, especially to pancreatic beta cells. When administered to experimental animals, namely mice, it will cause the mice to become diabetic. The mechanism of action of alloxan that causes pancreatic beta cell damage is that it first enters the pancreatic beta cells and is then absorbed by the pancreatic beta cells. The ability of alloxan substances to be absorbed by pancreatic beta cells will determine the level of toxicity and also diabetogenic properties. After absorption of the substance, pancreatic beta cells will experience damage through several processes that occur simultaneously, namely through oxidation of sulfhydryl groups and the formation of free radicals (Prameswari and Widjanarko, 2014). One of the typical pathological features and is often found in patients and animal models of Diabetes Mellitus is changes in the histological structure of the pancreas.

The pancreas is closely related to diabetes. Diabetes is a disorder of carbohydrate metabolism characterized by the body's inability to produce sufficient insulin or respond appropriately to it. Furthermore, irregular glucagon secretion by alpha cells is a key feature of both type 1 and type 2 diabetes. Therefore, the endocrine pancreas's importance lies in its secretion of two key hormones, glucagon and insulin, which play a central role in regulating energy metabolism (Atkinson et al., 2020).

Normally, glucose levels are regulated by a balance between insulin secretion and action. For example, insulin reduces glucose production in the liver, increases glucose uptake in skeletal muscle and adipose tissue, and decreases fatty acid release in adipose tissue. However, abnormally reduced insulin secretion suppresses insulin signaling in target tissues. In insulin resistance, insulin action in target tissues primarily increases circulating fatty acids and glucose levels. Ultimately, persistently elevated blood glucose and fatty acids exacerbate insulin secretion and resistance (Li et al., 2020).

**Nowadays**, people prefer alternative medicine using herbal remedies derived from plants or plant extracts to treat illnesses. The use of herbal remedies is an effective and relatively safe treatment option that can be used to treat various ailments and is also often used to prevent illness and boost the body's resistance to disease.

Turmeric rhizome also has pharmacological activities as an analgesic, antioxidant, antibacterial, antifungal, anti-inflammatory and digestive disorder (Anand *et al* , 2010; Hayakawa *et al* , 2011). Turmeric rhizome ( *Curcuma domestica Val* .) Turmeric is a traditional medicine known for its antioxidant effects that lower blood glucose levels. It is also known to have antibacterial, anti-inflammatory, immune system stimulating, analgesic, antipyretic, heat-relieving, and detoxifying properties. Turmeric rhizome also has pharmacological activities as an analgesic, antioxidant, antibacterial, antifungal, anti-inflammatory, and anti-digestive agent (Anand *et al* ., 2010; Hayakawa *et al* ., 2011).

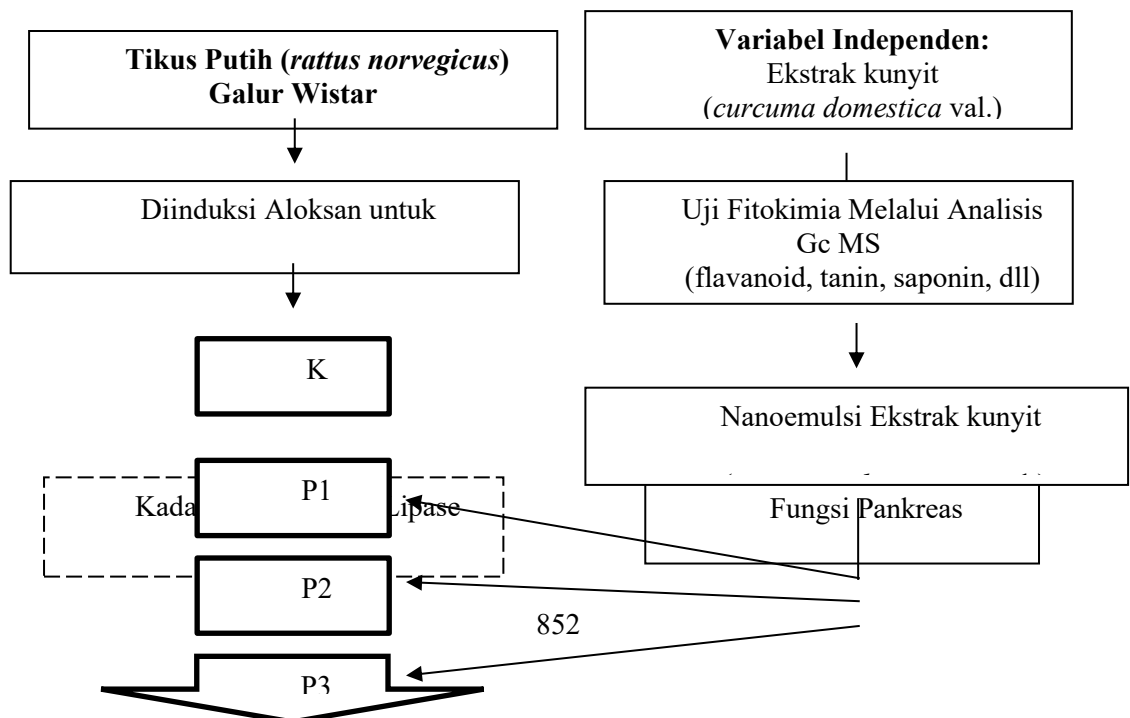
The flavonoid components found in turmeric rhizomes have the ability to prevent beta cell damage in the pancreas. This is due to the antioxidant activity contained in it, namely by capturing or neutralizing free radicals associated with phenolic OH groups. Thus, flavonoid compounds can help repair the condition of damaged tissue (Hossain MS, 2014). Turmeric ( *Curcuma domestica Val* .) is known to contain various bioactive compounds, including

curcumin, which has anti-inflammatory and antioxidant properties. Previous research has shown that turmeric rhizome extract can potentially reduce pancreatic beta cell damage and improve the function of digestive enzymes such as amylase and lipase. Amylase is an enzyme that plays a role in the breakdown of carbohydrates, especially starch, into glucose and maltose. Amylase levels in the blood are usually measured to assess pancreatic function and diagnose conditions such as pancreatitis. Lipase is an enzyme responsible for the breakdown of fats into fatty acids and glycerol. Lipase levels are also measured in the context of pancreatic health, and elevated lipase levels are often associated with acute pancreatitis.

In addition, it is known that the most active compound found in turmeric is curcumin, which is 3-4%. The low bioavailability of curcumin is caused by rapid metabolism and low absorption along with rapid elimination and excretion, including things that limit its bioavailability (Anand *et al.*, 2007). Based on research conducted by Yadaf *et al.* (2012), nanoparticle preparations are made to increase bioavailability and metabolism in the body. Nano-sized delivery systems are useful for protecting, carrying and releasing bioactive compounds and increasing the bioavailability of lipophilic compounds in aqueous media (Sari *et al.*, 2015). Nanotechnology is an effective method for releasing active ingredients such as curcumin. One pharmaceutical preparation that can be used to overcome problems due to the bioavailability of the active ingredient in turmeric is nanoemulsion. Nanoemulsion is defined as a colloidal dispersion system with an average diameter of less than 500 nm containing lipophilic materials such as curcumin in an aqueous medium (Otoni *et al.*, 2016). Nanoemulsion preparations have promising potential in the pharmaceutical industry because of their transparent color, can increase bioavailability and are thermodynamically stable in a mixture of water, oil, surfactants and cosurfactants (Mishra *et al.*, 2014).

Based on the above phenomenon, researchers are interested in analyzing the GC-MS analysis of nanoemulsion preparations of turmeric rhizome extract (*Curcuma domestica* val.) on amylase, lipase levels and pancreatic beta cell damage scoring in male rats with diabetes mellitus and pancreatic histology. This research is considered important to study further considering that.

The conceptual framework in this study can be described as in the following figure.



**Figure 1 Conceptual Framework****METHODS**

This research is a true experimental study, with the research design used being a *Pre-Post Test Only Control Group Design*, which is a type of research that only observes the control and treatment groups after being given a treatment. The research design uses a *pre-post-test with control group design* or controls the sample based on the treatment group to analyze the activity test. The effect of nanoemulsion preparation of turmeric rhizome extract (*Curcuma domestica* val.) on amylase, lipase levels and pancreatic beta cell damage scoring in male rats with diabetes mellitus and pancreatic histology. This research was conducted at the Laboratory of the Department of Pharmaceutical Pharmacology, Faculty of Medicine, University of North Sumatra and the Laboratory of Anatomical Pathology, University of North Sumatra. This research was conducted from June to August 2025.

The tools used during the research were rotary vacuum evaporator, homogenizer, UV-Vis spectrophotometer, PSA (Particle Size Analyzer) tester, Brookfield viscometer, pH-meter, vacuum pump, 40 mesh sieve, thermometer, magnetic stirrer, spatula, pipette, Erlenmeyer flask, beaker, glass bottle, test tube, measuring cup, digital scale, knife, cutting board, filter paper. The materials needed in this research were turmeric (*Curcuma longa* Linn) (Research Institute for Spice Plants), 96% ethanol, methanol, tween 80, sodium hydroxide, potassium phosphate, distilled water, DPPH powder and vitamin C.

The parameters used to assess pancreatic function are the enzymes amylase and lipase. Amylase hydrolyzes carbohydrates to form simple sugars, while lipase hydrolyzes fats to form fatty acids. Amylase and lipase are enzymes secreted by the exocrine portion of the pancreas. Amylase and lipase levels are used as biochemical markers of pancreatic dysfunction. On the 15th day, the mice were anesthetized and 3 cc of blood was taken from the orbital vein using a capillary pipette, collected in an EDTA (*Ethylenediamine Tetraacetic Acid*) tube and placed in a cool box. The blood samples were then examined at the University of North Sumatra Laboratory to determine amylase and lipase levels.

The results obtained from histopathological observations through microscopic examination were collected and then scored. Analysis was performed to identify the changes found, and then presented descriptively.

Next, the research data were analyzed using the Statistical Package for the Social Sciences (SPSS) 25.0 for Windows. To assess data normality, the Kolmogorov-Smirnov test was used ( $p > 0.05$ ). Furthermore, significance between experimental groups was tested using One-Way ANOVA or one-way analysis of variance at a 95% confidence level. Post-hoc tests or follow-up tests were conducted using the LSD method.

**RESULTS AND DISCUSSION****The active substance content in turmeric rhizome extract (*Curcuma Domestica* val.)**

Secondary metabolites such as flavonoids, tannins, saponins, alkaloids, and phenolic compounds are known to play a crucial role in the bioactivity mechanisms of medicinal plants, including antioxidant, antimicrobial, anti-inflammatory, and antidiabetic activities. Turmeric rhizome extract (*Curcuma Domestica* val.) was also tested for key compounds commonly found in medicinal plants, namely flavonoids, saponins, tannins, alkaloids, and steroids. The following screening results were obtained:

**Table 1 Test Phytochemicals**

Secondary Metabolites	Color	Results
Flavonoid	Pink	+
Saponin	Yellow and foamy	+
Tannin	turquoise	+
Alkaloid	Yellow sediment	+
Steroids/Triterpenoids	Green	+

Information: (+) = Contain group compound Which tested

(-) = Does not contain the tested compound

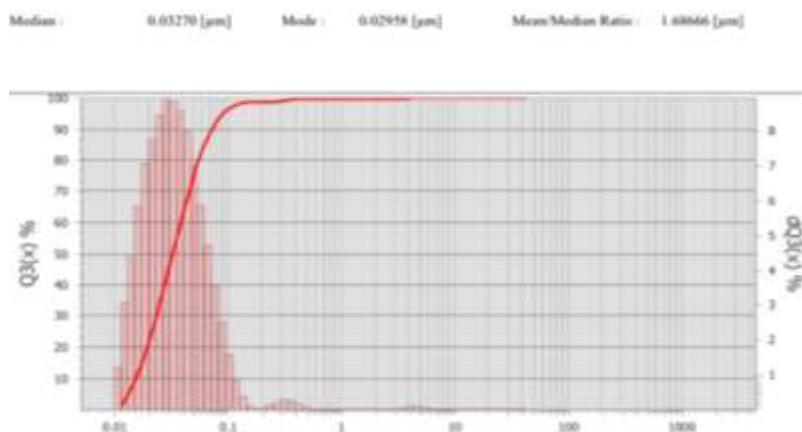
Phytochemical testing was conducted to identify the secondary metabolite compounds present in turmeric rhizome (*Curcuma Domestica val.*) nanoemulsion extracts, which are suspected to have potential as natural therapeutic agents. GC-MS analysis results for turmeric rhizome content typically present data as percentages of the various compounds detected. Here's a common way to present and understand these results:

**Table 2 Analysis of Compound Content of Turmeric Rhizome Extract (*Curcuma Domestica val.*)**

Compound	Percentage (%)
Curcumin	30.5
Demethoxycurcumin	15.3
Bisdemethoxycurcumin	8.2
Tumeron	5.7
Zingiberene	4.1
Beta-turmerone	2.8
Other Volatile Compounds	33.4

GC-MS (Gas Chromatography-Mass Spectrometry) analysis results for turmeric's compound content typically include a number of chemical compounds with various health benefits. Here are some of the main compounds commonly found in turmeric:

1. Curcumin : The main active compound that gives turmeric its yellow color and has anti-inflammatory and antioxidant properties.
2. Demethoxycurcumin : A variant of curcumin with anti-inflammatory properties.
3. Bisdemethoxycurcumin : Another compound that plays a role in the biological activity of turmeric.
4. Tumerones : Compounds that contribute to aroma and have potential therapeutic effects.
5. Volatile compounds : Such as zingiberene and beta-turmerone, which also have health benefits.



**Figure 2 PSA Graph of Nanoemulsion Turmeric rhizome extract**

**Analysis and interpretation of the PSA graph above** is the median and mode is in the range of 20–200 nm, indicating that this system is indeed a nanoemulsion, The **median value of 32.7 nm** indicates that the main particles are very small in size, which is ideal for increasing the solubility and bioavailability of curcumin (the main active compound in turmeric rhizome), The distribution curve (Q3(x)) shows a fairly narrow distribution and the majority of particles are below 100 nm, there is no significant spike at sizes > 1 µm, indicating **not much aggregation** or large particles and this value is slightly higher than ideal (around 1), indicating the possibility of **slight asymmetry** or the presence of a small fraction of larger particles, but still **acceptable** for a nanoemulsion system.

**The above analysis can be concluded that the PSA measurement results show that the turmeric rhizome nanoemulsion has a very small particle size and is homogeneously distributed, with a median of 32.7 nm and a mode of 29.6 nm. This size is considered very good for pharmaceutical or food applications, because it can increase the solubility, stability, and bioavailability of the active compounds of turmeric. This system can be categorized as a stable and effective nanoemulsion based on particle size.**

### **Pancreatic Observation Results Through Serum Amylase and Lipase Levels**

Male white mice weighing 200 to 300 grams were adapted to the environment for one week. Before the treatment of turmeric rhizome extract nanoemulsion, the initial step was to measure the blood glucose levels of the mice before being induced by alloxan to induce diabetes mellitus. Then, in order to induce diabetes mellitus in the experimental mice, the mice were induced by alloxan with 30 mg/kgBW by injection 3 times a week through intraperitoneal. After 14 days, the mice were again observed for amylase and lipase levels after being induced by alloxan. Then, after the 28th day, the mice were again observed for amylase and lipase levels after being given turmeric rhizome extract nanoemulsion ( *curcuma domestica* val.) at a dose of 100 mg/kgBW, 140 mg/kgBW, 180 mg/kgBW.

Parameters for examining pancreatic function are the enzymes amylase and lipase. Amylase works by hydrolyzing carbohydrates and forming simple sugars, while lipase works by hydrolyzing fats to form fatty acids. Amylase and lipase are enzymes secreted by the exocrine part of the pancreas. Amylase and lipase levels are used as biochemical markers of pancreatic

dysfunction. Observations of changes in amylase levels were carried out after alloxan induction and after administration of turmeric rhizome extract (*Curcuma domestica* val.). **Normal amylase levels in mice** are 500-700 U/L. and **normal levels Lipase** : 10-100 U/L. Alloxan causes oxidative stress and damage to pancreatic beta cells and disrupts carbohydrate and fat metabolism. After alloxan induction, amylase levels are 800–1200 U/L and lipase levels are 150–300 U/L. Increased amylase and lipase may indicate **mild to moderate pancreatitis**, which often accompanies induced diabetes. Observations on amylase levels on the first day showed that the control group that was not induced by alloxan had an average value of  $599 \pm 36.38$  mg/dl. Treatment group 1 had an average value of  $647.3 \pm 52.96$  mg/dl and treatment group 2, namely,  $625.5 \pm 49.48$  mg/dl. Treatment group 3, namely,  $632.83 \pm 44.71$  mg/dl.

On the 14th day, the amylase levels of the test animals were measured again to see the changes that occurred. The control group that was not induced by alloxan and was only given distilled water showed urea levels with an average of  $607.7 \pm 36.59$  mg/dL. Treatment group 1 which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 100 mg/kgbb got an average of  $897.33 \pm 42.97$  mg/dL. Treatment group 2 with the administration of nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 140 mg/kgbb got an average of  $943.83 \pm 43.85$  mg/dL and treatment group 3 with the administration of nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 180 mg/kgbb got an average of  $949.67 \pm 31.66$  mg/dL. On the 14th day, the average creatinine levels in the control group, treatment group 1, treatment group 2, and treatment group 3 increased.

On the 28th day, the amylase levels of the mice were measured again to see the changes that occurred in all treatment groups. Treatment group 1, which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 100 mg/kgbb, got an average of  $650.17 \pm 55.70$  mg/dL. Treatment group 2, which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 140 mg/kgbb, got an average of  $630.67 \pm 37.67$  mg/dL and treatment group 3, which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 180 mg/kgbb, got an average of  $620.83 \pm 31.26$  mg/dL.

Based on the results of amylase level measurements on the 28th day, it can be concluded that treatment group 1 which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 100 mg/kgbb and treatment group 2 which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 140 mg/kgbb and turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 180 mg/kgbb experienced a decrease. Treatment group 3 experienced the most significant decrease and was close to the control group compared to the other groups. Treatment group 1 which was given nanoemulsion of turmeric rhizome extract (*Curcuma Domestica* val.), with a dose of 100 mg/kgbb was the group with the least decrease compared to the other groups.

Observations on lipase levels on the first day showed that the control group that was not induced by alloxan had an average value of  $64.83 \pm 9.51$  mg/dl. Treatment group 1 had an average value of  $64.3 \pm 6.63$  mg/dl and treatment group 2, namely,  $63.83 \pm 9.56$  mg/dl. Treatment group 3, namely,  $66.5 \pm 6.70$  mg/dl. On the 14th day, the lipase levels of the test animals were measured again to see the changes that occurred. The control group that was not induced by alloxan and only given distilled water showed lipase levels with an average of

68.33 ± 6.21 mg/dL. Treatment group 1, which was given a nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 100 mg/kgbb, obtained an average of 228.5 ± 24.14 mg/dL. Treatment group 2 with the administration of nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 140 mg/kgbb got an average of 263.5 ± 29.55 / dL and treatment group 3 with the administration of nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 180 mg/kgbb got an average of 253.67 ± 27.15 mg/ dL. On the 14th day the average lipase levels in the control group of treatment group 1, treatment group 2, treatment group 3 experienced an increase. On the 28th day the rats' lipase levels were measured again to see the changes that occurred in all treatment groups. Treatment group 1 which was given nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 100 mg/kgbb got an average of 72.33 ± 6.05 mg/dL. Treatment group 2 with the administration of nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 140 mg/kgbb got an average of 75.67 ± 10.93 mg/dL and treatment group 3 with the administration of nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 180 mg/kgbb got an average of 72.17 ± 9.96 mg/dL. Based on the results of lipase level measurements on the 28th day, it can be concluded that treatment group 1 which was given nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 100 mg/kgbb and treatment group 2 which was given nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 140 mg/kgbb and turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 180 mg/kgbb experienced a decrease. Treatment group 3 experienced the most significant decrease and was closer to the control group than the other groups. Treatment group 1, which was given a nanoemulsion of turmeric rhizome extract ( *Curcuma Domestica* val.), with a dose of 100 mg/kgbb, was the group with the least decrease compared to the other groups.

### Histopathological Observation Results

Histopathological observations were conducted using a light microscope at 400x magnification. The purpose of this observation was to observe the structure and morphology of cells in each pancreatic tissue specimen in the control group and the treatment group given turmeric rhizome extract ( *Curcuma Domestica* val.) at doses of 100 mg/KgBW, 140 mg/KgBW, and 180 mg/KgBW. The sambiloto leaf extract was administered daily in the morning.

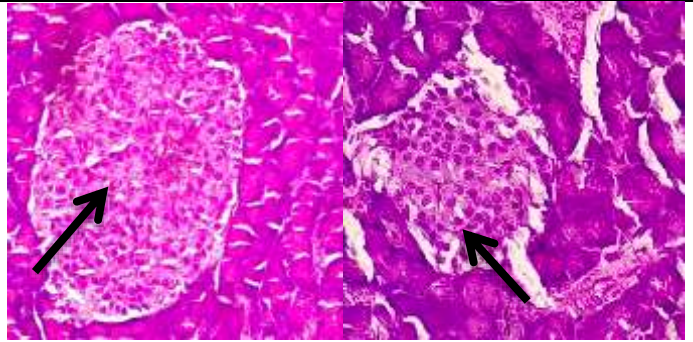
The scoring method observed in histopathological changes is seen from the degree of damage in the sum of all types of lesions that occur, the damage is given a score from 0 to 10. The data is obtained from histopathological images analyzed under a light microscope by a pathologist. The average score of the histopathological examination of the pancreas of the test mice where the lesions observed were degeneration, inflammatory cells and necrosis. The following displays the histological images of the pancreatic tissue of each treatment group:

**Table 3 Histopathological Description of Pancreatic Tissue**

No	Group	Histopathological Image of Pancreatic Tissue
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1

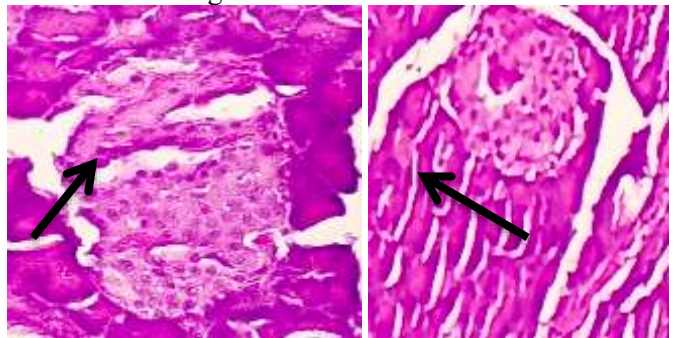
Control (Aquades)



A score of 0 was obtained because no degenerative changes, no necrotic changes, and no inflammatory cells were found throughout the pancreatic interstitial space. This group was not induced and was not given extract treatment.

2

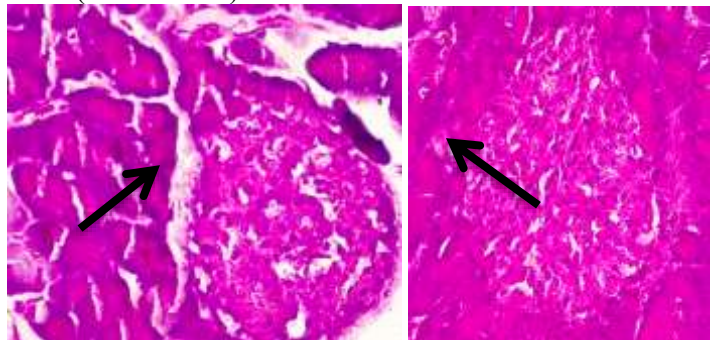
Treatment 1  
(dose  
100mg/KgBW)



At a dose of 100 mg/kg body weight, a mild regenerative effect may be observed: the islets of Langerhans begin to recover, degeneration decreases, and  $\beta$ -cells begin to organize more regularly. A score of 3 is given by the number of inflammatory cells between 51 and 100 throughout the pancreatic interstitial space. number of cells with degree of damage (51% - 75%) of the entire LP (Visual Field).

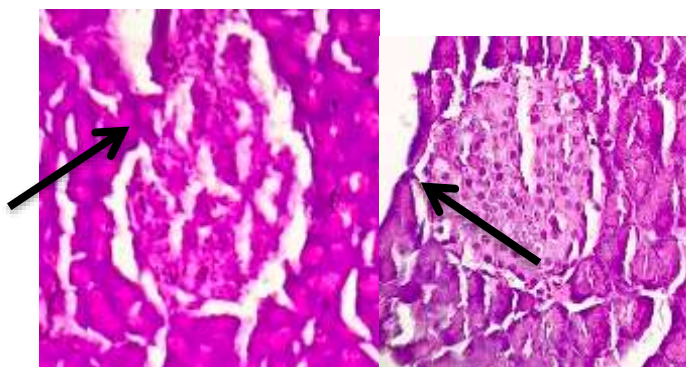
3

Treatment 2  
(dose (140mg/KgBW)



At a dose of 140 mg/kg BW,  $\beta$ -cell regeneration is more pronounced, the area of necrosis is smaller, and the density of insulin granules increases. Score 2: if the number of degenerative cells with a degree of damage (26-50%) of the entire LP (Visual Field), the number of necrotic cells < 25% of the entire LP and the number of inflammatory cells between 11-50 in the entire pancreatic interstitial space.

4 Treatment 3  
(dose (180mg/KgBW)



At a dose of 180 mg/kg BW, it was close to normal control —  $\beta$ -cell necrosis was reduced, vacuolosis was reduced, and islet density was increased. A score of 1 was given for the number of degenerative cells with a degree of damage (<1-25%) of the entire LP (Visual Field), the number of necrotic cells <25% of the entire LP, and the number of inflammatory cells <10 in the entire pancreatic interstitial space.

## DISCUSSION

In many ways, it is the most important section in an article (Feldman, 2004:4). Because it is the last thing a reader sees, it can have a major impact on the reader's perceptions of the article and the research conducted (Summers 2001:411).

According to Feldman (2004:5), Perry et al. 2003: 658), and Summers 2001: 411412), the discussion section should:

- Restate the study's main purpose
- Reaffirm the importance of the study by restating its main contributions
- Summarize the results in relation to each stated research objective or hypothesis without introducing new material
- Relate the findings to the literature and the results reported by other researchers
- Provide possible explanations for unexpected or non-significant findings
- Discuss the managerial implications of the study
- Highlight the main limitations of the study that could influence its internal and external validity
- Discuss insightful (i.e., non-obvious) directions or opportunities for future research on the topic

The discussion section should not merely restate the findings reported in the result section or report additional findings that have not been discussed earlier in the article. The focus should instead be on highlighting the broader implications of the study's findings and relating these back to previous research. Make sure that the conclusions you reach follow logically from and are substantiated by the evidence presented in your study (Varadarajan 1996: 5).

## CONCLUSION

1. The results of GC-MS (Gas Chromatography-Mass Spectrometry) analysis for turmeric compound content usually include a number of chemical compounds that have various health benefits. Here are some of the main compounds often found in turmeric: Curcumin (30%): The main active compound that gives turmeric its yellow color and has anti-inflammatory and antioxidant properties, demethoxycurcumin (15.3%): A variant of curcumin with anti-inflammatory properties, bisdemethoxycurcumin (8.2%): Other compounds that play a role in the biological activity of turmeric, turmerone (5.7%): Compounds that contribute to aroma and have potential therapeutic effects, zingiberene (41%), beta-turmerone (2.8%) and volatile compounds (33.4): Such as zingiberene and beta-turmerone, which also have health benefits.
2. Nanoemulsion of turmeric rhizome extract (*Curcuma Domestica val.*) has been proven to be effective in reducing amylase and lipase levels in male white rats (*Rattus norvegicus*) of the Wistar strain induced by alloxan.
3. The treatment group given a nanoemulsion of turmeric rhizome extract (*Curcuma Domestica val.*) at a dose of 180 mg/kgbb showed the most optimal results, with a significant decrease in amylase and lipase levels, approaching the values shown by the control group.
4. In histopathological examination of the pancreas, the group given a nanoemulsion of turmeric rhizome extract (*Curcuma Domestica val.*) at a dose of 180 mg/kgbw also showed minimal tissue damage, marked by reduced  $\beta$  cell necrosis, reduced vacuosis, and increased islet density. Score 1 is due to the number of degenerative cells with a degree of damage (<1-25%) of the entire LP (Visual Field), the number of necrotic cells <25% of the entire LP, and the number of inflammatory cells <10 in the entire space.

## ACKNOWLEDGEMENT

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