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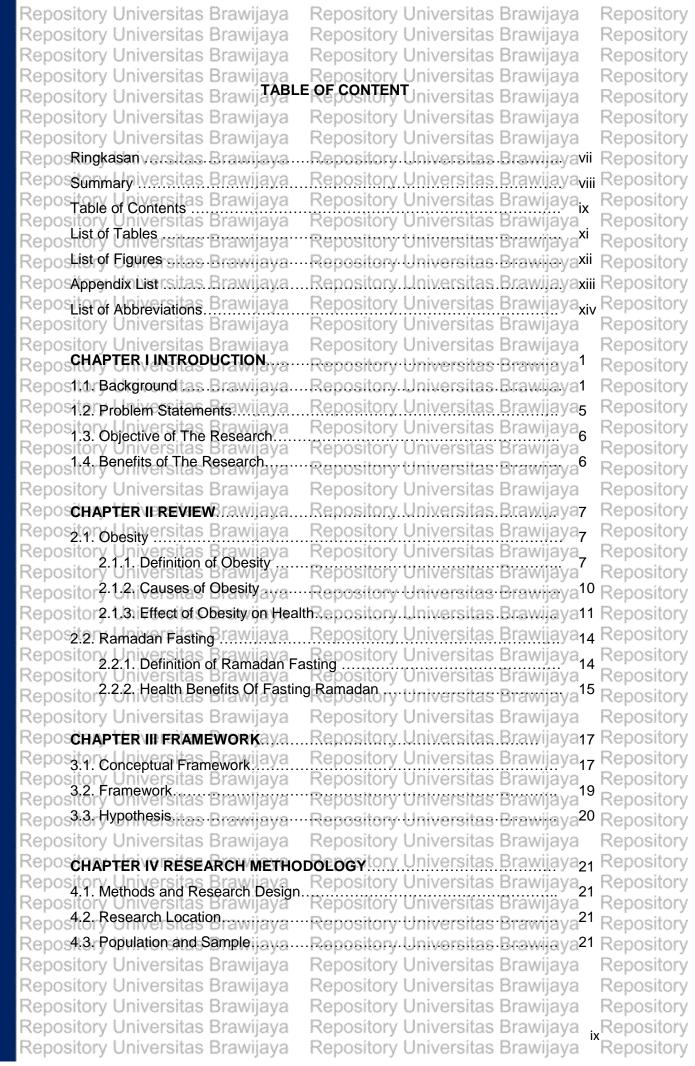


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	study is an experimental researc	le subjects. The research method used in th h method with one group pre-test-post-te	stepository
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₹ E	ReposHDL were not significant different.	Moreover,TNF-α and IL-6 were not significa	ntRepository
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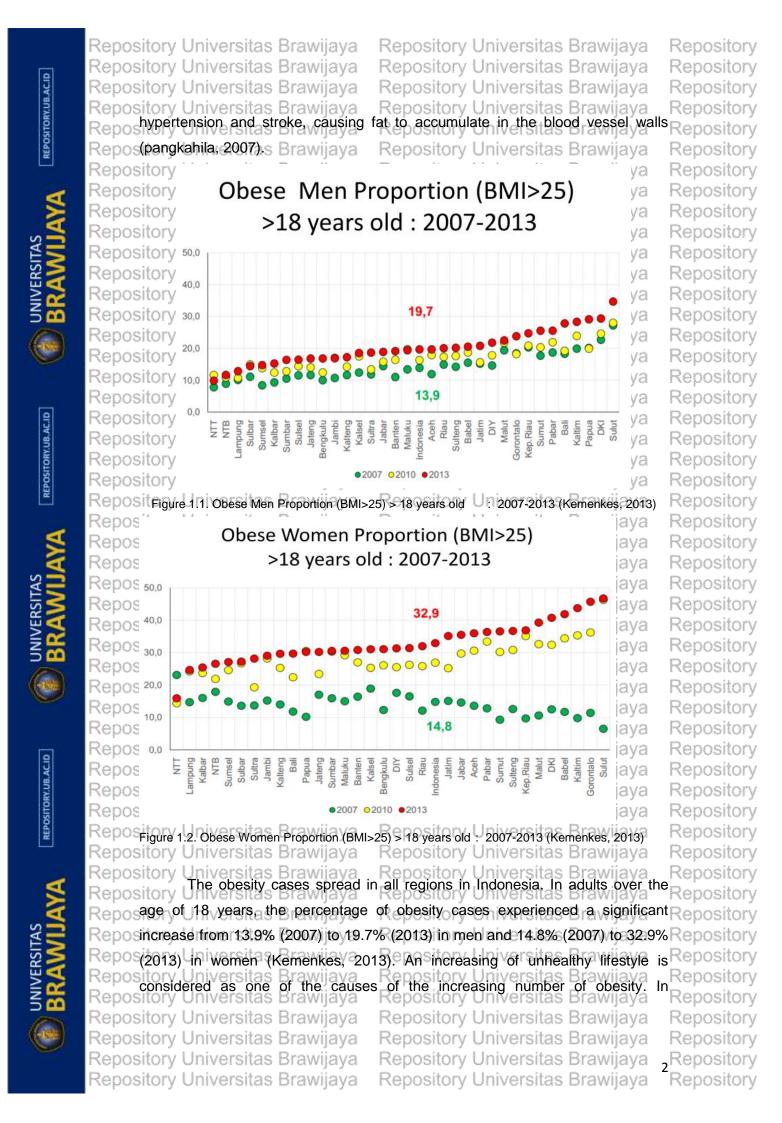
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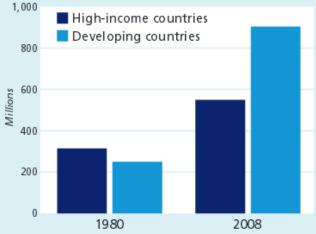
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corresponding rates were 14% and 32% (Stevens et al., 2012). Repository Overweight and obese adults, 1980 and 2008 Repository Univer 1,000 Repository Univer Repository Univer Repository Univer: 800 Repository Univer Repository Univer Repository Univer 600 Repository Univer: 400 Repository Univer-

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Source: From estimated data in Stevens et al., 2012

Repository Univer-Repository Figure 1.3. Overweight and obese adults, 1980 and 2008 (Stevens et al., 2012)

Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Overweight or obesity is a medical condition marked by excess body Repository Repository causes health adverse effect (WHO, 2005). Excessive food intake which Repository physical inactivity, and genetic susceptibility simultaneously trigger obesity. Repository Obese people have a slow metabolism, so they are only able to eat a little food Repository Repos(Kushner, 2007). Someone obese have a body mass index (BMI) over 30 kg Repository Repository m2. Obesity triggers various diseases, particularly heart disease, type 2 diabetes, Repositorv obstructive sleep apnea, cancer, osteoarthritis and asthma (Kushner, 2007). Repository However, Kushner (2007) describes not only the diet and physical activity is a Repository Reposition and the strange of the st Repository Universitas Brawijava Repository Universitas Brawijava Repository Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository

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	ne lipoprotein/ lipase (LPL) in 3T3L1/ cel	1 4
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paracrine and autocrine. LPL declin	e will reduce fat intake by adipose tissue ar	Repository
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Reposition of IL-6 adipose and nor	n-adipose cells. Another modulator role in th	Repository
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	late an inflammatory reaction, which led	
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	y protein TIARP / TNF-a in individuals wh	1 1
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mellitus type 2 and causes obesi	ty, so that IL-6 can be used as targets f	orRepository
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the problem statements as follows:	Repository Universitas Brawijaya	Repository
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	2.1.1. Definition of Obesity	Repository	Universitas	Brawijaya	Repository
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	Reposody. To categorized the obesity le				
	Reposed weight (kilograms) divided by heigh	nt squared (squ	are meter) ex	pressed as (kg	Repository
	Repose m <sup>2</sup> is used (WHO, 2015). Table 2.1	shows a class	ification of BN	/I, obesity leve	Repository
	Reposand risk of morbidity for European	or Americans	and for Asiar	Blt shows that	
	Reposobesity was indicated by BMI of >25				- · · · · ·
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	Table 2.1.BMI and Morbidity Risk Classificat	tionsfor Europeans	and for Asians (V	/HO, 2015).	Repository
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	Classification BMI (kg/m <sup>2</sup> )	Riskository	Universitas	BrRiskjaya	Repository
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	Based on BMI, obesity is div	ided into three d	categories, nar	Brawijaya	Repository
	obesity level I with BMI 30.00-34.9				Repository
	Repository oniversitias Brawlaya Reposite lill with BMI over 40.0	Repository 0DCut-off-point	Universitas	Brawijaya the Asia Pacific	Repository
	Reposited on has lower criteria than the W				1 4
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2	Reposition human body, namely: gyneco	oid and andro	id. Gynecoid	shape is the	Repository
	Repository devices fras Bray and Repository accumulation of fat, especially	Repository in the lower	body (buttoo	cks) while the	Repository
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TORY	Repositing Causes of Obesity wijaya Repository Universita	1 1	Repository
REPOSITORY.UB.AC.ID	Repository Obesity is caused by many genes (polygenes). Som		
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1	(Rankined <i>et al.,</i> 2006). Those identified genes were obtained		
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20	association of BW, BMI, overweight and obesity; association of	body compositio	Repository
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(-se)	Repository Universitas Brawijaya Repository Universita Reposknown of them is the presence of a mutation in the leptin ger	ac erawnava	RANNCHAN
	Repositeceptor pro-opiomelanocortina and othes PPAR-yngene.ita		Pepository
	Repositions in multigene, the cause of obesity is known that ind		
B.AC.	from families with obesity, obesity likely 2-8 times larger than	the family who ar	Repository
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REPOSITORY UB. AC. ID	Repository Universitas Brawijaya Repository Universita		Repository
RE	Repositor Physical Activity Brawijaya Repository Universita	as Brawijaya	Repository
	Repository Physical activity is any body movement produced by ske	eletal muscles that	atRepository
2	requires energy expenditure. No physical activity (physical	as Brawijava	Repository
N A	Reposition of the start of the	as Brawilava	Repository
MARK I		, , , , , , , , , , , , , , , , , , ,	1 9
<b>S</b> ERS	Reposteath globallys (WHO, 2010), Exercise increases circulation		
BRA	sensitivity, lower blood pressure and triglyceride while increas	ang HDL Inroug	Repository
50	regular exercise and isotonic (aerobic physical activity appro	is krawijava	Repository
	Repostation decrease peripheral resistance which lowers blood	pressure. Regula	Repository
~	Reposexercise should ideally be done three to five times a week and	at least a half hou	Repository
	Reposeach/session of moderate intensity. Someone who tends to		aRepository
	Reposactivity balance will be obese (WHO, 2010). Sitory Universita	as Brawijaya	Repository
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REPOSITORY.UB.AC.ID	Repositor Excessive food intake jaya Repository Universita		Repository
R	Repository Women who are obese are more responsive to the taste		1 2
	Repository Universitas Brawijava Repository Universita	ntney feel full, an	Repository
8	do not eat when hungry. Pattern of overeating can lead to o Freitag, 2010).	besity (Emilia an	Repository
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m Reposit}$ Repository than women with obesity (NattayaLakshita, 2012). iversitas Brawilava Repository Sitory Esteghamatiet al., (2014) studied about "Trends in the prevalence ofRepository diabetes and impaired fasting glucose in association with obesity in Iran 2. Repository 2005-2011". The aims in this research to estimate the prevalence and trends of Repository diabetes mellitus (DM) and impaired fasting glucose (IFG), 2005-2011, Repository determine the contribution of obesity to DM prevalence. Data from Surveillance of Repository Risk Factors of Non-communicable Diseases (SuRFNCD) conducted in 2005, Repository <ebosi 2007, and 2011 were gathered. DM was defined as presence of self-reported previous diagnosis or a fasting plasma glucose (FPG)≥7 mmol/L. IFG was diagnosed with FPG levels between 5.6 and 6.9 mmol/L. Prevalence rates for Repos 2011 and trends for 2005-2011 were determined by extrapolating survey results to Iran's adult population. Population attributable fraction (PAF) of obesity was also calculated. In 2011, IFG and total DM prevalence rates were 14.60% (95%CI years, 12.41-16.78) and 11.37% (95%CI : 9.86-12.89) among 25-70 respectively. DM was more common in older age (p < 0.0001), in women (p = Reposit os0.0216), and in urban-dwellers (p = 0.0001). In 2005-2011, Irend analysis Repository revealed a 35.1% increase in DM prevalence (OR: 1.04, 95%CI : 1.01-1.07, p = 0.011); albeit, IFG prevalence remained relatively unchanged (OR: 0.98, 95%CI: 0.95-1.00, p = 0.167). In this period, DM awareness improved; undiagnosed DM Repository Reported and the second s demonstrated that 33.78%, 10.25%, and 30.56% of the prevalent DM can be Repository <sup>OS</sup>attributed to overweight (BMI≥25kg/m(2)), general obesity (BMI≥30 kg/m(2)), and Repository Repository ository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijava Repository Universitas Brawijava Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya 11 Repository Repository Universitas Brawijaya Repository Universitas Brawijava Repository Repository Universitas Brawijava

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B.AC		pository
DRY.U	Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Contral obesity (waist circumference≥90 cm), respectively. Additionally, the DM Repository Contral obesity (waist circumference≥90 cm), respectively.	pository
REPOSITORY.UB.AC.ID		
88	Repositorease rate in 2005-2011, was 20 times higher in morbidly obese compared Rep	
	Reposition lean individuals. More than four million Iranian adults have DM which has Rep	ository
1	increased by 55% over the past seven years, owing in large part, to expanding	ository
A	obesity enidemic	pository
AS		ository
ss S		ository
ZEF Z		
2 <b>6</b>	Repository Obesity may increase the incidence of hypertension. This is due to the fat Repository Universitas Brawijava Repository Universitas Brawijava Repository	ository
	Can cause diockage in the diood vessels. Thereby increasing diood dressure	pository
	Dependent für für Sterne in alle auf Officielle in standing seese seesen in substance in	pository
	Reposdirectly related to obesity. Hypertensions originated from renal sodium re-Rep	
	Reposabsorption in the body which causes an increase in extracellular fluid volume and Rep	pository
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UB.A	Repository Universitas Brawijava Repository Universitas Brawijava Rep	pository
TORY		pository
REPOSITORY.UB.AC.ID	Repospotential mechanisms capable of mediating the sodium retention and Rep	pository
	Reposhypertension in obesity, including activation of the sympathetic nervous system, Rep	ository
1	activation of the remin-angiotensin-adosterone and remai compression.	pository
X	Hyperinsulinemia, or insulin excess due to the chaotic blood sudar redulation.	pository
N A	chesity plays an important role in the development of hypertension (Emilia and	pository
<b>ES</b>	repository oniversitas brawijaya - repository oniversitas brawijaya - rep	Dository
SR >		ository
UNIVER BRA		pository
50		
6-16-1	Repository Universitas Brawijava Obstructive Sleep Apnea (OSA) is associated with obstructions of the Rep	ository
$\sim$	Reposupper airway during sleep, which is caused by collapse of the dilator muscles and $Reposupper$	ository
	Reposoft tissues of the pharyngeal wall. OSA may be diagnosed based on the Rep	
	Reporpresence of 5 or more of these respiratory events (Apnoea Hypophoea Index > Rep	Ψ.
ACII	5) with concurrent evidence of OSA symptoms (daytime sleepiness, snoring and	pository
RY.UB	REPOSITOR OTTIVETSTAS DIAWIAVA REPOSITOR OTTIVETSTAS DIAWIAVA REP	ository
REPOSITORY UB. AC ID	${\sf Repos}$ choking arousals from sleep). Alternatively, OSA is also diagnosed when patients ${\sf Rep}$	ository
REPI	Reposdisplay an AHL of greater than 15 events per hour with no subjective report of Rep	· · · · ·
		pository
4	I DE IWO MAIN INDICADONS OF USA ARE THE RESOLUTION DISTURDANCES AND THE	pository
	Repository Universitas Brawlaya Repository Universitas Brawlaya Repository arousals from sleep needed to reinstate breathing. These two indications lead to Repository	pository
S A		
<b>N</b>	Reporte two main clinical consequences of the disorder, hypoxia of the brain and the Rep	~
ERS	Reportering and sleep fragmentation. Daytime sleepiness and hypoxia of the brain are Rep	
UNIVERSITAS BRAWIJAYA	associated with cognitive deficits, such as impaired working memory and	pository
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6		ository
	Repository Universitas Brawijaya Repository Universitas Brawijaya 12 Rep	
	Repository Universitas Brawijaya Repository Universitas Brawijaya <sup>12</sup> Rep	pository
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RY.UE	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	y –
OSITO	Reposition (Gagnon et al., 2014). Hypoxia of the heart increases the risk of heart Repositor	
REPOSITORY.UB.AC.ID	Reposproblems including hypertension (Gruberet al., 2006). Patients with OSA are also Repositor	У
	Reposat higher risk for Type II diabetes and stroke. Daytime sleepiness effects the Repositor	y
4	patients' and their partner's quality of life and there is a high rate of comorbid	4
	anxiety and depression in this sample (ICSD-2, 2005). The effects of sleepiness	× .
AS	Reposition and impaired concentration is most obvious in the car accident risk odds-ratio of Repositor	У
INIVERSITAS BRAWIJ		-
₹¥	Reposition of the search compared to individuals of similar demographic status without Repositor	~
ž 💥	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	10
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	Repository TNF-acissa multi-potential cytokine with several immunological functions. Repositor	÷
	Repositionship Repositor	w
9	between obesity and insulin resistance, in which the addition of TNF-α may	v
UB.AC	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	ý.
(ORV.)	Repositor will increase in obese Repositor	v
REPOSITORY.UB.AC.ID	Reposindividuals and high concentrations associated with insulin resistance, endothelial Repositor	y
	Reposition struction, increased C reactive protein (CRP) and interleukin-6 (IL-6) (Rontiet Repositor	У
	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	У
1	Repository Ronti <i>et al.</i> ,(2006) said that TNF-α in obesity associated with insulin	÷
2	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	~
<b>M</b>	Repository oniversities bramjeye - Repository oniversities bramjeye - Repositor	4
<b>S</b> RS	Reposadiponectin and insulin signalling disorders. Reduced TNF-α will reduce obesity Repositor	1
UNIVER BRA	Reposition that cause hyperlipidemia which contributes to glucose transporter-4 (GLUT-4) in Repositor Repositor	
50		10 C
(-see	Wang <i>et al.</i> (2006) explained TNF-α plays a role in energy balance. At high concentrations of TNF-α inhibits lipoprotein lipase (LPL) in 3T3L1 cells and	y V
$\sim$	Reposconcentrations of TNF-q inhibits lipoprotein lipase (LPL) in 3T3L1 cells and Repositor	v
	Reposactivate hormone sensitive lipase through antocrine and paracrine pathways. The Repositor	~
	Reposited and Repositor decline in LPL activity will suppress exogenous fat intake by adipose tissue and Repositor	y
S.AC.II	Repository Universitas Brawijava Repository Universitas Brawijava Repositor increases triacylglycerol in circulation. High triglyceridelipolysis will stimulate	y
RV.UI	Repository Universitas prawilava – Repository Universitas prawilava – Repositor	У.
REPOSITORY.UB.AC.ID	Reposadipose tissue accompanied by increased secretion of VLDL from the liver. This Repositor	P
REP	Reposis one method to prevent fat storage and obesities. In addition, TNF-α increases Repositor	× .
	Repositorio and the Brawijaya Repository Universitas Brawijaya Repositor	-
4	Repository Wanget al. (2006) explained that TNF- $\alpha$ synthesis production can be Repositor	Ye
X	Repository Universitas Brawilaya Repository Universitas Brawilaya Repositor Repositor to be responsive to both nutritional and immunological regulators. Repositor	y v
SA 📃	ReposAdditionally, there are regional effects such that subcutaneous adipose tissue Repositor	
SIT/	Reposexpresses mRNA for TNF-a and TNF-R1 and TNF-R2 to a greater extent than Repositor	w.
AER A	Repository Universitas Brawijaya Repository Universitas Brawijaya Repositor	
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Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijava Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijava Repository Universitas Brawijava Repository Ository Trayhurn (2005) explained, increased levels of IL-6 were detected in the Repository osblood, Univaddition Boavoriginate From sendothelial cells sfibroblasts and Repository Repository Repormacrophages, are also derived from adipose cells, which act as an autocrine and Reposit parakrine. In basal conditions, the secretion of IL-6 and TNF-a as a result of Reposit stimulation increased 60 times in the form of 3T3-L1 adiposite. Through the Repository expression of IL-6 adipose and non-adipose cells. Another modulator role in the Repository expression of IL-6 in the adipose cells are glucocorticoids and catecholamines Repository that cause a decrease in LPL activity of adipose tissue that has implications in Repository Reposit the reduction of fat, protein synthesis stimulation in the acute phase, the Reposit increased activity of the hypothalamic pituitary axis and thermo genesis. Repository Interleukin 6 is a member of pro-inflammatory cytokine secreted by monocytes, Repository macrophages, and fat tissue) Trayhum 2005) ory Universitas Brawijaya Repository Repository IL-6 can stimulate an inflammatory reaction, which led to protection Repository against obesity, and induces the production of TNF- $\alpha$  that mediate inflammatory Repository reactions in vitro as shown by the administration of IL-6 in adipose cells. This Repository Reposteaction is mediated by protein TIARP / TNF-a/in individuals who suffer from Repository sobesity. Generally, IL-6 can cause hemostasis disorders, diabetes mellitus type 2 Repository Repository and causes obesity, so that IL-6 can be used as targets for research (Permana, Repository 2009) Repository Universitas Brawijaya ersitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository 2.2. Ramadan Fasting awijaya Repository Universitas Brawijaya Repository epository Universitas Brawijaya 2.2.1. Definition of Ramadan Fasting Repository Repository Ramadan is the holy month in which Muslims devoted to refrain from Repository eating, drinking, smoking, and sexual intercourse from dawn to sunset. Fasting in Repository Repository Ramadan is the fourth pillar of Islam and every Muslim healthy concern since he Repository reached puberty. While adult Muslims who are sick, travelling (distance is Repository determined by the rules of Islam), pregnancy, diabetes (according to the doctor's Repository advice) or through menstrual bleeding is not allowed to fast. Brawijaya Repository ository Ramadan lasts 29-30 days based on the detection of a crescent moon Repository Every day before dawn, Muslims observe the pre-fast meal called Sahour and Repository Reposit fast until sunset. The fasting meal known as if tar. When fasting, every adult Repository Muslim will have limited food intake and hydration until dawn. Obligation to eat in Repository Repositust a short period of time overnight caused some behaviour changes in sleep, Repository Reposteeding schedule, and mealtimes (Aloui et al., 2012). Iniversitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijava Repository Universitas Brawijava Repository Repository Universitas Brawijava Repository Universitas Brawijaya Repository Repository Universitas Brawijaya 14 Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository

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(	Reposi       Collecting data of Food intake record       Anthropometry       Blood analysis:       Inflammation         Collecting data of Food intake record       (for 1 week (breakfast, lunch, dinner, in       Lipid (TC,Total       Inflammation	Repository
~	Reposi       (for 1 week (breakfast, lunch, dinner, in between)       Triglyceride, HDL, LDL)       IL6, TNF α         Reposi       va       Repository Universitas Brawijaya	Repository Repository
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9	Repository I Mid-Measurement (14 days of Ramadan)	Repository
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REPO	Reposite Collecting data of Food intake record a measurement / Unive Lipid (TC,Total	Repository
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1	Repository End-Measurement (21 days of Ramadan) Repository Universitas Brawijaya Repository Universitas Brawijaya	Repository
A	Repository Universitas Brawijava Repository Universitas Brawijaya	Repository
IAS	Repository Universitas Brawi Lipidblood profiles (TC, Total Triglyceride, V Inflammation indicators: IIA, TNF a	Repository
ERSITAS AWIJ	Repository Universitas Brawi HDL,LDL) Ty Conversitas Drawijaya	Repository
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C	Repository The scheme of this research is presented in Figure 3.2.Subject	Repository
	requirements are men aged 20-30 years, BMI 25-30 kg/m <sup>2</sup> , do not have a histor	Repository
	Reposof diabetes, do not have hypertension and not an athlete. Before Ramada	Repository
REPOSITORY.UB.AC.ID	Repostasting, precisely at before fasting, subjects are asked to record their food intake	Repository
RY.UB	Reposof breakfast, lunch, dinner and other foods for a week. Blood will be taken to	Repository
OSITIC	Repository Universitas Brawijava Repository Universitas Brawijava measure total cholesterol (TC) high-density lipoprotein (HDI) low, density	Repository
REP	Repository Universitias Brawilaya "Repository Universitias Brawilaya" Repositopprotein (LDL), TG, and inflammatory indicators. Universitias Brawilaya	Repository
	Repository After all the initial examinations and measurements, subjects are ordered	1 2
A	Reposition Ramadan fasting. At 14 <sup>th</sup> day of Ramadan fasting, blood was taken to be	
A	analysed of total cholesterol (TC), high-density lipoprotein (HDL), low density	
TAS	Repository Universitas Brawijaya Repository Universitas Brawijaya	Repository
RSI	lipoprotein (LDL), TG, and inflammatory indicators. During the fasting, subjects are asked to record their food intake of breakfast and dinner. End Measuremen	
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500	Repo was performed at 21 <sup>th</sup> day of Ramadan fasting. At this measurement, blood was	1 0
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SITOR	Repostaken to be analysed of total choleste	ol) TC), high-densi	ity lipoprotein (HDL), low	Repository
REPOSITORY.UB.AC.ID	Repostensity lipoprotein (LDL), TG and inf			
	Reposused as subjects because they can do		4	Repository
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2	Repository Universitas Brawijaya F 3.3 Hypothesis Repository Universitas Brawijaya F	Repository Univ	ersitas Brawijaya	Repository
<b>Z</b>	Repository Hypothesist is a relationship whether the second secon	ich is predicted b	by logic between two or	Repository
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	Reposed 2007). The hypothesis of this research	are as follows:	ersitas Brawijaya	Repository
500	1. There are some differences in the	Repository Univ	ersitas Brawijava	Repository
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U	Repositor verweigh sitale subjects que to r	Callagat Plasting in	versitas Brawijaya	Repository
	ReposizorThere are some differences in bo	dy weight of overw	veight male subjects due	Repository
		· ·		Repository
CID	Repository There are some differences in lip	d profile (LDL, HDL	L. TG. TC) of overweight	Repository
(UB.A	Repository Universitas Brawijaya F	Repository Univ	ersitas Brawijaya	Repository
ITORY	Repositor male subjects due to Ramadan fa	epository Univ	ersitas Brawijaya	Repository
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	Repossubjects who had Ramadan fasting	Repository Universitas Brawijaya gave statistically significant different in bod	Repository
	Reposweight, triglyceride, HDL and LDL	profiles (p<0.0001) before Ramadan fasting	gRepository
	Reposand 21 days of Ramadan fasting.	Repository Universitas Brawijaya	Repository
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5	Repository Universitas Brawijaya 4.4. Data Collecting Method Repository on Versitas Brawijaya	Repository Universitas Brawijaya	Repository
	Repository In order to necessary data car	provide information, picture, notification, and	Repository
	Reposaccurate facts about an vincident	/ circumstances, needs to specify the data	aRepository
	Reposcollection techniques appropriate to	the characteristics of the observations will be	Repository
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Į.	RepositorParticipantsreasitmentijaya	Repository Universitas Brawijaya	Repository
	Repository Researchers are looking for n	nale participants who are preferably Moslem	Repository
	Repositive candidates who are interested t	o participate in this research then be asked to	Repository
	Repository Universitas Brawijava	e, body weight, height and family healt	Repository
	Repository Universitas Brawijaya	Repository Universitas Brawilaya	Repository
		dance with the requirement criteria for thi	Repository
	Repositudy are (men aged 20-30 years,	good health, the BMI is around 25-27 kg	Repository
	Reposm <sup>2</sup> , do not have a background of dial		Repository
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	Repositor 2) Physical and metabolic data	Repository Universitas Brawijaya	Repository
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		anthropometric measurement (body weight	
		staff from nutrition program medical faculty	
	Reposemental physical exam and medica	al history were collected by care provider in	
5	Medical Faculty of Brawijaya University	Repository Universitas Brawijaya	Repository
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J.	Repository Universitas Brawijaya	Repository Universitas Brawijaya	Repository
	Repositor <b>Blood sampling</b> : Brawijaya	Repository Universitas Brawijaya	Repository
		ling were taken three times before Ramadar	- ÷
	at 14"Ramadan fasting and at 2	1 <sup>st</sup> Ramadan fasting. Blood sampling were	Repository
	performed by professional plebhoto	mist from SIMA Laboratory. Blood would be	Repository
	analyzed. Blood was analyzed for li	pid profiles (total triglyceride, HDL, LDL, TG)	Repository
		sampling were taken on specific time after	· · · · · · · · · · · · · · · · · · ·
		fore blood sampling. To take blood samples	
2	DEDISTORY UTIVELSIAS DRAWIAVA	a vein with 70% alcohol swab and let it dry	IN PRINTER IN THE REAL PRINTER OF THE PRINTER OF TH
ź.	Then put a hedge bond at the uppe	r arm and ask the patient to clench and open	Repository
		clearly visible. After that, tense skin with the	
3		ein is not moving. Furthermore, puncture vei	1 V
Ś	· · · · · · · · · · · · · · · · · · ·	the lumen of the vein, the needle hole facing	
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	Reposused as memory aids or to assist patients in assessing the size of food portion	
	Reposconsumed (Stedman 2006) Information about the ingredients should also b	1 9
	Reposcollected at the same time. Fourth, make sure all the items, (including the use of	
٢	Reposition and mineral supplements) have been recorded correctly. Brawijaya	Repository
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	Repository Blood plasma is a yellowish clear liquid that the alkaline reaction. Plasma	Repository
ζ.		
	Repose Blood Plasma is a yellowish clear liquid which is an alkaline reaction. Plasm	Repository
	contains a complex mixture of organic and inorganic substances which consist of	Repository
	Repo 92% water, (Gladine, 2007). Fat or lipid is a substance that is rich in energy	Repository
	Reposerves as the main energy source for the body's metabolic processes that	
	Reposcirculate in the body and obtained through two sources, which comes from food	
	and the production of the liver, which can be stored in fat cells as energ	
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	Wang <i>et al.,</i> (2006) explain that TNF-α synthesis production can be shown to b	Repository
5	Repository responsive to both nutritional and immunological regulators. Trayhurn (2005	REDUSIUIV
5	Repositor y on versitas Brawijaya a Repositor y on versitas Brawijaya Reposexplained, IL-6 is a cytokine that has some influence secreted by immune cells	1 4
2	Reposendothelial cells, fibroblasts, adipose tissue and skeletal muscle. Pro	
2	Photo March 14, 1 and 16 and 16 and 17 and 18 and	PPM
	inhammatory cytokines is increased in subjects with insulin resistance an	
	obesity and can be expressed as a predictive factor for type 2 diabetes an	Repository
	Reposmyocardial infarction. Levels of IL-6 are increased levels of IL-6 were detected i	Repository
	Reposthe blood are derived from endothelial cells, fibroblasts, and macrophagesaya	Repository
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	Repository Ramadan is the holy month in which Muslims devoted to refrain from	
	Reposeating, drinking, smoking, and sexual intercourse from dawn to sunset, and last	
	For 30 days. Fasting in Ramadan is the fourth pillar of Islam and every Muslin	
٢	healthy concern since he reached puberty. While adult Muslims who are sick	Repository Repository
7	travelling (distance is determined by the rules of Islam), pregnancy, diabete	SRepository
2	Repos(according to the doctor's advice) or through menstrual bleeding is not allowed to	
2	Repositar (Alduie raisi 2012) rawijaya Repository Universitas Brawijaya	Repository
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1	Repositive difference between the two sets of a				
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5	Repository Universitas Brawijaya Repository Comparison paired t-test statist	ics were used	(vvalpole et al.	Brawijaya	Repository
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۵	Repose Explanation:				Repository
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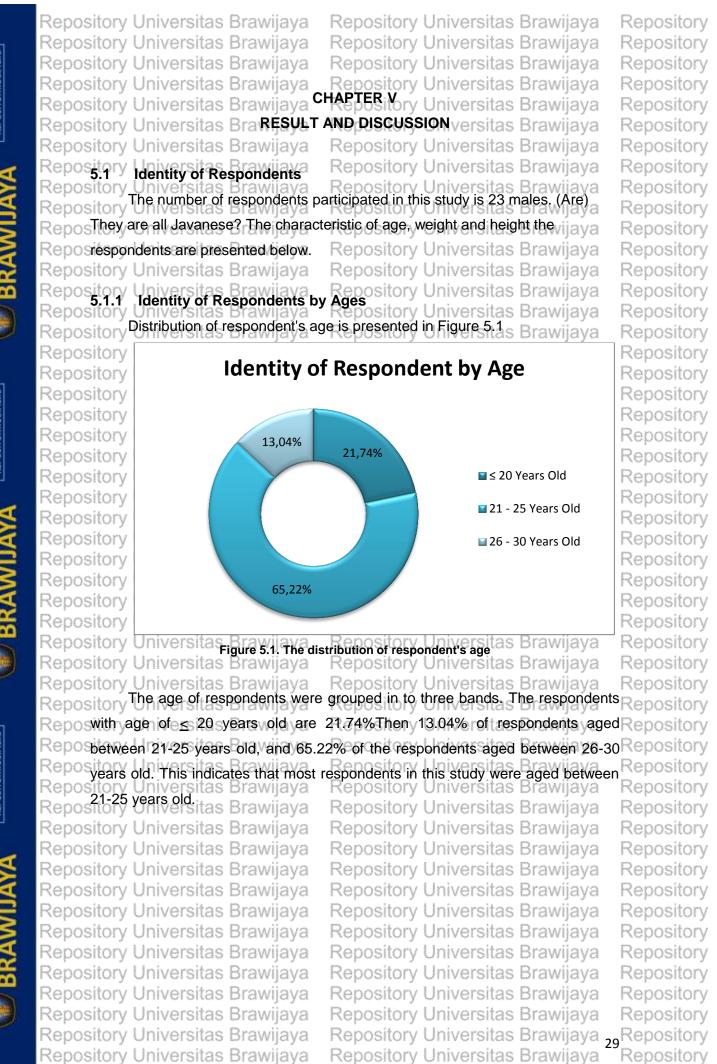
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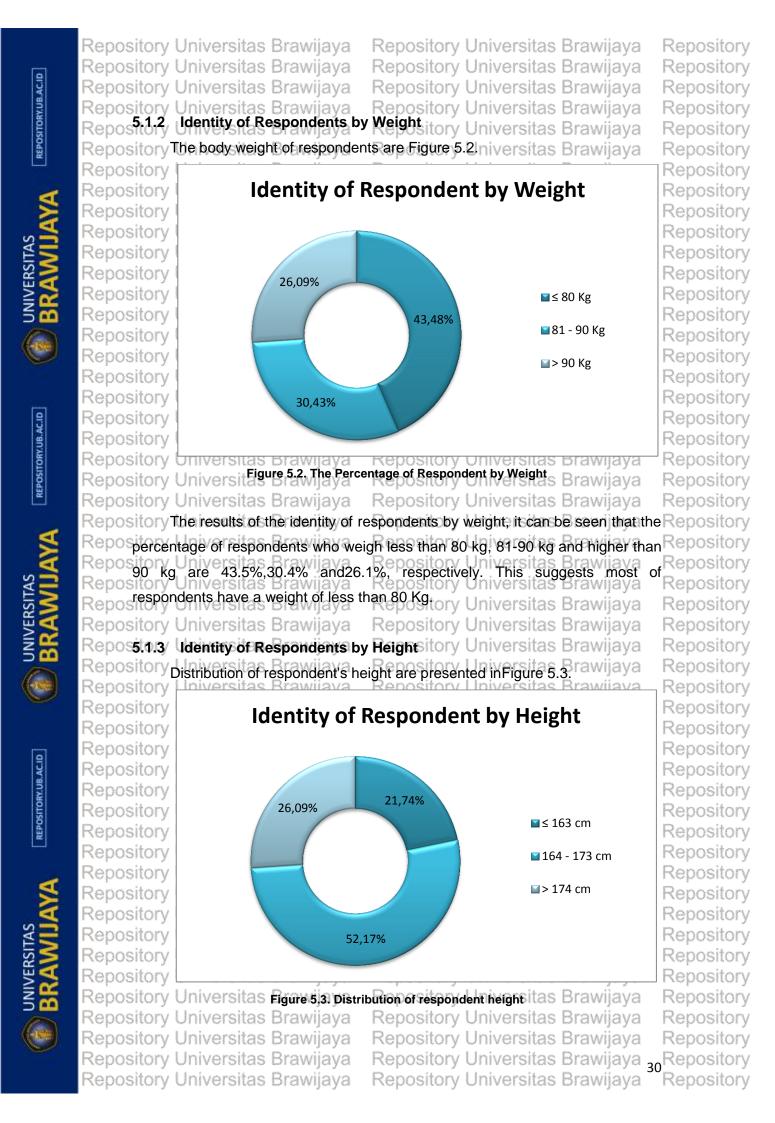


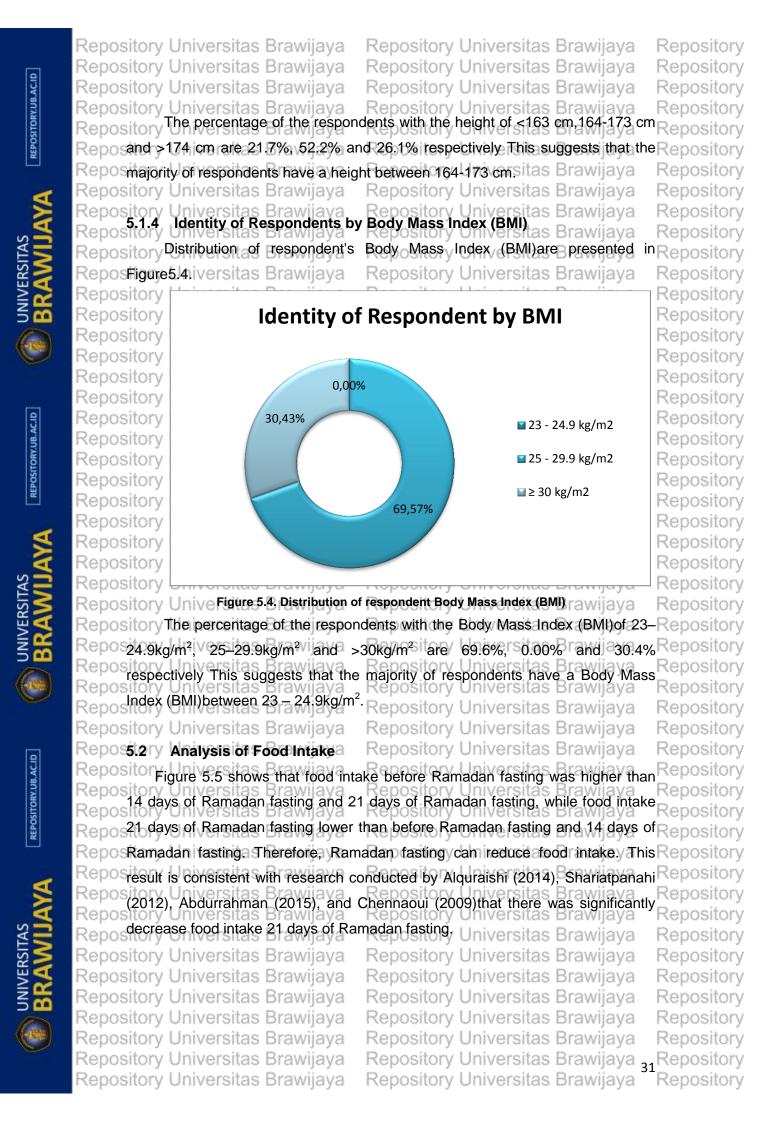
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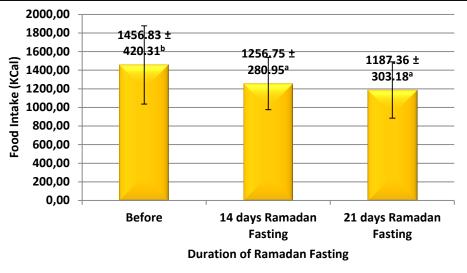




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## Figure 5.5. The Average of Food Intake Before, 14 daysand 21 days of Ramadan Fasting Repository Universitas Brawijaya Repository Universitas Brawijaya Repository The Results of testing difference with Repeated anova in food intake before Repository

ReposRamadan fasting, 14 days of Ramadan fasting, and 21 days of Ramadan fasting Repository can be seen in Appendix1. From the Appendix 1 it shows that it was significant Repository Repository difference in food intake before Ramadan fasting, 14 days of Ramadan fasting, Repository Reposand 21 days of Ramadan fasting. The result of testing difference with LSD Repository Reposhowed the average of food intake 21 days of Ramadan fastingis lower and Repository Reposignificantly different than food intake before Ramadan fasting but not Repository Repository awijaya significantly different with food intake 14 days of Ramadan fasting Repository Brawijava Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repositor/When efasting, Ethewbodya organs, canorest, whiles othe Brcells agather Repository Repositions to survive. If we do not consume enough food, the body will respond Repository Repository negatively, ie by converting fat into an energy source, thus causing weight loss. Repository Every time the body metabolizing the energy, but converting the energy Repository Reposcontained in the nutrients into energy potential, while the remaining will be stored Repository Reposin the body, skin cells, kidney cells, fat, eyelids and glycogen. At the time of fast Repository changes in eating patterns initially 3 times to 2 times. An overweight subject Repository (male or female?) who has fasting will eat fewer after14 daysand 21 days of Repository ReposRamadan fasting (Unalacaket al.2010), pository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijava Repository Universitas Brawijaya Repository Repository Universitas Brawijaya 32 Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository

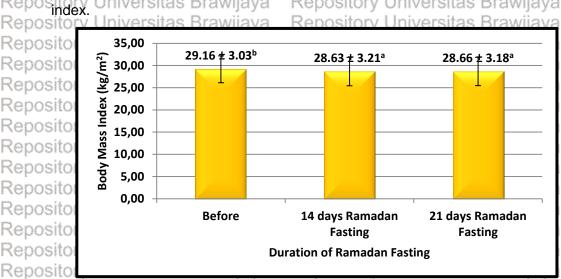
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 $\mathsf{Reposit}$  Figure 5.6. The Average of Body Mass IndexBefore, 14 days , and 21 days of Ramadan Repository Universitas Brawijaya Reportation Universitas Brawijava Repository Universitas Brawijaya Repository Universitas Brawijaya Repository The Results of testing difference with Repeated anova in body mass index

Repository Repository before, 14 days of Ramadan fasting, and 21 days of Ramadan fasting can be Repository Reposeen in Appendix2. From the Appendix 2 it shows that it was significant Repository Reposdifference in body mass index before, 14 days of Ramadan fasting, and 21 days Repository of Ramadan fasting. The result of testing difference with LSD showed the the Repository average body mass index before fasting Ramadan is higher than and significantly Repository different with body mass index at14 days and at 21 days of Ramadan fasting. The Repository Repostody mass index of respondent at 14 daysand 21 days of Ramadan fasting were Repository Repository Universitas Brawijaya Repository Reposnot significant different rawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya 33 Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository

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8	Repository Analysis of the testing difference lipid profile of overweight male subject	
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	Repository Figure 5.7 shows that total cholesterol21 days of Ramadan fasting wa	
	higher than before and 14 days of Ramadan fasting, while total cholesterolbefor	Repository
	fasting Ramadan lower than 14 days of Ramadan fastingand 21 days of	Repository
	Reno Ramadan fasting. Therefore, we can conclude Ramadan fasting can increas	eRepository
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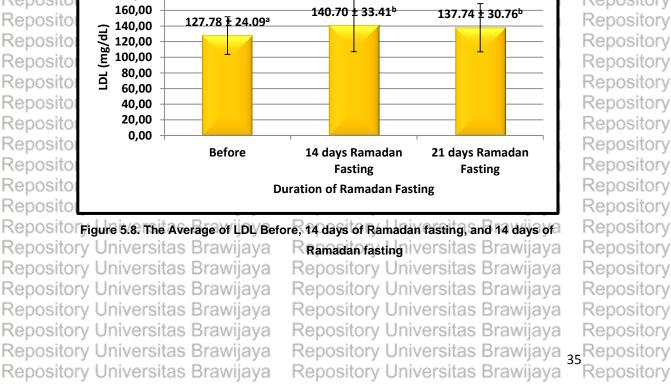
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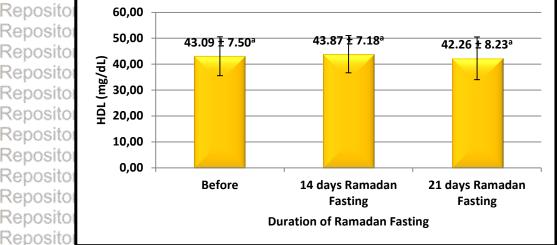
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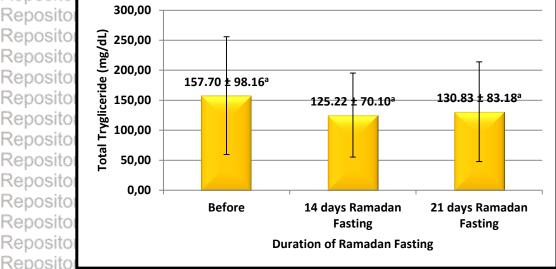


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Reposcholesterol, triglyceride, serum leptin, or hs-CRP in overweight as Brawijaya Reposito

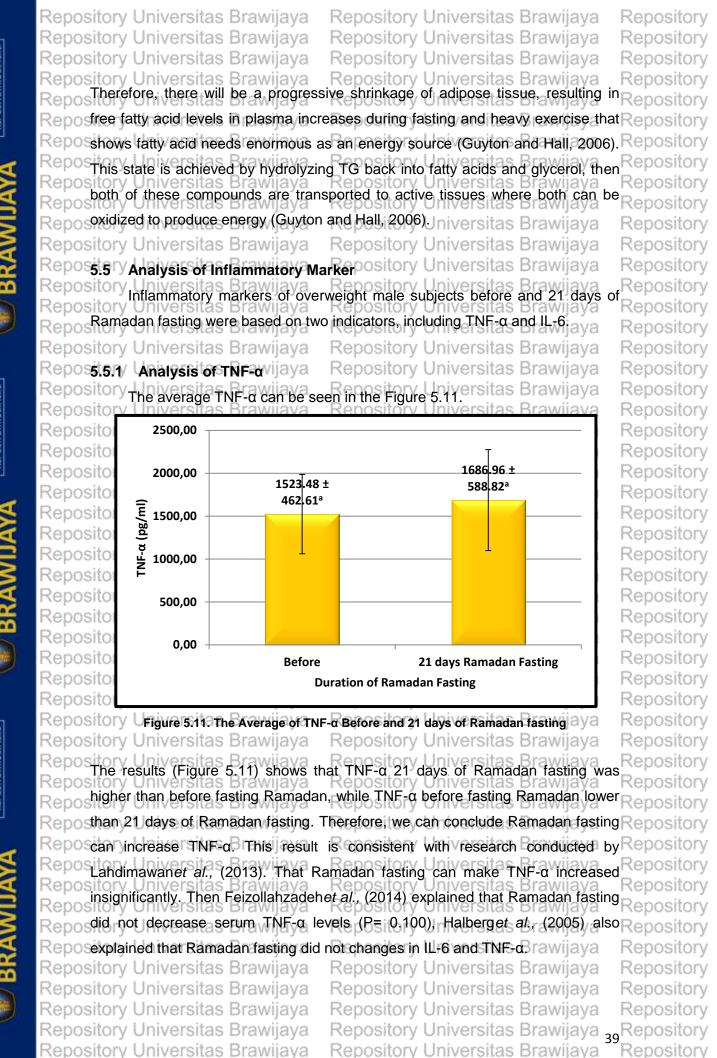


Repos Figure 5.10. The Average of Triglyceride Before, 14 days, and 21 days of Ramadan fasting Repository Universitas Brawijaya Repository Universitas Brawijaya Repository The Results of testing difference in triglyceride before, 14 days of Ramadan Repository fasting, and 21 days of Ramadan fasting can be seen in Appendix 4. Statistical difference test with repeated anova shows there was no significant difference Repository Repostefore in triglyceride before, 14 days of Ramadan fasting, and 21 days of Repository SRamadan fasting as Brawijaya Repository Brawijaya ersitas The effect of Ramadan fasting on lipid profile, vary in many studies, possibly due to changes in diet and reduced activity. Ziaee et al. (2006) found no Repository osdifference in levels of triglycerides (TG) were significant before and after Repository Reporrementation Report result from the consumption of a diet that is high in carbohydrates, especially sugars. Another cause is a change in the pattern of consumption of complex carbohydrates, such as cereals, fruit and vegetables, into simple carbohydrates Repository Repossuch as sugary drinks or with artificial sweeteners of Ramadan (Ziaee et al., Repository Repository Reposizione Uni versitas Brawijava Universitas Brawijava Repository Guyton and Hall (2006), explain that carbohydrates are a source of energy for the first time in the use of energy by the body, but the amount of carbohydrate Reposteserves stored by the body which is usually only a few hundred grams, Repository Reposespecially in the form of glycogen in the liver and muscles. This reserve can provide the energy needed for body functions perhaps only for a half day. Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Repository Universitas Brawijaya 38 Repository Repository Universitas Brawijaya Repository Universitas Brawijaya Repository Universitas Brawijava Repository

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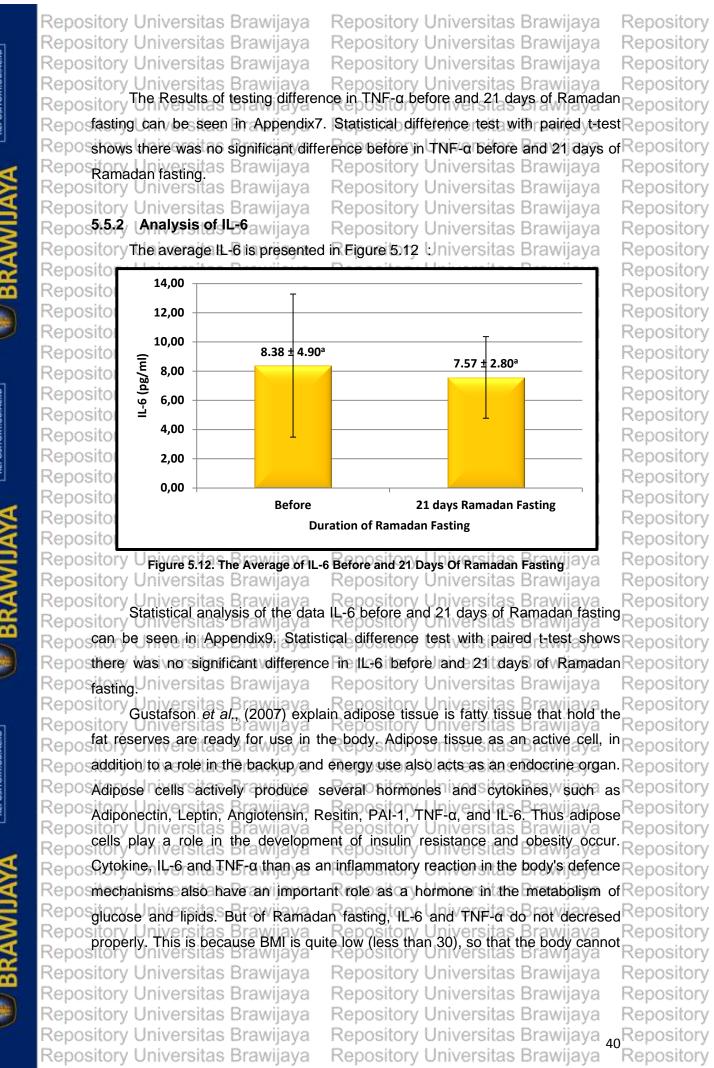


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Most Extreme Differences

Kolmogorov-Smirnov Z

Asymp. Sig. (2-tailed)

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**Tests of Within-Subjects Contrasts** 

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Repos	During	Before	522 <sup>*</sup>	.197	.01
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Repos	Before	During	.522*	.197	.015	.113	.930
Repos		After	.500*	.137	.001	.215	.785
Repos		Before	522*	.197	.015	930	113
Repos		After	022	.203	.916	442	.399
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Depos	Basad on	octimated ma	rainal maana				

Repos Based on estimated marginal means

Repos \*. The mean difference is significant at the .05 level.

Repos a. Adjustment for multiple comparisons : Least Significant Difference (equivalent to no Repos adjustments).

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Repos Normal Parameters <sup>a,b</sup>	Mean	195.4493 Si	tas Brawijava	Repository
Repos	Std. Deviation	33.58069 <sub>Si</sub>	tas Brawijaya	Repository

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Most Extreme Differences

Kolmogorov-Smirnov Z

Asymp. Sig. (2-tailed)

Tests of Within-Subjects Contrasts

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Repos Cholesterol	Linear	1315.565	1	1315.565	6.907	.015	Repository
Repos Repos	<sup>—</sup> Quadratic	344.377	1	344.377	1.780	.196	Repository Repository
Repos Error(Cholestero	l) Linear	4190.435	22	190.474			Repository
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Repos Repos			J)	Error	Sig. <sup>a</sup>	Lower Bound	Upper Bound	Repository Repository
Repos	Before	During	-10.087 <sup>*</sup>	3.577	.010	-17.506	-2.668	Repository
Repos		<sup>–</sup> After	-10.696 <sup>*</sup>	4.070	.015	-19.136	-2.255	Repository
Repos	During	Before	10.087 <sup>*</sup>	3.577	.010	2.668	17.506	Repository
Repos		<sup>–</sup> After	609	4.552	.895	-10.048	8.831	Repository
Repos	After	Before	10.696 <sup>*</sup>	4.070	.015	2.255	19.136	Repository
Repos Repos		<sup>—</sup> During	.609	4.552	.895	-8.831	10.048	Repository Repository

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**Pairwise Comparisons** 

Repos Based on estimated marginal means

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Repos \*. The mean difference is significant at the .05 level.

Repos a. Adjustment for multiple comparisons

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## Repository Universitas Brawijaya Repository Universitas Brawijava Repository Universitas Brawijaya Repository Universitas Brawijaya Repos Appendix9. Correlation between Food Intake on Inflammatory Marker Va

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Repos		Correlations			, ,	pository
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Repos		Ν	46	46	46	· /
Repos	TNF_Alpha	Correlation Coefficient	.020	1.000	.532**	pository
Repos		Sig. (2-tailed)	.896		.000	pository
Repos		N	46	46	46	pository
Repos	IL_6	Correlation Coefficient	.203	.532**	1.000	pository
Repos Repos		Sig. (2-tailed)	.176	.000		pository pository
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