BAB 5
KESIMPULAN DAN SARAN

5.1 Kesimpulan

Berdasarkan penelitian yang telah dilakukan dan dianalisis data sehingga dapat disimpulkan bahwa:

1. Pemberian senyawa asam 2-(4-(klorometil)benzoiloksi)benzoat dengan dosis 18 mg/200 gBB dan 9 mg/200 gBB tidak menimbulkan tukak pada mukosa lambung, bila dibandingkan dengan senyawa uji asam 2-(4-(klorometil)benzoiloksi)benzoat dosis 27 mg/200 gBB dan dosis 9 mg/200gBB asam asetilsalisilat.
2. Pemberian senyawa asam 2-(4-(klorometil)benzoiloksi)benzoat dengan dosis 18 mg/200 gBB dan 9 mg/200 gBB tidak menimbulkan nekrosis pada sel dibagian mukosa lambung,bila dibandingkan dengan senyawa uji asam 2-(4-(klorometil)benzoiloksi)benzoat dosis 27 mg/200 gBB dan dosis 9 mg/200 gBB asam asetilsalisilat.
3. Pemberian senyawa asam 2-(4-(klorometil)benzoiloksi)benzoat dengan dosis 9 mg/200 gB tidak menimbulkan nekrosis pada sel di Tubulus ginjal, bila dibandingkan dengan senyawa uji asam 2-(4-(klorometil)benzoiloksi)benzoat dosis 18 mg/200 gBB, 27 mg/200 gBB dan dosis 9 mg/200 gBB asam asetilsalisilat.
4. Pemberian senyawa asam 2-(4-(klorometil)benzoiloksi)benzoat dosis 9 mg/200 gBB tidak

menimbulkan nekrosis pada sel di lobus Hepar, bila dibandingkan dengan senyawa uji asam 2-(4-(klorometil)benzoiloksi)benzoat dosis 18 mg/200 gBB, 27 mg/200 gBB dan dosis 9 mg/200 gBB asam asetilsalisilat.

5.2 Saran

Berdasarkan hasil penelitian, disarankan perlu dilakukan penelitian lebih lanjut untuk pemberiksaan histopatologi lambung, ginjal dan hepar pada pemberian senyawa asam 2-(4-(klorometil)benzoiloksi)benzoat menggunakan metode pewarnaan yang berbeda seperti immunihistokimia untuk dilakukan eksperimen selanjutnya.

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