Timeline Publikasi

No.	Aktivitas	Tanggal	Catatan Editor
1.	Submitted artikel pada Bali Medical Journal dengan judul "*Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels*"	24 Desember 2022	Please revise your article with the missing details, and send it back to us in 7 days (December 31st, 2022)
2.	Pengiriman manuscript revisi *"Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels [Manuscript ID: 4016]"*	31 Desember 2022	-
3.	Hasil revisi telah diterima oleh pihak editor dan dilakukan penyuntingan manuscript	01 Januari 2023	Final Decision: Accepted with minor revision The article publishing charge is now payable before the paper can be progressed any further and an invoice is accessible here (Attachment) (Valid until: January 8th, 2023).
4.	Review sudah dilakukan sepenuhnya oleh editor jurnal dan publisher mengeluarkan *Letter of Acceptance*	08 Januari 2023	Your paper will be published in the issue of Vol. 12 Number 1, 2023
5.	Artikel published pada jurnal Bali Medical Journal”	14 April 2023	The article has been published on the following link: https://www.balimedicaljournal.org /index.php/bmj/article/view/4016/2684

1. Submitted

Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com> Dec 27, 2022, 3:56 AM
to me

[REMINDER]

Dear Authors,

Thank you for submitting your article entitled: **"Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels".**

Based on our author guidelines, Your article fulfilled the minimal required structure,
https://www.balimedicaljournal.org/index.php/bmj/pages/view/authorguidlines
In order to have a better-structured article, we suggest you edit based on a checklist,
the simplest way, you may use the Publons review checklist.

According to the new International regulation, please fulfill the requirements below:
1. Ethical clearance number/statement (author statement) and/or informed consent at the end of the manuscript (**Unconfirmed**).
2. Please state your conflict of interest in the paper. (**Unconfirmed**)
3. Please state the funding (if any) in your paper. (**Unconfirmed**)
4. Please state each author's contribution. (**Unconfirmed**)
5. What is the inclusion and exclusion criteria used in this study? Please clarify it further in the methods section.
6. What is the sampling technique (e.g consecutive, purposive, random sampling, etc) and the statistical software analysis (e,g SPSS, STATA, SAS, RevMan, etc) used in this study? Please clarify it further in the methods section.
7. Consider separate "Results and Discussion" sections into "Results" and "Discussion" according to the author guidelines.
8. What is the limitation of this study? In addition, what are the best suggestions for the further-future studies regarding those study limitations mentioned by authors? Please elaborate it further at the end of the discussion section.

Please revise your article with the missing details, and send it back to us in **7 days (December 31st, 2022) [Updated].**

In addition, I do need to remind you that Bali Medical Journal is free to submit and Open Access for our readers. However, if your manuscript is accepted for publication, as the author, you will be charged **1,000 USD for APC (not included proofreading).** Please confirm if you agree with this information.

Thank you for trusting us with your hard work

Warm regards,

Editorial Board Member

Effect of Isotiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels

Harry Kurniawan Gondo
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ABSTRAK

Diabetes mellitus is becoming a public health problem, not only in Indonesia but also the world. The prevalence of this disease continues to grow globally. The prevalence of DM according to Basic Health Research (Riskesdas) in 2013 nationally was 6.9% increased from 2007 which was only 5.8% and put DM in 6th place as the most cause of death while for Lampung Province the prevalence of diabetes mellitus incidence is 0.8%. Prepared bottle containing cord solution solution from refrigerator (temperature 4 °C). Immediately after birth, the placenta is cut off and directly inserted into the cord solution. Methods of isolation and culture of trophoblast cells are carried out based on modifications of the enzymatic isolation method. In the sampling of the placenta to be taken to the laboratory, a transport medium is needed to keep the trophoblast cells alive. Some media can be used as media, for example: Dispase produced by Roche, DNAse, Phospate Buffred Saline (PBS), etc. In this dissertation research, transport media uses PBS (Zivkovic, 2011). Previously the base of the 6 well culture plate was coated with a glass cover and dripped with ± 0.5-1 ml of gelatin (0.2%) and incubated for ± 30-60 minutes. TNF-α and TGF-β levels in media culture are quantified using immunoassay by ELISA method. Measurements of TNF-á and TGF-β are carried out using two monoclonal antibodies, namely capture antibody and recapture antibody. It can be concluded that there is an effect of isitiocyanate administration, namely there is a decrease in TNF-α levels in dosing 4 as much as 0.8 mg / day / kg BB with an average of 24.05, while the level of TGF-β increased by 14.32 at dosing 4 as much as 0.4 mg / day / kg BB.

Keywords : diabetes mellitus, TNF-α and TGF-β, isotiocyanate

INTRODUCTION

Diabetes mellitus is becoming a public health problem, not only in Indonesia but also the world. The prevalence of this disease continues to grow globally. The prevalence of DM according to Basic Health Research (Riskesdas) in 2013 nationally was 6.9% increased from 2007 which was only 5.8% and put DM in 6th place as the most cause of death while for Lampung Province the prevalence of diabetes mellitus incidence is 0.8%. In general, people with DM require pharmacotherapy therapy such as injected insulin or oral antidiabetic drugs such as sulfonyluera agents, biguanides (metformin), thiazolidinedione (TZD), α-glucosidase inhibitors, and glucagon-like peptide-1 (GLP-1) inhibitors.

One of the changes in pregnancy physiology that occurs is a change in hemodynamics. When the mother is pregnant and there is a metabolic disorder in the form of unstable blood sugar acceptance is called gestational diabetes. Gestational diabetes mellitus is at close risk with complications during pregnancy such as an increased risk of sexl sesaria, increased risk of ketonemia, preeclampsia and urinary tract infection, as well as the risk of perinatal disorders in infants such as macrosomia, neonate hypoglycemia, and neonatoric jaundice.

Preeclampsia is a major obstetric problem worldwide, especially in developing countries, which can cause morbidity and mortality in mothers and fetuses affecting 2-10% of pregnancies worldwide. More than 4 million pregnant women each year have preeclampsia and cause 15-20% of the death of pregnant women worldwide. There are five high risk factors associated with preeclampsia. One of the mechanisms involved in the mechanism of preeclampsia is an excessive systemic inflammatory response resulting from decomposition of one or more of the maternal immune system. During pregnancy there is an increased immune response to inflammation. Preeclampsia has been shown to have higher levels of Th1 (pro-inflammatory) products and lower levels of Th2 (anti-inflammatory) products compared to normal pregnancies in blood serum (Bayram et. all, 2012).

Granulocyte macrophage colony stimulating factor (GM-CSF), interleukin 3 (IL-3), Interleukin10 (IL-10), and TGF-β are anti-inflammatory cytokines associated with successful pregnancy. Cytokines such as Tumor Necrosis Factor-Alpha (TNF-α) and Interferon-Gamma (IFN-γ) seem to have adverse effects. Interleukin 1 (IL-1), interleukin 2 (IL-2), interleukin 6 (IL-6), interleukin 8(IL-8), TNF-α and IFN-γ are cytokines Th1 or pro-inflamed cytokines that can induce inflammatory reactions and are associated with pregnancy complications such as recurrent abortion, preterm labor, ruptured amniotic, preeclampsia and stunted fetal growth (Stampalija et. all., 2013). TNF-α is the main mediator in the occurrence of inflammatory processes because it has pleiotrophic properties that make it one of the strong proinflamatorial cytokines (Petrescu et., al. 2010).

Moringa leaf extract has anti-hyperglycemic activity by inhibiting the enzyme α-glucosidase contained in the brush border of the small intestine. Inhibition of the enzyme α-glucosidase leads to a decrease in the rate of digestion of carbohydrates into monosaccharides that can be absorbed by the small intestine, thereby lowering postpandrial hyperglycemia. Decreased postpandrial hyperglycemia contributes to decreased hemoglobin A1C (HbA1C) levels in diabetic patients which also lowers the risk of vascular complications. Consumption of Moringa leaf extract that has the effect of lowering the absorption of glucose into the blood in prediabetic patients can help to prevent the occurrence of type 2 diabetes mellitus.

Bioactive compounds in Moringa plants are one of them Isopropyl Isothiocyanate. According to Borgonovo (2020) the role of H2S release of glucosinolates/isothiocyanates as a potent mechanism of protective action in the cardio vascular compartment and nervous system has been reported as well as the performance of H 2 S-mediated pain-relieving effects and demonstrating anti-inflammatory effects on LPS-activated macrophages, suggesting a therapeutic approach to inflammatory diseases. Isothiocyanates are natural and synthetic. (Borgonovo et al., 2020).

METHOD AND MATERIALS

Time and Location

This research was conducted in January to September 2008 at one of the private hospitals in Surabaya; Phisiology Laboratory, Faculty of Medicine, Universitas Brawijaya, Malang; as well as the Physiology Laboratory of the Faculty of Medicine, Universitas Brawijaya, Malang. Normal placental tissue through sectiocaessarria delivery and normal delivery is obtained from a private hospital in Surabaya. Normal placental tissue is obtained from the Hospital, with vaginal delivery and sectio caessaria surgery, with the patient's consent.

Trophoblast Cell Isolation and Culture Work Procedure

Prepared a bottle containing cord solution solution from refrigerator (temperature 4 °C). Immediately after birth, the placenta is cut off and directly inserted into the cord solution. The method of isolation and culture of trophoblast cells is carried out based on modifications of the enzymatic isolation method according to. In the sampling of the placenta to be taken to the laboratory, a transport medium is needed to keep the trophoblast cells alive. Some media can be used as media, for example: Dispase produced by Roche, DNAse, Phospate Buffred Saline (PBS), etc. In this dissertation research, transport media uses PBS (Aisah et., all, 2010). Previously the base of the 6 well culture plate was coated with a glass cover and dripped with ± 0.5-1 ml of gelatin (0.2%) and incubated for ± 30-60 minutes.

Placental tissue is washed using sterile PBS-A (PBS-A) pH 7.4 containing pen-strep antibiotics in a petri dish until it is free of blood. The tissue is cut into small pieces ± 2 mm3 and rinsed with a sterile PBSA pH 7.4 containing pen-strep, then pickled and centrifuged at 2500 rpm for 10 minutes. Supernatatan is discarded and pellet I is suspended with 5 mL medium free serum culture (M-199 + penstrep), pickled and dystrifuged at 2500 rpm for 10 minutes. Supernatant is removed and pellet II is suspended with a culture medium containing serum (M-199 + pen-strep + 10% FBS), taken as much as ± 500ìL pieces of tissue are inserted on the 6 well culture plate and incubated in a 5% CO2 incubator, temperature 37°C for 30 minutes. Added 1.5 ml medium M-199 containing 10% FBS and then incubated in a 5% CO2 incubator, temperature 37°C. Replacement of the culture medium is carried out after 24 hours with M-199 + 10% FBS then replanted in the CO2 incubator 5%, s uhu 37 °C for 3 days then harvested.

To take trophoblast cells from the placenta, this part is important because the placenta is made up of many cells. To get trophoblast cells from the placenta, the human placenta is taken all. The part of the placenta taken is the basal part of the placenta, where the surface of the placenta meets the uterine wall (maternal fetal interface surface). Placental tissue is separated from blood vessels, fibrous fingers and amniotic membranes in a blunt manner,

where blunt parts of the scappel can be used. Trophoblasts are isolated from placental tissue. Where 1 gram of placenta aterm isolated and cultured will be obtained about 2.5 million trophoblast cells. Fibrous tissue and blood vessels are removed, placental tissue is washed then the tissue is chopped. The tissue suspension is incubated with 0.2 % mg/ml Collagenase type I (Sigma) for 45 minutes, 37OC with shaking. Incubation is stopped by adding culture media (*Dulbeccos Modified Eagle Medium, DMEM*/F12 (1:1) Added with 15 mmol/l Hydroxypiperazineethansuphonic acid, HEPES, 14 mmol/l NaHCO3, 33 µmol/l biotin, 17 µmol/l D-pantothenate and 10% FBS). The cell suspension is rotated at 1500 rpm for 7 minutes then the supernatan is discarded. Pellets containing trophoblast cells are resuscitated with a culture medium then the cell is rotated at 1500 rpm for 7 minutes. Pellets are re-suspended with culture media. (Aisah et., all, 2010).

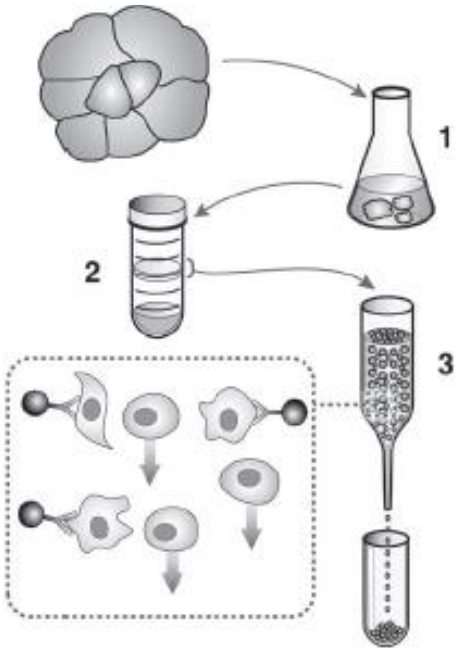

Figure 1 :
Step step isolation and breeding of human trophoblast cells. Divided into 3 steps, step 1 of the placenta is cleared of blood vessels and fibrous tissue, taken the vilous part of about one cotyledon ± 50 grams. The tissue is washed with a PBS solution 3 times, chopped and then the separation of trophoblast cells is carried out. Step 2, preparations that have been stungtrifuse, taken a supernatant solution or pellets. Step 3, trophoblast cell cells obtained by pipette Pasteur given Percoll liquid to determine the number of trophoblast cells.
Source, Petroff MG., Philips TA., Pace Jl., et al. Isolation and Culture of Term Human Trophoblast Cells. In Placenta and Trophoblast Methods and Protocols Volume 1. Ed Michael J. Humana Press, New Jersey

After obtaining isolation that is still not really only composed of trophoblast cells, then to eliminate from other fingers is done incubation preparations by adding 20 mµ anti-fibroblasts Dynabeads for 10 minutes. So after that it is then obtained a preparation that only pits trophoblast cell cells. After that, trophoblast cell breeding is carried out.

Isotiosanat and Glucose Administration Treatment

Administration of glucose as an experimental model of GDM events. Primary cultures of trophoblast cells that have been confluent after 3 days are grouped into 2 treatment groups, namely (1) negative control without alocescence, positive control by glucose administration, treatment control 1; 2; 3 and 4 with the treatment of isotiocyanate therapy doses of 0.1; 0,2; 0.4 and 0.8 mg/ml. Furthermore each treatment is cultured in a CO2 incubator 5%, temperature 37 ℃ for 3 days.

Observation of The Number of Cells Expressing Levels of TNF-α and TGF-β By ELISA Method

TNF-α and TGF-β levels in media culture are quantified using immunoassay by elisa method. Measurements of TNF-á and TGF-β are carried out using two monoclonal antibodies, namely capture antibody and recapture antibody. Coating antigens using 100 ìl calibrator diluent II for standard added medium samples that have been centrifuged (50 ìl) and primary antibodies (50 ìl), while the addition of standard proteins as much as 100 ìl (Human TNF-á). It is further incubated on a 96 well microplate during an over night at 4°C. Plate 96 well removed from refrigerator and left at room temperature for 30 minutes. Next washed with a washing buffer of 3x @200 ìl and then incubated with goat anti Human IgG secondary antibodies labeled biotin in PBS containing BSA (Bovine Serum Albumin) 1% (1:100) @ 100 ìl, incubated on a shaker for 1 hour at room temperature. Washed with a 3x @ 200 ìl washing buffer and dripped Strepavidin HRP (1:1500) incubated for 40 minutes on a shaker. Washed with a 3x @200 ìl washing buffer and incubated with buffer substrates A and B @ 100 ìl for 30 minutes in a dark room then dripped stop reaction, for 10 minutes and read on ELISA reader at ë 450 nm (Aisah et., all, 2010)

RESULTS AND DISCUSSIONS

Observations were made after the treatment of isotiocyanate administration in dose groups 1, 2, 3 and 4 as much as 0.1; 0,2; 0.4 and 0.8 mg/day/kg BB. The measurement results of TNF-α and TGF-β levels are written in Table 1 below.

Table 1. Average Effect of Isotiocyanate Therapy On TNF-α and TGF-β Levels in Trophoblast Cell Cultures

Treatment Group	N	Mean	
		TNF-α	TGF-β
P-	5	20,59	15,76
P+	5	43,54	10,44
P1	5	32,76,	11,05
P2	5	30,15	11,70
P3	5	27,32	12,46
P4	5	24,05	14,32

Seen in table 1 above on the average negative control of TNF-α and TGF-β levels of 20.59 and 15.76. Positive control with glucose administration, the average level of TNF-α 43.54 and TGF-β levels of 10.44 after being given isotiosinate therapy TNF-α levels decreased, namely P1; P2; P3 and P4 amounted to 32.76; 30,15; 27.32 and 24.05 and the average TGF-β level increased, namely P1; P2; P3 and P4 amounted to 11.05; 11,70; 12.46 and 14.32. This can be seen in figure 1 below.

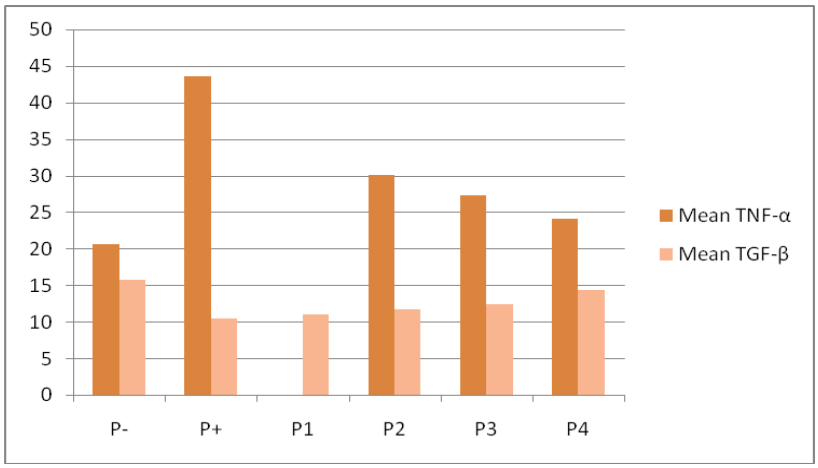

Figure 1. Average Effect of Isotiocyanate Therapy On TNF-α and TGF-β

The decrease in TNF-α levels is due to diabetes proven to be related to high levels of inflammatory cytokine serum, namely TNF-α and IL-1β. A study also showed that there was an increase in the expression of TNF-α and IL-1β in alveolar bone osteoblast cells in streptozotocin 20-induced diabetic mouse models. This is due to the production of TNF-α in adipose tissue, ages activity or increased cytokine production caused by indirect effects of hyperinsulinemia or hyperglycemia. Increased TNF-α is also associated with poor glycemic control in humans. Elevated TNF-α and IL-1β in diabetic conditions can be clinical markers of periodontal abnormalities, which are one of the manifestations and complications of diabetes. While the increase that occurs in TGF-β levels due to the TGF-β molecule has an important role in stimulating the healing process in inflammation, where diabetes is often associated with inflammation. Inflammation actually represents a protective response that controls infection and triggers tissue repair, but can also contribute to damage to surrounding tissue. Inflammatory responses are usually associated with variations in changes in plasma proteins and proinflammatory cytokines (Shita, 2015).

It can be concluded that there is an influence in increasing TGF-β and lowering TNF-α by administering isotiocyanate to levels of TNF-α and TGF-β in bunting white mice with diabetes. Antioxidants have been shown to bind to free radicals so as to reduce insulin resistance. Isothiocyanate is proven to be an antioxidant, also able to suppress apoptosis in trophoblast cultures in an atmosphere of hyperglycemia.

According to the results of the study (Gondo, 2021) One of the high content of Moringa leaves (Moringa oleifera) is flavonoid compounds. Flavonoids will block free

radicals in the cells of the β Langerhans pancreas. Flavonoids as antioxidants that function as a lowering agent oxidizing agent before damaging the body's cells. There has not been much research on the effects of moringa leaf powder on levels of IL-6 and IL-10 and TNF-α and TGF-β in mice bunting diabetes mellitus, but with the use of bioactive isotiocyanate in Moringa leaves is able to lower levels of TNF-α and increase TGF-β.

CONCLUSION

It can be concluded that there is an effect of isitiocyanate administration, namely there is a decrease in TNF-α levels in dosing 4 as much as 0.8 mg / day / kg BB with an average of 24.05, while the level of TGF-β increased by 14.32 at dosing 4 as much as 0.4 mg / day / kg BB.

REFERENCES

Aisah S, Djati S, Khotimah H. 2010. Pengaruh Polifenol Teh Hijau Terhadap Produksi Tnf-A (Tumour Necrosis Factor-A) Pada Kultur Sel Trofoblas Manusia Yang Dipapar Glukosa Tinggi 33 Mm. Jurusan Biologi Fakultas Matematika dan Ilmu Pengetahuan Alam Universitas Brawijaya. Fakultas Kedokteran, Universitas Brawijaya

Bayram M, Bostanci MS, Celtemen MB, Bagrlaclk EU, Yaman M, Civil F. 2012. Evaluation the Levels of , IL-10) inγPlasma Interleukins (IL-8, IFN- Preeclamptic Pregnancies. Baghdad Science Journal. 2012;8(4).

Borgonovo, G., De Petrocellis, L., Moriello, A. S., Bertoli, S., Leone, A., Battezzati, A., Mazzini, S., & Bassoli, A. (2020). Moringin, a stable isothiocyanate from moringa oleifera, activates the somatosensory and pain receptor TRPA1 channel in vitro. *Molecules*, *25*(4), 1–20. https://doi.org/10.3390/molecules25040976

Balitbang Kemenkes RI. 2013. Riset Kesehatan Dasar; RISKESDAS. Jakarta: Balitbang Kemenkes RI

Gondo H K. 2021. Moringa oleifera decrease blood sugar level and blood pressure in pregnant diabetic rats. Journal of Advanced Pharmacy Education & Research

Shita A D P. 2015. Prosiding Dentistry Scientific Meeting II “An Update Of Basic Clinical Sciences In Dentistry. Fakultas Kedokteran Gigi Universitas Jember.

Stampalija T, Chaiworapongsa T, Romero R, Chaemsaithong P, Korzeniewski SJ, et al. 2013. Maternal plasma concentrations of sST2 and angiogenic/anti-angiogenic factors in preeclampsia. J Maternal Fetal Neonatal Med. 2013;26(14):1359-70. https:// doi.org/10.3109/14767058.2013.784256 PMid:23488689

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Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com> Jan 1, 2023, 7:26 AM
to me

Dear Authors,

We would like to inform you that the revised version of the manuscript entitled **"Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels [Manuscript ID: 4016]"** has been well received.

Final Decision: **Accepted with minor revision**

The article publishing charge is now payable before the paper can be progressed any further and an invoice is accessible here (**Attachment**) (**Valid until: January 8th, 2023**).

The acceptance of your paper is subject to all outstanding content-related queries being addressed to the satisfaction of the Publisher.

If you have any questions about your paper please contact us at any time, we welcome your feedback.

Yours sincerely

Editorial Board Member

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Description	Quantity	Price	Amount
Basic Administration and Article Processing Charge "Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels"	1	USD 1,000	USD 1,000
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		Subtotal	**USD 1,450**
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Letter of Acceptance (LoA) of publication contains Volume, Issues, year of publication, and DOI number of the manuscript will be processed soon after full payment.

4. Letter of Acceptance

Editor Bali Medical Journal <editorbalimedicaljournal@gmail.com>
to me

Jan 8, 2023, 4:43 AM

Letter of Acceptance
8 January 2023

Dear: Oski Illiandri, Harry Kurniawan Gondo*
Faculty of Medicine, Universitas Wijaya Kusuma, Surabaya, Indonesia
*Corresponding author: harry.gondo@uwks.ac.id

I am very excited to accept your paper entitled:

"Effect of Isothiocyanate Therapy on Trophoblast Cell Culture Hyperglycemia Atmosphere Against TNF-α and TGF-β Levels."

Your paper will be published in the issue of Vol. 12 Number 1, 2023. **http://dx.doi.org/10.15562/bmj.v12i1.4016**
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Please do not hesitate to contact us if you need anything. It has been a pleasure for us to proofread and edit your work, and we are looking forward to your colleagues and your other papers in the near future.

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1235 Letter of Acc.

INDONESIAN PHYSICIAN FORUM & INDONESIA COLLEGE OF SURGEONS, INDONESIA
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Letter of Acceptance
8 January 2023

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Faculty of Medicine, Universitas Wijaya Kusuma, Surabaya, Indonesia
*Corresponding author: harry.gondo@uwks.ac.id

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Please do not hesitate to contact us if you need anything. It has been a pleasure for us to proofread and edit your work, and we are looking forward to your colleagues and your other papers in the near future.

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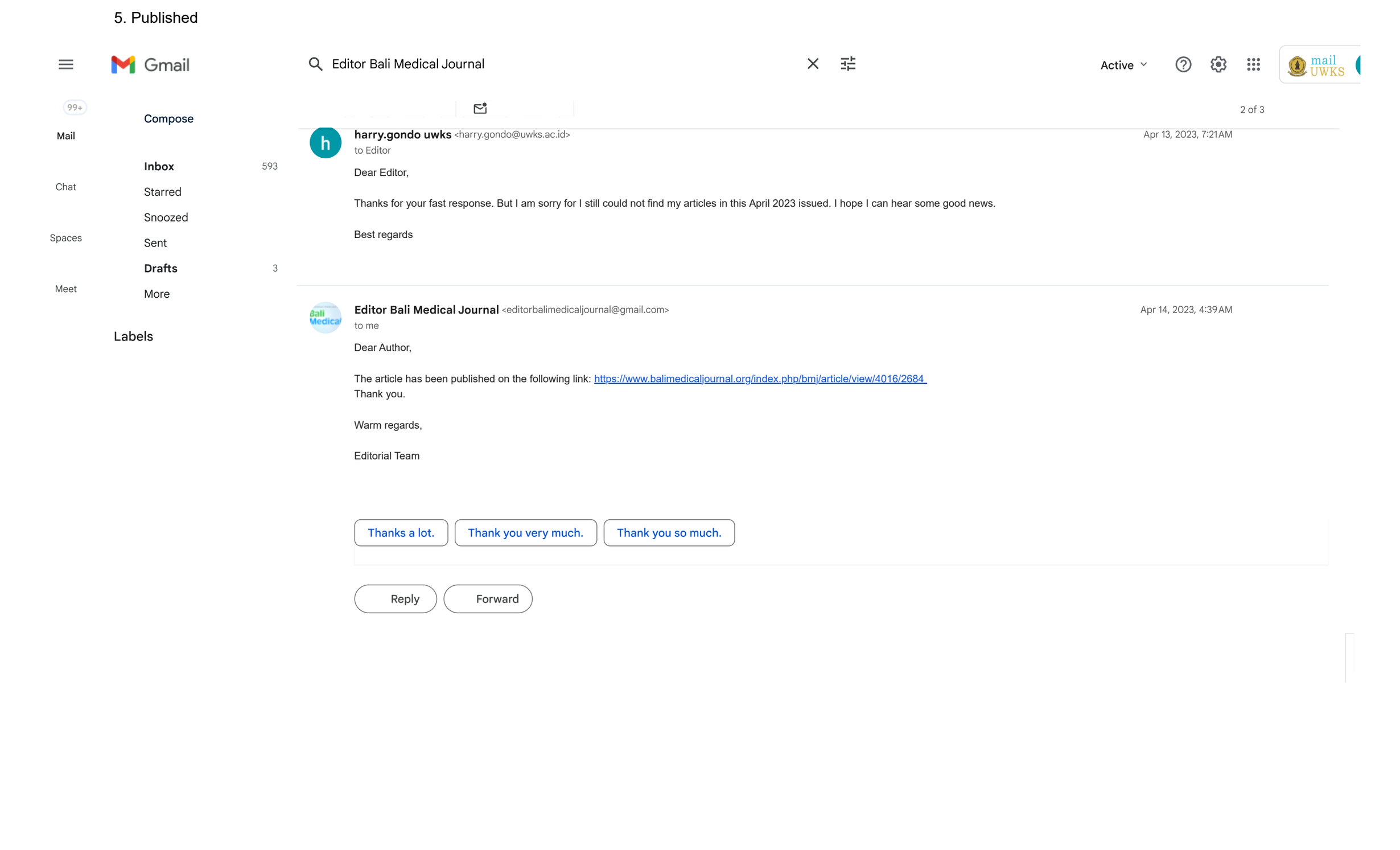
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