A Survey on Vitamin D Intake monitoring system to prevent disease using IOT device.

Abstract

Vitamin D plays a crucial role in maintaining overall health and preventing various diseases. Insufficiency in vitamin D affects the majority of people globally. Across all ages an estimated 1 billion individuals worldwide suffer from vitamin D insufficiency (VDD). The primary causes of this hypovitaminosis D pandemic are because of change in our lifestyle (such as decreased outdoor activities) and environmental (such as air pollution) variables that limit exposure to sunshine, which is necessary for UVB-induced vitamin D synthesis in the skin. When exposed to UVB rays from the sun, vitamin D can be produced in the skin or consumed through food. Many things, including keeping strong bones and teeth, depend on vitamin D. It may also offer protection from a number of illnesses and problems, including diabetes type 1. This paper explores the role of IoT (Internet of Things) devices in monitoring and managing vitamin D intake to prevent diseases associated with deficiency. The paper discusses the importance of vitamin D, its sources, and its impact on human health. Additionally, we introduce the concept of IoT devices which is in the form of dailyware arguments for monitoring vitamin D levels, tracking sun exposure, and providing personalized recommendations. The paper discusses various IoT-based technologies and their potential applications in promoting adequate vitamin D intake, reducing deficiencies, and preventing associated diseases. Overall, this study demonstrates how personalized vitamin D management and illness prevention can be made possible by IoT technology.

Keywords: Vitamin D deficiency, IoT devices, Health monitoring, UVB.

Introduction

Vitamin D deficiency is a prevalent health issue affecting a significant portion of the global population. Multiple factors, such as low dietary intake and inadequate sun exposure, can result in vitamin D insufficiency [2]. The primary source of vitamin D is sunlight, but various factors such as indoor lifestyles, geographical location, and cultural practices can contribute to insufficient levels. To prevent vitamin D insufficiency, you need to spend 20 minutes outside each day with more than 40% of your body exposed. Around 1 billion people globally need enough vitamin D. The elderly have the highest frequency of vitamin D deficient

patients.Deficiency in vitamin D is associated with numerous adverse health outcomes, including weakened bones, increased risk of chronic diseases, and compromised immune function. [3]Studying data from nationwide surveys conducted between 1999 and 2014, researchers discovered a 2.8% increase in the number of people taking possibly harmful levels of vitamin D.

Background Study

Long-term vitamin D insufficiency may lead to difficulties like cardiovascular ailments, autoimmune issues, neurological diseases, infections, and more problems during pregnancy, as well as some malignancies, particularly colon, breast, and prostate. [4]Megadoses of vitamin D supplements are typically the source of vitamin D toxicity, which can induce bone loss, kidney failure, elevated blood levels of calcium, nausea, vomiting, poor appetite, stomach pain, constipation, or diarrhoea.

To address this public health concern, innovative solutions are required which are an efficient and user-friendly method of managing vitamin D consumption and preventing related illnesses is required. [8] A viable solution to this issue is the developing Internet of Things (IoT) technology. The Internet of Things (IoT) presents a promising technology for monitoring vitamin D levels and preventing associated diseases. IoT technology, such as wearables, home monitoring systems, and smart gadgets, have the ability to track sun exposure reliably, monitor vitamin D levels in real-time, and make individualised recommendations based on user needs and preferences. To successfully utilise IoT devices for monitoring vitamin D intake, a number of issues must be resolved. The challenges involve maintaining data privacy and security, data accuracy and interpretation, IoT device accessibility and affordability, and ethical issues with user autonomy and informed consent.

Methods to measure Vitamin D

[1]Historically, radioimmunoassay (RIA), high-performance liquid chromatography (HPLC), and competitive binding methods were used to quantify vitamin D. The method used by many reference laboratories and regarded as the gold standard was a widely used RIA kit, produced by DiaSorin S.p.A (Saluggia, Italy). Over the past ten years, reference ranges have been established using this technique. The DiaSorin 25-hydroxy vitamin D assay is a two-step process that begins with the quick extraction of 25-hydroxy vitamin D and other hydroxylated metabolites from serum or plasma, then moves on to a competitive RIA approach utilising an antibody that is specific for 25-hydroxy vitamin D.

Modern chromatographic techniques have been created to increase sensitivity, streamline procedures, and assess all vitamin D forms. An LC-MS/MS technique, for instance, was created to analyse all vitamin D forms and metabolites simultaneously, including D2, D3, and 25-hydroxy vitamin D in serum. In order to increase the process's sensitivity for analysis, air pressure photo ionisation (APPI), a type of ionisation detector, is used. Due to the absence of preconcentration procedures, the method is simpler than other LC methods.

Method based on IOT devices

Vitamin D Level Monitoring

IoT devices can use sensors and data collecting techniques to measure vitamin D levels in real-time. Sensor-equipped clothing can analyse blood parameters, skin colour, UV exposure, and other biomarkers or indications of vitamin D status. These readings can be analysed, displayed, or sent to a mobile application for additional analysis.

Sun Exposure Tracking

To precisely track sun exposure, IoT devices can include UV index sensors and weather information. These gadgets can track the quantity and length of exposure to sunshine and give immediate feedback on acceptable exposure levels. IoT devices are able to provide individualised suggestions to optimise sun exposure for vitamin D synthesis while lowering the danger of sunburn or skin damage by taking into account personal parameters like skin type, location, and time of day.

Data Analytics and Machine Learning

Data analytics methods and machine learning algorithms can be used to analyse IoT device data. When vitamin D levels and sun exposure data are analysed, patterns, correlations, and trends can be found. By utilising these insights, tailored recommendations may be created depending on a person's vitamin D needs, preferred level of sun exposure, and other pertinent variables.

Personalized Recommendations and Interventions

Personalised recommendations and interventions can be delivered by IoT devices via integrated platforms or user-friendly mobile applications. These ideas could be to modify sun exposure patterns, increase vitamin D intake through diet or supplementation, or give reminders for regular monitoring. Integration with healthcare experts can improve the efficacy of therapies by enabling professional oversight and direction.

User Education and Engagement

Inform consumers of the value of keeping an eye on vitamin D consumption and sun exposure, as well as the advantages of using IoT devices to do so. To guarantee correct device usage and interpretation of the data generated, provide user manuals, tutorials, and assistance. Encourage user engagement by integrating gamification components, progress tracking, and feedback mechanisms to encourage users to follow personalised suggestions and monitoring protocols.

Regular Evaluation and Feedback

Continually evaluate the efficiency and functionality of IoT devices for controlling vitamin D consumption and avoiding ailments that are related to it. Utilise customer feedback, surveys, and satisfaction analysis to pinpoint areas that may be improved, then make necessary adjustments to the device's features and functionalities.

Methodology Used

Figure 1 depicts the suggested sensor concept. The sensor system is positioned in relation to the flashlight LED and camera on the back of the smartphone by the planar-optical waveguide-based SPR sensor chip that is placed in a suitable sensor housing.[6] In order to capture a picture with a smartphone, light from the flashlight LED is connected into the planar-optical waveguide structure of the SPR sensor chip and is then further steered to a gold-coated SPR sensor region. The environment, namely the particular analyte sample, interacts with the light at the SPR sensor region. This interaction modifies the light's propagation, which is then directed further via a diffraction grating to the smartphone camera.

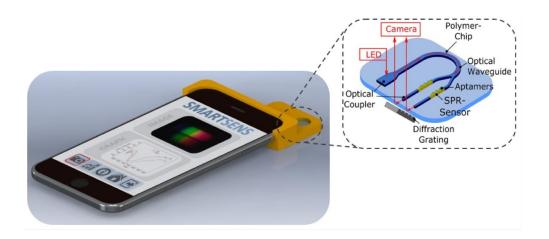


Fig 1: Conceptual design of IOT device platform for smartphones (SmartSens). As shown in the figure, a polymer chip containing planar-optical waveguides and Surface Plasmon Resonance (SPR) sensors can be interrogated using the flashlight LED and camera of a standard smartphone.

Result:

Individuals can use IoT devices like mobile phone to track their vitamin D levels in real-time and receive rapid feedback on their health condition. This enables users to take initiative and quickly solve any shortcomings.

IoT devices use machine learning and data analytics to create customized recommendations. These suggestions take into account a person's vitamin D needs, sun exposure habits, and other pertinent elements. The effectiveness of interventions is increased by using a personalized strategy, which guarantees that consumers get individualized advice on how to maximize their vitamin D intake.

The risk of disorders linked to vitamin D insufficiency can be considerably decreased by actively monitoring vitamin D intake and sun exposure. A lower risk of diabetes, autoimmune illnesses, cancer, and cardiovascular diseases has been associated with adequate vitamin D levels. IoT devices help consumers maintain adequate vitamin D levels, which aids in illness prevention.

The use of IoT devices to track vitamin D intake has increased understanding of the significance of maintaining appropriate vitamin D levels. Users gained better knowledge about the effects of vitamin D deficiency and how to avoid it. With this information, people are better equipped to make health-related decisions and take proactive steps to raise their vitamin D levels.

With almost 43.65% of the data, Level 1 is the Sufficiency class. With around 31.43% of the data, Level 2 is the Insufficiency class. Grade 3 is

Almost 18.88% of the data belongs to the Deficiency class, level 4, Severe Deficiency class accounts for around 6.01% of the data.

Conclusion and Discussion:

In the equilibrium of calcium and the mineralization of bones, vitamin D is crucial. Additionally, vitamin D has a wide range of non-skeletal impacts, especially when it comes to autoimmune, cardiovascular, and cancer conditions. However, if vitamin D pills are used improperly, it can cause hypercalcemia, which can be fatal. Vitamin D toxicity is highly uncommon but can happen at overly high dosages due to a wide therapeutic index. It is unknown how much vitamin D should be consumed each day to avoid any negative consequences.

Unless a requirement for rapid rises in 25(OH)D levels is urgent, we advise using more standard vitamin D supplement doses in accordance with Institute of Medicine and other published guidelines.

Extra caution should be used when advising patients on how to utilize high-dose medications; they should be told to refrain from taking additional over-the-counter supplements, and the number of high doses recommended should be restricted with regular monitoring of 25(OH)D levels.

With regards to over-the-counter supplements, patients should be advised of current dosing recommendations, in particular that 2000 IU/day should not be exceeded in the long term without prior consultation with a physician. They should also be instructed as to symptoms of hypercalcemia and to cease taking supplements if such symptoms occur and have their serum calcium, phosphate, and 25(OH)D levels measured before resuming supplementation.

It is the first time that an all-optical SPR sensor platform based on planar-optical waveguide structures combined into a single polymer chip has been published. The proposed sensor system is perfect for low-cost disposable point-of-care applications because (i) all electronic/optical interfaces, including the light source/detector, signal processing, and power supply, are provided by the smartphone (the proposed sensor chip is electrically passive). In addition, (ii) the planar-optical polymer waveguide structure is optimized for large-scale sensor fabrication. Various glycerin/water solutions were used to assess the proposed sensor system's sensitivity to various refractive index solutions.

Using several glycerin/water solutions, the suggested sensor system's sensitivity to various refractive index solutions was assessed.

Finally, while relatively uncommon, vitamin D intoxication should always be considered as a differential diagnosis when evaluating patients with hypercalcemia.

This is the first study on an all-optical SPR sensor platform for smartphones based on planar-optical waveguide structures combined onto a single polymer chip. The proposed sensor system is best suited for low-cost disposable point-of-care applications due to (i) the fact that all electronic/optical interfaces, including the light source/detector, signal processing, and the power supply, are provided by the smartphone (the proposed sensor chip is electrically passive). Utilizing several glycerin/water solutions, the suggested sensor system's sensitivity to various refractive index solutions was assessed.

Due to the presence of two SPR sensors in the disclosed sensor chip design, it is possible to concurrently detect two biomarkers; additionally, the degree of multiplexing may be further improved by adding additional sensor elements. As a result, the sensor might enable multiplexing of measurements for the concurrent detection of several biomarkers. The sensor system may be suitable for home testing applications, such as the monitoring of chronic diseases, as well as for differential diagnoses in low resource settings because of its multiplexing and simple read-out capability with a conventional smartphone.

References:

1.Arneson, W. L., & Arneson, D. L. (2013). Current Methods for Routine Clinical Laboratory Testing of Vitamin D Levels. Laboratory Medicine, 44(1), e38–e42. doi:10.1309/lmonqzq27tin7xfs

2.Kantheti, R. B., & Kantheti, K. R. (2020). Smart Watch to Track the Levels of Vitamin D. *Int. Res. J. Eng. Technol*, 7, 4880-4883.

3. Walter, J. G., Alwis, L. S., Roth, B., & Bremer, K. (2020). All-optical planar polymer waveguide-based biosensor chip designed for smartphone-assisted detection of vitamin D. *Sensors*, 20(23), 6771.

4.Pludowski, P., Holick, M. F., Pilz, S., Wagner, C. L., Hollis, B. W., Grant, W. B., ... & Soni, M. (2013). Vitamin D effects on musculoskeletal health, immunity, autoimmunity, cardiovascular disease, cancer, fertility, pregnancy, dementia and mortality—a review of recent evidence. *Autoimmunity reviews*, *12*(10), 976-989.

5.Holick, M.F. (2007). Vitamin D deficiency. New England Journal of Medicine, 357(3), 266-281.

- 6.Lee, S., Oncescu, V., Mancuso, M., Mehta, S., & Erickson, D. (2014). A smartphone platform for the quantification of vitamin D levels. *Lab on a Chip*, *14*(8), 1437-1442.
- 7.Bochen, F., Balensiefer, B., Körner, S., Bittenbring, J. T., Neumann, F., Koch, A., ... & Linxweiler, M. (2018). Vitamin D deficiency in head and neck cancer patients—prevalence, prognostic value and impact on immune function. *Oncoimmunology*, 7(9), e1476817.
- 8.Ghosh, M., & Koley, C. (2021). An IoT Enabled Enzyme Embossed Biosensor for Determination of Vitamin D Level in Human Blood Sample. *Modern Techniques in Biosensors: Detection Methods and Commercial Aspects*, 95-109.
- 9.Lai, J. K., Lucas, R. M., Clements, M. S., Harrison, S. L., & Banks, E. (2010). Assessing vitamin D status: pitfalls for the unwary. *Molecular nutrition & food research*, 54(8), 1062-1071.
- 10.Bikle, D. D. (2014). Vitamin D metabolism, mechanism of action, and clinical applications. *Chemistry & biology*, 21(3), 319-329.
- 11. Naeem Z.Vitamin d deficiency- an ignored epidemic.IntJ Health Sci (Qassim). 2010 Jan;4(1):V-VI.
- 12.Nair R, Maseeh A. Vitamin D: The "sunshine" vitamin. J Pharmacol Pharmacother. 2012 Apr;3(2):118-26.
- 13. Pereira-Santos M, Costa PR, Assis AM, Santos CA, Santos DB. Obesity and vitamin D deficiency: a systematic review and meta-analysis. Obes Rev. 2015 Apr;16(4):341-9.
- 14. Elliott ME, Binkley NC, Carnes M, Zimmerman DR, Petersen K, Knapp K, Behlke JM, Ahmann N, Kieser MA. Fracture risks for women in long-term care: high prevalence of calcaneal osteoporosis and hypovitaminosis D. Pharmacotherapy. 2003 Jun;23(6):702-10.
- 15. Kennel KA, Drake MT, Hurley DL. Vitamin D deficiency in adults: when to test and how to treat. Mayo Clin. Proc. 2010 Aug;85(8):752-7; quiz 757-8.

- 16.Palacios C, Gonzalez L. Is vitamin D deficiency a major global public health problem? J. Steroid Biochem. Mol. Biol.2014 Oct;144 Pt A:138-45
- 17.E. E. Effiok, E. Liu, H. Q. Yu and J. Hitchcock, "A Prostate Cancer Care Process Example of Using Data from Internet of Things," 2015 IEEE International Conference on Computer and Information Technology; Ubiquitous Computing and Communications; Dependable, Autonomic and Secure Computing; Pervasive Intelligence and Computing, Liverpool, UK, 2015, pp. 2303-2308, doi: 10.1109/CIT/IUCC/DASC/PICOM.2015.340.
- 18.Malucelli, L. C., Neves Alves, G. L., da Rocha Saldanha, A. L., Fakhouri, T. B., dos Santos, C. M., Severo, M. G., ... & Mazega Figueredo, M. V. (2021). Validation of a Novel IoT and AI based Point-of-Care Testing Laboratory: Analytical Accuracy and Clinical Agreement. medRxiv, 2021-10.
- 19.Pathak MA. In memory of Thomas Bernhard Fitzpatrick.J Invest Dermatol 2004;122:20-1
- 20.Li, Y. X., & Zhou, L. (2015). Vitamin D deficiency, obesity and diabetes. *Cellular and Molecular Biology*, 61(3), 35-38.
- 21.Galior, K., Grebe, S., & Singh, R. (2018). Development of vitamin D toxicity from overcorrection of vitamin D deficiency: a review of case reports. *Nutrients*, 10(8), 953.
- 22. Bikle, D. D. (2018). Vitamin D assays. Vitamin D in Clinical Medicine, 50, 14-30.
- 23.Holick, M. F. (2009). Vitamin D status: measurement, interpretation, and clinical application. *Annals of epidemiology*, 19(2), 73-78.
- 24.Holick, M. F. (2006). Resurrection of vitamin D deficiency and rickets. *The Journal of clinical investigation*, 116(8), 2062-2072.
- 25. Sambasivam, G., Amudhavel, J., & Sathya, G. (2020). A predictive performance analysis of vitamin D deficiency severity using machine learning methods. IEEE Access, 8, 109492-109507.

26.Adams, J.S., and Gacad, M.A. (1985). Characterization of 1 alpha-hydroxylation of vitamin D3 sterols by cultured alveolar macrophages from patients with sarcoidosis. J. Exp. Med. 161, 755–765.

27.Holick, M. F. (2004). Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers, and cardiovascular disease. *The American journal of clinical nutrition*, 80(6), 1678S-1688S.

28.Zhang, S. W., Jian, W., Sullivan, S., Sankaran, B., Edom, R. W., Weng, N., & Sharkey, D. (2014). Development and validation of an LC–MS/MS based method for quantification of 25 hydroxyvitamin D2 and 25 hydroxyvitamin D3 in human serum and plasma. *Journal of Chromatography B*, 961, 62-70.