

NIR Based Non-Invasive Blood Glucose Measurement

Parag Narkhede, Suraj Dhalwar and B. Karthikeyan

Department of Embedded Technology, School of Electronics Engineering, VIT University,
Vellore, Tamil Nadu - 632014, India;
ns.parag@yahoo.com, surajdhalwar@gmail.com,
bkarthikeyan@vit.ac.in

Abstract

Objectives: This paper describes the method of measurement of glucose concentration in the human blood non-invasively using the near infrared optical technique. **Methods/Analysis:** In recent medical practice, the concentration of glucose in blood is measured using an invasive techniques which generally involves puncturing finger. In generic few ml of blood whereas in recent practice less than a drop of blood is taken out and passed through the standard chemical tests to measure glucose concentration. These methods are expensive as well as painful. The frequent finger puncturing causes calluses on the skin and also increases the risk of spreading infectious diseases. **Findings:** So, the development of a non-invasive blood glucose measurement system will be boon to the diabetic patients. This paper describes the method of blood sugar measurement in the human blood non-invasively using the painless near infrared based optical technique. The designed system consists of LED emitting signals of 940 nm wavelength. These optical signals are sent through the fingertip and reflected signals are detected by phototransistor placed beside the LED. The glucose concentration in the blood is determined by analyzing the variation in the intensity of received signal obtained after reflection. The results obtained from the designed system shows the feasibility of using NIR based non-invasive method for the measurement of blood glucose. **Applications/Improvements:** The described system is majorly useful for diabetic patients. The measurement accuracy of the proposed system can be improved by incorporating it with noise filtering techniques.

Keywords: Blood Glucose, Diabetes, Near Infrared, Non-Invasive

1. Introduction

Diabetes is a type a metabolic diseases in which the blood glucose (blood sugar) level in human body increases drastically from its normal level. The increase in sugar level is either due to inadequate production of insulin in blood cells or can be because of improper response of body cells to the insulin or can be because of both the reasons. diabetes can lead to major complications like heart failure and blindness in the human body¹. Hence regular monitoring of glucose level is important. The World Health

Organization (WHO) estimated that the number of people with diabetes is more than 200 million.

Diabetes is a state of a body where it not able to produce the quantity of insulin sufficiently required to maintain normal level of blood glucose. So, diabetic patients regulate their blood glucose levels through proper diet as well as by injecting insulin². For the effective treatment of diabetes, patients have to measure the level of blood glucose periodically³⁻⁵. At present, diabetic persons are using invasive figure pricking instrument knows as glucose meter to know the concentration of blood glucose.

*Author for correspondence

In the pathology laboratories, glucose is been measured by puncturing the patient's finger using a lancet to take out a small quantity of blood sample⁶⁻¹⁰. Then the sample of blood will be placed on the strip and is inserted into the blood glucose meter. Inside a glucometer, a series of chemical reactions will take place and as a result of chemical reaction Potassium Ferro cyanide is produced and it reacts with the metals on electrode layer and causes the electric current to flow through the electrodes. More the concentration of glucose in the blood, more the Potassium Ferro cyanide production and more the current through the electrode. This strength of current is used to predict the glucose level present in the blood³.

Development of a non-invasive glucose measurement technique would be a boom for a diabetic patient. The major advantage of noninvasive measurement methods is the relief from pain and comfort due to no finger puncturing. The non-invasive methods of glucose monitoring reduces the difficulties involved in glucose measurement and hence reduces the cost of healthcare. The noninvasive method for glucose measurement like IR spectroscopy is popular from years, but method with a reliable results has not been established yet.

From a last decade or two, lot of research work is going on for the non-invasive blood glucose measurement. The researchers are using various optical methods for the non-invasive measurements which includes near-infrared, photo acoustic spectroscopy, Raman's spectroscopy¹¹, polarization technique and light scattering techniques^{3,12,13}, Trans illuminated laser beam is used to measure glucose concentration by¹⁴. As described by Tang¹⁵, metabolic heat conformation technique can be also used for blood glucose measurement.

In the Near Infrared (NIR) Spectroscopy¹⁶, glucose cells will produce the weakest NIR absorption signals in the human body as glucose is one of the biological component present inside the human body. In measuring the glucose level, the NIR spectroscopy enables the penetration of signals inside the tissue within the range of 1 to 100 millimeters depth. Penetration depth decreases as the signal wavelength value increases^{17,18}. Recently few authors incorporated neural network techniques in the non-invasive blood glucose measurement^{19, 20}.

This paper is all about the measurement of blood glucose non-invasively by using NIR optical technique which overcomes the problems in invasive measurement like finger puncturing, risk of infection, etc.

The full paper is organized as follows: Section II describes the Principle behind the blood glucose measurement, Section III deals with the system design that includes light wavelength selection, system hardware and experimental analysis. Section IV shows the experimental results of the designed system and Section V concludes the paper.

2. Principle of Blood Glucose Measurement

When a light ray interact with human body tissues, it is attenuated by scattering as well as by absorption by the tissues. Due to the mismatch between the refraction index of extracellular fluid and the cell membrane, light scattering occurs in tissues. Refraction index of extracellular fluid varies with the glucose concentration whereas the cellular membrane index is assumed to be remain relatively constant²⁰. Beer-Lambert Law plays a major role in absorbance measurement which states that absorbance of light through any solution is in proportion with the concentration of the solution and the length path travelled by light ray²¹.

Figure 1 shows the description of effect of glucose molecules on the light path^{16, 18}. Less glucose leads to more scattering, more path length and hence less absorption whereas more glucose tissues result in less scattering, less optical path length and hence more absorption by the tissues. Due to more absorption in high glucose tissue reflected light is having less intensity compared to tissue with less glucose content.

Light transport theory describes light attenuation as¹

$$I = I_0 e^{-\mu_{\text{eff}} L} \quad (1)$$

where, I is the reflected light intensity, I_0 is the incident light intensity and L is the length of optical path inside the tissue. Attenuation of light inside the tissue

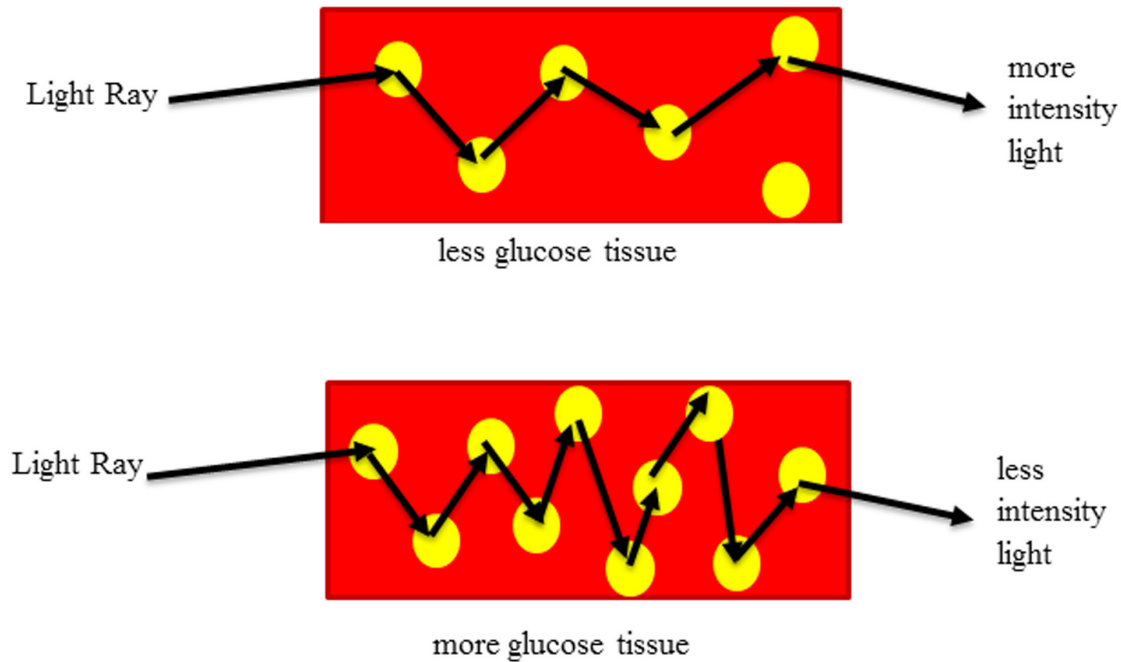


Figure 1. Effect of Glucose On light Path.

depends on the coefficient known as effective attenuation coefficient (μ_{eff}), which is defined as

$$\mu_{eff} = \sqrt{3\mu_a(\mu_a + \mu'_s)} \quad (2)$$

The absorption coefficient (μ_a) is describes as the probability of absorption of photons inside tissue per unit path length and is given by

$$\mu_a = 2.303 \epsilon C \quad (3)$$

ϵ is the molar extinction coefficient and C is the tissue chromophore concentration and the reduced scattering coefficient (μ'_s) is given by eq.4²⁰

$$\mu'_s = \mu_s(1 - g) \quad (4)$$

where, g defines the average of the cosine of the scattering angles which has a representative value of 0.9¹ and μ_s defines the scattering coefficient.

With increase the glucose concentration path length decreases. With the assumption that refractive index of blood cell remains constant (approximately 1.350-1.460) with increase in the glucose concentration scattering properties decreases¹⁹. From the equations above (1-4) it can be concluded that μ_a also depends on the blood glu-

cose concentration, the increase in the glucose concentration increases the value of absorption coefficient μ_a and hence the effective attenuation coefficient

μ_{eff} also increases which in terms results in increase in the attenuation level. Hence from equation (1) it can be

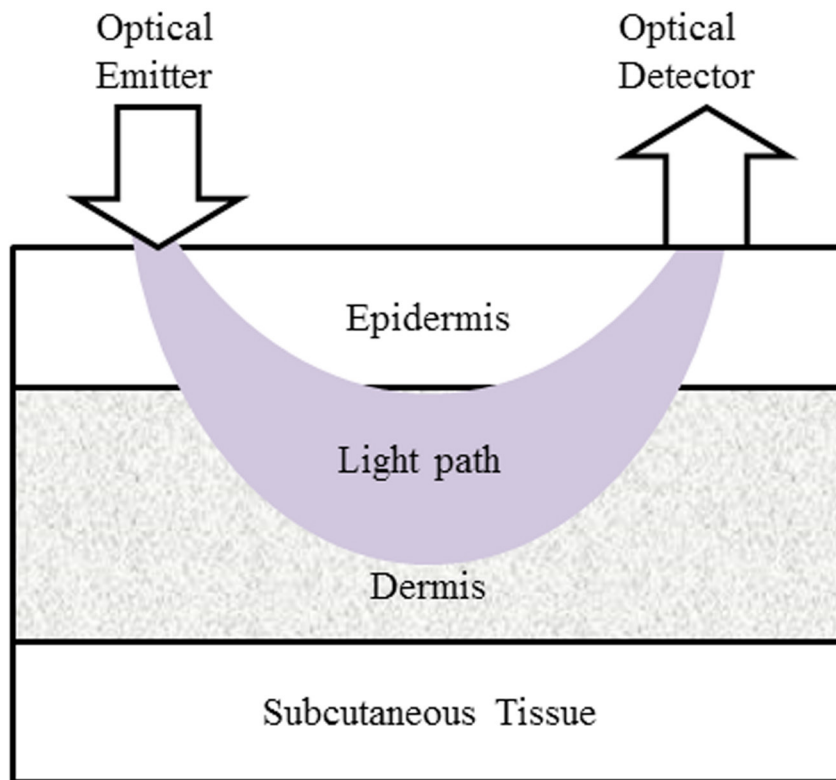


Figure 2. Cross Section of Skin and Light Path.

concluded that increase in attenuation decreases the intensity of reflected light.

Human finger skin tissue consists of epidermis, dermis and subcutaneous tissue layers. When optical signal is sent perpendicularly into the human body part the signal passes through epidermis layer and gets reflected in dermis layer and follows banana shaped path as shown in Figure 2¹⁸.

3. System Design

3.1 Selection of wavelength

Light in the range of 700 nm to 2500 nm comes under the near infrared region which interact with the tissue with low energy radiation. 600 nm to 1300 nm is considered as the near-infrared window²² which is also known as therapeutic window or optical window. The

range of wavelengths where light possesses its maximum penetration depth in tissue is referred as Near Infrared window.

Glucose has light absorption peaks at wavelengths of 940 nm, 970 nm, 1197 nm, 1408nm, 1536nm, 1688nm, 1925 nm, 2100nm, 2261nm and 2326nm¹. But at 940 nm wavelength the attenuation of optical signals by other constituents of the blood like water, platelets, red blood cells etc. is minimum²⁰, hence a desired depth of penetration can be achieved and actual glucose concentration can be predicted.

3.2 System Hardware

Figure 3 shows the block level description of the desired system. Everlight's LED IR-333A is chosen as emitter as it emits optical signals of 940 nm wavelength. Its physical dimensions are smaller and it is less costly than LASER.

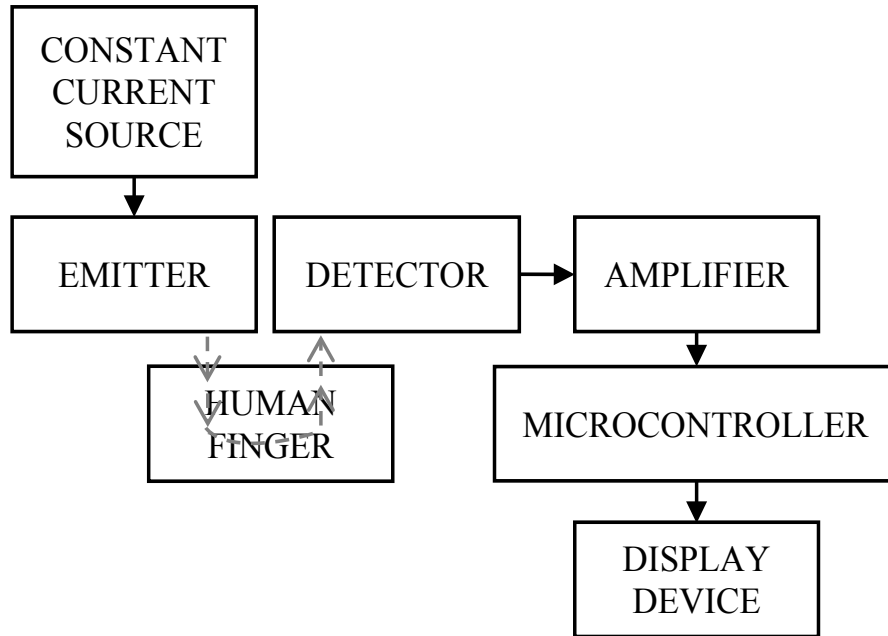


Figure 3. Block level description of the system.

LASER also affects the biological tissues and also costly. Hence LED is the best option to be considered as an emitter in biological systems. For maintaining strength of emitted optical signal to be constant, emitter is powered with a constant current source³. Everlight's phototransistor PT333C which is having peak sensitivity at 940 nm is used to detect the attenuation of optical signals with change in the glucose concentration in the blood. Transistor is connected in the common emitter configuration. Output of the detector circuit is passed through an instrumentation amplifier to increase the output signal strength and the output range. Microcontroller is programmed considering the regression equation formed and the liquid crystal display is used to display the blood glucose concentration.

To detect the reflected signals properly, emitter and detector are placed besides each other on the same side of the finger as there occurs a phase shift of 1800 between transmitted and reflected signals.

3.3 Experimental Analysis

With the help of designed system and commercially available, most popular One Touch Ultra glucometer²³, glucose

is measured for different people for different conditions like before and after meal and corresponding voltage values at the amplifier output terminal are recorded.

Figure 4 shows the graph of recorded values of voltage measured at the output terminal of the amplifier and the corresponding glucose concentration measures with the help of glucometer for the reference.

Based on the recorded voltage values and corresponding glucose concentration a 2nd order polynomial regression equation is computed (5).

$$\text{concentration} = 21.998v^2 - 157.73v + 335.55 \quad (5)$$

4. Experimental Results

The desired system is designed and developed for the measurement of blood glucose level using non-invasive NIR optical technique. Microcontroller is programmed by considering the regression equation (5). This equation is formed so that the glucose concentration can be measured non-invasively.

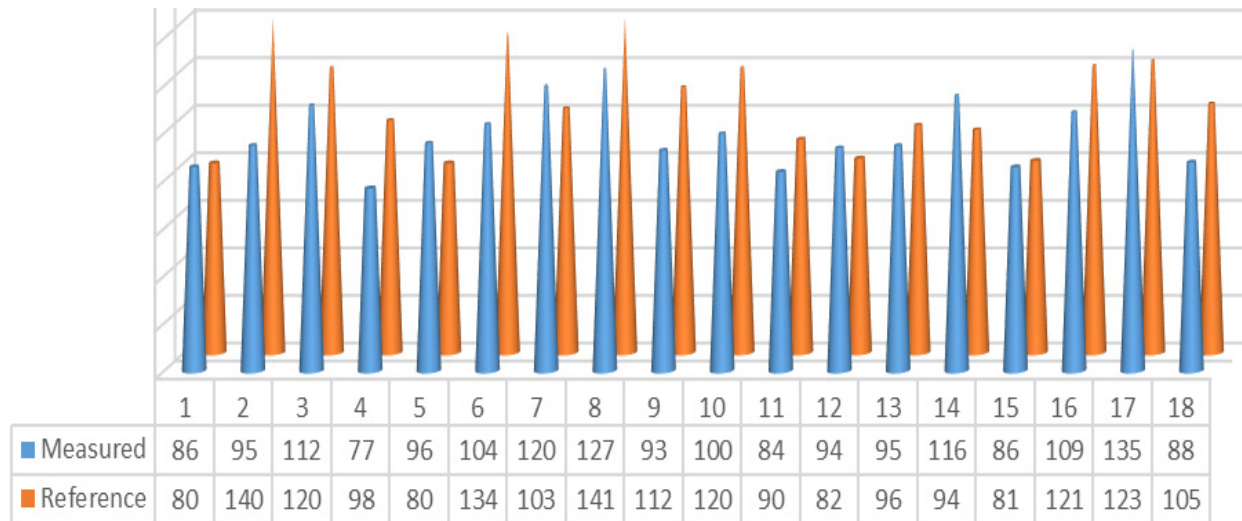


Figure 5. Measured and Reference Glucose Concentrations.

With the help of developed system glucose concentration is measured non-invasively and a good correlation is found between the concentration value obtained by the designed system and value by glucometer. Figure 5 is the result mapping chart which shows the glucose concentration measured by the designed system and at the same time, for the same person glucose concentration measured by the glucometer.

5. Conclusion

In this paper a brief description about near infra-red optical technique based non-invasive measurement of blood glucose is discussed. A good correlation is observed between the glucometer measurements and designed system measurements. The results obtained also show the feasibility of using NIR based non-invasive blood glucose measurement technique. The performance of the system can be increased by developing suitable signal conditioning circuit to remove interferences caused.

6. References

1. Yadav J, Rani A, Singh V, Murari BM. Near-infrared LED based non-invasive blood glucose sensor. IEEE International Conference on Signal Processing and Integrated Networks (SPIN). 2014 Feb;p. 591-4.
2. Unnikrishna Menon KA, Hemachandran D, Abhishek TK. A survey on non-invasive blood glucose monitoring using NIR., IEEE International Conference on Communications and Signal Processing (ICCSP). 2013 Apr;p. 1069-72.
3. Anas MN, Nurun NK, Norali AN, Normahira M. Non-invasive blood glucose measurement. IEEE EMBS Conference on Biomedical Engineering and Sciences (IECBES)., 2012 Dec;p. 503-7.
4. Savage MB, Stevan Kun, Harjunmaa H, Peura RA., Development of a non-invasive blood glucose monitor: application of artificial neural networks for signal processing. Proceedings of the IEEE 26th Annual Northeast Bioengineering Conference. 2000 Feb.p. 29-30.
5. Yoon G, Jeon KJ, Kim YJ, Kim S, Lee JY. Reagentless/non-invasive diagnosis of blood substances. 2001. The 4th Pacific Rim Conference on Lasers and Electro-Optics. CLEO/Pacific Rim 2001 Jul; 1:p. 1.
6. Chowdhury MK, Srivastava A, Sharma N, Sharma S. The influence of blood glucose level upon the transport of light in diabetic and non-diabetic subjects. International Journal of Biomedical and Advance Research. 2013; 4(5):306-16.
7. Khalil OS. Non-invasive glucose measurement technologies: an update from 1999 to the dawn of the new millennium. Diabetes Technology & Therapeutics. 2004 Oct; 6(5):660-97.

8. Tura A, Maran A, Pacini G. Non-invasive glucose monitoring: assessment of technologies and devices according to quantitative criteria. *Diabetes research and clinical practice*. 2007 Jul; 77(1):16-40.
9. Chowdhury MK, Srivastava A, Sharma N, Sharma S. Challenges & Countermeasures in Optical Noninvasive Blood Glucose Detection. *International Journal of Innovative Research in Science, Engineering and Technology*. 2013 Jan; 2(1): 324-9.
10. Srivastava A, Chowdhury MK, Sharma S, Sharma N. Blood Glucose Monitoring Using Non Invasive Optical Method: Design Limitations and Challenges. *International Journal of Advanced Research in Electrical, Electronics and Instrumentation Engineering*. 2013 Jan; 2(1): 615-20.
11. Abdallah O, Bolz A, Hansmann J, Walles H, Hirth T. Design of a compact multi-sensor system for non-invasive glucose monitoring using optical spectroscopy. *International Conference on Electronics, Biomedical Engineering and its Applications (ICEBEA)*. 2012 Jan. p. 1-8.
12. von Lilienfeld-Toal H, Weidenmüller M, Xhelaj A, Mäntele W. A novel approach to non-invasive glucose measurement by mid-infrared spectroscopy: the combination of quantum cascade lasers (QCL) and photoacoustic detection. *Vibrational spectroscopy*. 2005 Jul; 38(1-2):209-15.
13. Mueller M, Grunze M, Leiter EH, Reifsnnyder PC, Klueh U, Kreuzer D. Non-invasive glucose measurements in mice using mid-infrared emission spectroscopy. *Sensors and Actuators B: Chemical*. 2009 Nov; 142(2): 502-8.
14. Ashok V, Nirmalkumar A, Jeyashanthi N. A novel method for blood glucose measurement by noninvasive technique using laser. *International Journal of Biological and Life Sciences*. 2010 Aug; 67(3): 127-32.
15. Tang F, Wang X, Wang D, Li J. Non-invasive glucose measurement by use of metabolic heat conformation method. *Sensors*. 2008 May; 8(5): 3335-44.
16. Maruo K, Oota T, Tsurugi M, Nakagawa T, Arimoto H, Tamura M, Ozaki Y, Yamada Y. New methodology to obtain a calibration model for noninvasive near-infrared blood glucose monitoring. *Applied spectroscopy*. 2006 Apr; 60(4):441-9.
17. Myllylä R, Zhao Z, Kinnunen M. Pulsed photoacoustic techniques and glucose determination in human blood and tissue. *Handbook of Optical Sensing of Glucose in Biological Fluids and Tissues*. 2008 Dec. p. 419-55.
18. Maruo K, Tsurugi M, Chin J, Ota T, Arimoto H, Yamada Y, Tamura M, Ishii M, Ozaki Y. Noninvasive blood glucose assay using a newly developed near-infrared system. *IEEE Journal of Selected Topics in Quantum Electronics*. 2003 Mar-Apr; 9(2): 322-30.
19. Ashok V, Rajan Singh S, Nirmal Kumar A. Determination of blood glucose concentration by back propagation neural network. *Indian Journal of Science and Technology*. 2010 Aug; 3(8): 916-18.
20. Ashok Vajravelu, Nirmal Kumar. Determination of Blood Glucose Concentration by Using Wavelet Transform and Neural Networks. *Iranian journal of medical sciences*. 2013 Mar; 38(1): 51-6.
21. Maier JS, Walker SA, Fantini S, Franceschini MA, Gratton E. Possible correlation between blood glucose concentration and the reduced scattering coefficient of tissues in the near infrared. *Optics letters*. 1994 Dec; 19(24):. 2062-64.
22. Govada A, Renumadhavi C, Ramesh K. Non-invasive blood glucose measurement. *International Journal of Advanced Research in Computer and Communication Engineering*. 2014 Jan; 3(1): 5122-5.
23. Maruo K, Tsurugi M, Tamura M, Ozaki Y. In vivo non-invasive measurement of blood glucose by near-infrared diffuse-reflectance spectroscopy. *Applied spectroscopy*. 2003 Oct; 57(10): 1236-44.