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Using the first-order, second-order, and third-order interpolation perturbation theory from quantum mechanics of modern physics to predict the CGM sensor device's fasting plasma glucose value in the early morning, while analyzing their associated waveform shape similarities over a 14-month period based on GH-Method: math-physical medicine (No. 561)

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Note: Readers who want to get a quick overview can read the abstract, results and graphs sections.

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Abstract

The author utilizes the first-order, second-order, and third-order interpolation perturbation equations from quantum mechanics of modern physics to his medical research work, which he has previously written a few medical articles on this topic. This equation is the simplest application using one selected "perturbation factor" to generate perturbed results with high prediction accuracy and waveform shape similarity.

During November 2021, he has applied the statistics regression analysis model to analyze the relationship among many biomarkers where he wrote ~20 medical articles. In this study, he predicts his fasting plasma glucose (FPG) value from his body temperature (BT) and body weight (BW) in the early morning. As a comparison, he chose two separate perturbation values of 0.4 for BT perturbation factor and 0.6 for BW perturbation factor to calculate and predict his FPG value. He then compares the predicted FPG dataset against his measured sensor FPG dataset.

This comparison study also contains the following two final measurement yardsticks to confirm the usefulness of the perturbed method. The first yardstick is to verify the prediction accuracies of the perturbed FPG dataset against his measured FPG dataset. The second yardstick is to examine the waveform shape similarity via the calculated correlation coefficient between the predicted or perturbed, FPG curve and the measured FPG curve.

In summary, the purpose of this study is to investigate the prediction accuracy and the waveform shape similarities between a perturbed or predicted FPG waveform and his measured FPG waveform over a 14-month period, which is a total of 420 days from 10/1/2020 to 11/24/2021. He utilizes the first-order, second-order, and third-order of interpolation perturbation equations with two different perturbation factor values of 0.4 for BT and 0.6 for BW. The author has selected these two slightly different slopes, i.e., perturbation values, to study the sensitivity results.

The two conclusions drawn from this research work are listed as follows:

First, the 3 perturbation equations for the BT and BW cases offered an identical match for waveform shape similarity with a 100% correlation coefficient.

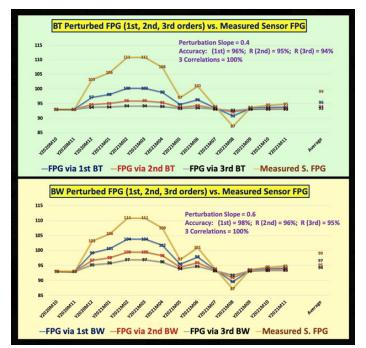
Second, the 3 perturbation equations also provided extremely high prediction accuracies as outlined:

Prediction Accuracy for BT Case (Perturbation Value 0.4)

First-order: Accuracy = 96% Second-order: Accuracy = 95% Third-order: Accuracy = 94% Prediction Accuracy for BW case (Perturbation Value 0.6)

First-order: Accuracy = 98% Second-order: Accuracy = 96% Third-order: Accuracy = 95%

All 6 prediction accuracies are higher than 94%. It seems that the higher the slope (perturbation value), the higher prediction accuracy will be achieved.



Introduction

The author utilizes the first-order, second-order, and third-order interpolation perturbation equations from quantum mechanics of modern physics to his medical research work, which he has previously written a few medical articles on this topic. This equation is the simplest application using one selected "perturbation factor" to generate perturbed results with high prediction accuracy and waveform shape similarity.

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This comparison study also contains the following two final measurement yardsticks to confirm the usefulness of the perturbed method. The first yardstick is to verify the *prediction accuracies* of the perturbed FPG dataset against his measured FPG dataset. The second yardstick is to examine the *waveform shape similarity* via the calculated correlation coefficient between the predicted or perturbed, FPG curve and the measured FPG curve.

Methods

The author has chosen not to repeat all of the details regarding his applied methods as described in other papers. Instead, he outlines a few important equations, formulas, and conditions in this article.

MPM Background

To learn more about his developed GH-Method: math-physical medicine (MPM) methodology, readers can read the following three papers selected from the published 400+ medical papers.

The first paper, No. 386 (Reference 1) describes his MPM methodology in a general conceptual format. The second paper, No. 387 (Reference 2) outlines the history of his personalized diabetes research, various application tools, and the differences between biochemical medicine (BCM) approach versus the MPM approach. The third paper, No. 397 (Reference 3) depicts a general flow diagram containing ~10 key MPM research methods and different tools.

The Author's Case of Diabetes

The author has been a severe type 2 diabetes patient since 1996. He weighed 220 lb. (100 kg, BMI 32.5) at that time. By 2010, he still weighed 198 lb. (BMI 29.2) with an average daily glucose of 250 mg/dL (HbA1C of 10%). During that year, his triglycerides reached to 1161 and albumin-creatinine ratio (ACR) at 116. He also suffered from five cardiac episodes within a decade. In 2010, three independent physicians warned him regarding his needs of kidney dialysis treatment and his future high risk of dying from his severe diabetic complications.

In 2010, he decided to self-study endocrinology, diabetes, and food nutrition. During 2015 and 2016, he developed four prediction models related to diabetes conditions, i.e., weight, post-prandial plasma glucose (PPG), fasting plasma glucose (FPG), and HbA1C (A1C). As a result, from using his developed mathematical metabolism index (MI) model and those four prediction tools, by end of 2016, his weight was reduced from 220 lbs. (100 kg, BMI 32.5) to 176 lbs. (89 kg, BMI 26), waistline from 44 inches (112 cm) to 33 inches (84 cm), averaged finger glucose from 250 mg/dL to 120 mg/dL, and HbA1C from 10% to ~6.5%. One of his major accomplishments is that he no longer takes any diabetes medications since 12/8/2015.

In 2017, he had achieved excellent results on all fronts, especially glucose control. However, during the pre-COVID period of 2018 and 2019, he traveled to approximately 50+ international cities to attend 65+ medical conferences and made ~120 oral presentations. This hectic schedule inflicted damage to his diabetes control, through dinning out frequently, post-meal exercise disruption, jet lag, and along with the overall metabolism impact due to his irregular life patterns through a busy travel schedule; therefore, his glucose control was affected during this two-year period.

By year end of 2020, his weight was further reduced to 165 lbs. (BMI 24.4) and his HbA1C was at 6.2% without any medications intervention or insulin injection. Actually, during 2020 with the special COVID-19 quarantined lifestyle, not only has he published approximately 400 medical papers in journals, but he has also achieved his best health conditions for the past 26 years. These good results are due to his non-traveling, low-stress, and regular daily life routines. Of course, his knowledge of chronic diseases, practical lifestyle management experiences, and his developed various high-tech tools contribute to his excellent health status since 1/19/2020.

On 5/5/2018, he applied a continuous glucose monitoring (CGM) sensor device on his upper arm and checks his glucose measurements every 5 minutes for a total of ~288 times each day. He has maintained the same measurement pattern to present day. In this study, he uses his CGM sensor glucose at time-interval of 15 minutes (96 data per day).

Therefore, during the past 12 years, he could self-study and analyze his collected ~3 million data regarding his health status, medical conditions, and lifestyle details. He applies his knowledge, models, and tools from mathematics, physics, engineering, and computer science to conduct his medical research work. His medical research work is based on the aims of achieving both "high precision" with "quantitative proof" in his medical findings.

Perturbation Theory of Quantum Mechanics of Modern Physics

The author applies the first-order, second-order, and third-order of interpolation perturbation method to obtain his "perturbed FPG" waveforms based on one selected value of "perturbation factor," that is the "Slope" for each perturbation case. In this article, he has two perturbation cases, one is BT and the other is BW.

He uses the "measured Sensor FPG" in the early morning as his reference dataset or baseline waveform.

The following polynomial function is used as the perturbation equation:

$$A = f(x)$$

= $A0 + (A1*x) + (A2*x**2) + (A3*x**3) + ... + (An*x**n)$

Where n indicates the order, e.g., third order's is 3, and A is the perturbed factor, Ai is the measured glucose, and x is the perturbation factor based on a chosen value for each case, BT or BW.

For this particular study, he chose his Ai as A1, where i=1. In this way, the above equation can then be simplified into the first-order perturbation as follows:

$$A = f(x) = A\theta + (A1*x)$$

Or the first-order interpolation perturbation equation can also be expressed in the following general format:

A i = A1 + (A2-A1)*(slope 1)

Where:

A1 = original glucose A at time 1

A2 = advanced glucose A at time 2

(A2-A1) = (Glucose A at Time 2 - Glucose A at Time 1)

Following the same logic, we can develop the equations for the second-order and the third-order.

The perturbation factor or *Slope* is an arbitrarily selected parameter that controls the size of the perturbation.

In this particular study, he selects 97.6-degree Fahrenheit as the low-bound BT and 98.0-degree Fahrenheit as the high-bound BT, while using 0.6 as his selected or perturbation factor value.

Then the "BT-slope" becomes:

BT Slope

= (Selected BT - Low-bound BT) / (High-bound BT - Low-bound BT)

or.

0.6

= (selected BT - 97.6) / (98.0 - 97.6)

therefore,

The selected BT = 97.84 degree

He also chooses 165.9 pounds as the low-bound BW and 169.3 pounds as the high-bound BW, while using 0.4 as his selected or perturbation factor value.

Then the "BW-slope" becomes:

BW Slope

= (Selected BW - Low-bound BE) / (High-bound BW - Low-bound BE)

or,

0.4

= (selected BW - 165.9) / (169.3 - 165.9)

therefore,

The selected BT = 167.26 pounds

To achieve a better predicted FPG value, the selected BT or BW should be within the range of the high-bound and the low-bound of BT or BW, where the boundaries should be wide enough in magnitude to include the perturbed value in between.

Results

Figure 1 shows the input data (upper diagram) of his body temperatures, body weights, and CGM measured sensor FPG values during his selected 14-month period from 10/1/2020 to 11/24/2021. It also demonstrates the perturbation analysis results of the BT and BW cases (lower diagram).

12/2/21		Measured	Measured								
12/2/21 Period		ody Temp (F			Dorlad		Measured Body Weight (#)		-	Measured S. FPG	
							, , ,		(w) Ivicaso		
Y2020M10		97.8	93		Y2020M10		166.5			93	
Y2020M11		97.9	93		Y2020M11		165.9			93	
Y2020M12		97.8	103		Y2020M12		166.5			103	
Y2021M01		98.0	106		Y2021M01		167.5			106	
Y2021M02		98.0	111		Y2021M02		168.3			111	
Y2021M03		97.9	111		Y2021M03		168.0			111	
Y2021M04		97.8	108		Y2021M04		169.1			108	
Y2021M05		97.6	97		Y2021M05		168.9			97	
Y2021M06		97.7	101		Y2021M06		169.3			101	
Y2021M07		97.7	94		Y2021M07		169.3			94	
Y2021M08		97.7	87		Y2021M08			168.0		87	
Y2021M09		97.7	94		Y2021M09			168.1		94	
Y2021M10		97.7	95		Y2021M10		168.4			95	
Y2021M11		97.7		95		Y2021M11		168.9		95	
Average		97.8		99		Average		168.0		99	
Accuracy						Accuracy				9	
Hi-perturb		98.0				Hi-perturb		169.3			
Lo-perturb		97.6			Lo-perturb		165.9				
Avg-pertub		97.8				Avg-pertub		167.6			
Avg. Slope		0.50				Avg. Slope		0.50			
Select Slope		0.40				Select Slope		0.60			
	Predicted			Measured		Predicted				Measured	
Period	FPG via 1st 8			Measured S. FPG		FPG via	_		FPG via 3rd BW	Measured S. FPG	
Y2020M10	93	93	93	93	Y2020M10	91	_	93	93	93	
Y2020M11 Y2020M12	93	93	93	93	Y2020M11 Y2020M12	91		93	93	93 103	
Y2020M12 Y2021M01	97	95	94		Y2020M12 Y2021M01	10	_	97	96	105	
Y2021M02	100	96	94		Y2021M02	10	_	100	97	111	
Y2021M03	100	96	94	111	Y2021M03	10	4	100	97	111	
Y2021M04	99	95	94	108	Y2021M04	10	2	98	96	108	
Y2021M05	95	94	93		Y2021M05	94		95	94	97	
Y2021M06	96	94	94	101	Y2021M06	96	_	96	95	101	
Y2021M07	93	93	93		Y2021M07	94	_	93	93	94	
Y2021M08 Y2021M09	91	92	93	87	Y2021M08 Y2021M09	90		91	92	87	
Y2021M09 Y2021M10	93	93	93		Y2021M09 Y2021M10	93		93	93	94	
Y2021M10 Y2021M11	94	93	93		Y2021M10 Y2021M11	94	_	94	93	95	
Average	96	94	93		Average	97		95	94	99	
vacating.	96	34	-93	-99	mrerage	97		99	- 54	- 99	

Figure 1: Input data table and FPG outputs of perturbation analysis over a 14-month period from 10/1/2020 to 11/24/2021

Figure 2 depicts the graphic results of the output data results shown in the lower diagram of Figure 1. The upper diagram reflects the BT case, while the lower diagram displays the BW case. In both cases, the near-perfect matching of perturbed waveforms with measured sensor FPG waveform is evident. Furthermore, in Figure 2, the average FPG values also indicate the extremely high prediction accuracies shown on the right side of the upper and lower diagrams.

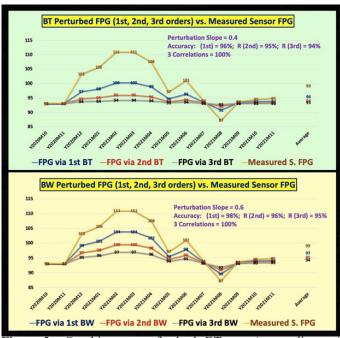


Figure 2: Graphic outputs for both BT case (upper diagram) and BW case (lower diagram)

Conclusions

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References

For editing purposes, majority of the references in this paper, which are self-references, have been removed for this article. Only references from other authors' published sources remain. The bibliography of the author's original self-references can be viewed at www.eclairemd.com.

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