

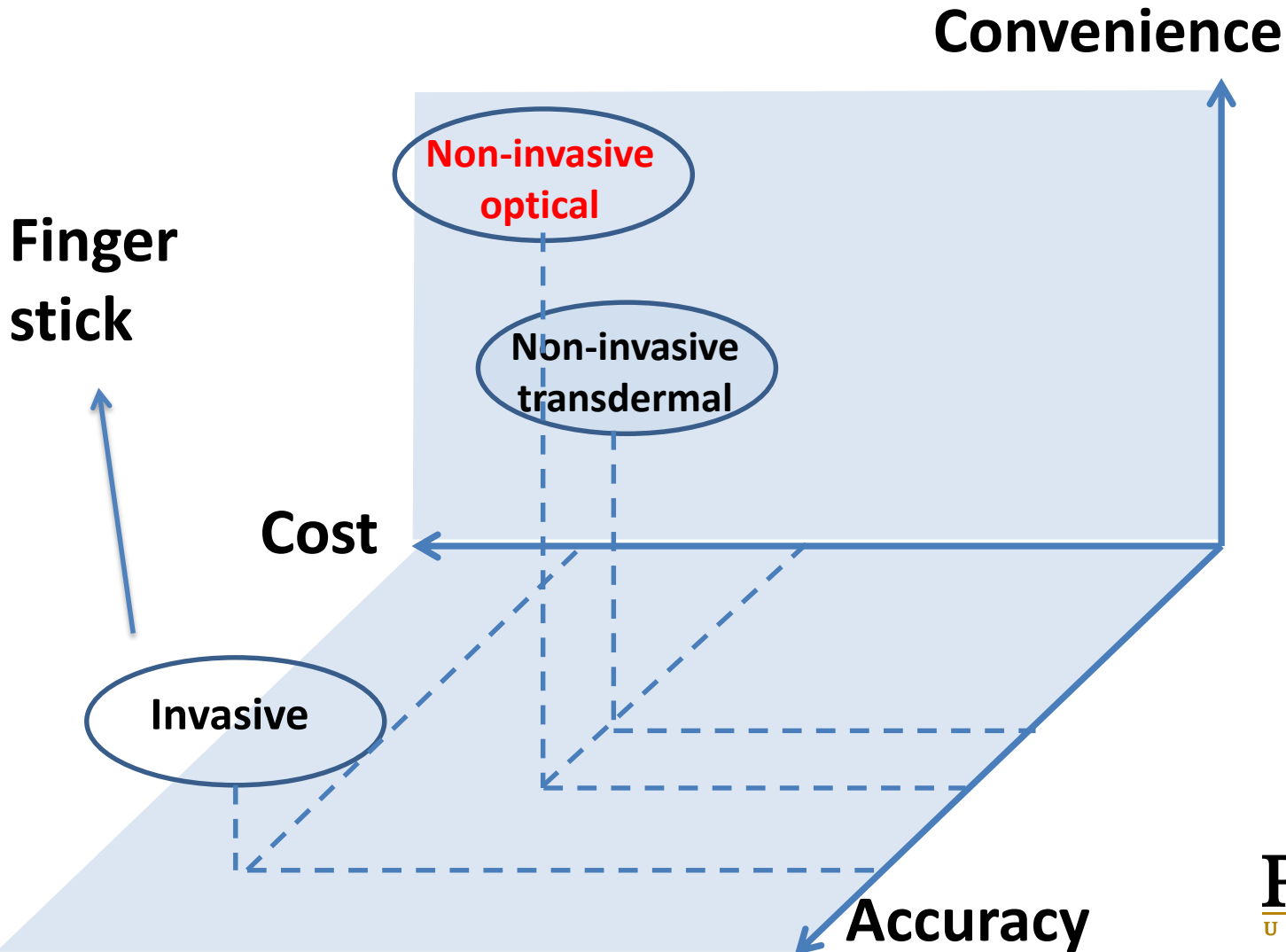
# Background

- In US alone, there are 25.8 million people with Diabetes (8.3 % of the population)
- Rationale : finger stick method is still considered as the gold standard for glucose monitoring for diabetes  
Difficult for continuous monitoring : cost and convenience



# Background

- 3D plot of cost/convenience/accuracy

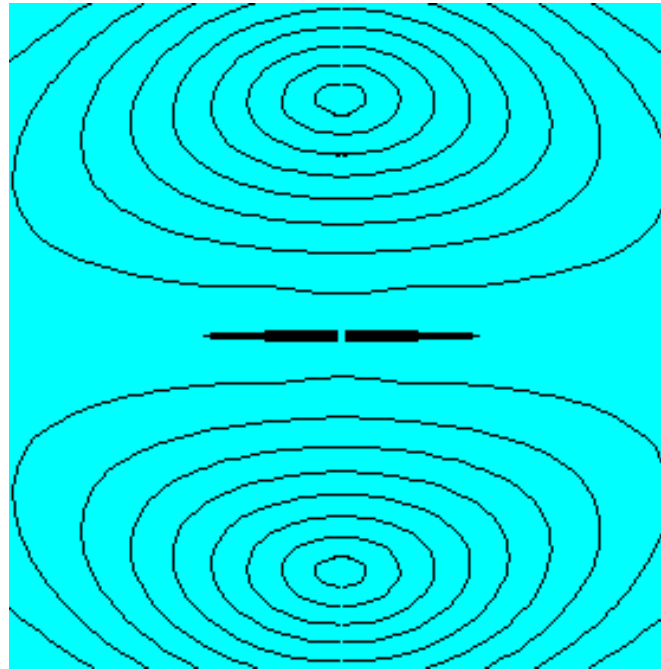
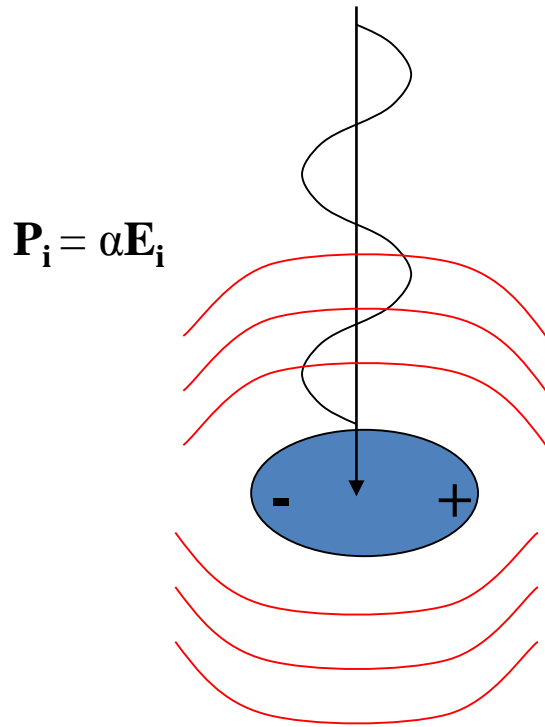


# Optical methods in glucose monitoring

Method	Location	Strengths	Limitations
Fluorescence	Interstitial fluid (skin)	High specificity	Requires labeling
Kromoscopy [3]	Interstitial fluid (skin)	Four wavelength of NIR	Complicated setup
IR spectroscopy	Interstitial fluid (skin)	High specificity	Background scattering
OCT [4]	Interstitial fluid (skin)	High resolution	Not portable
<b>Light Scattering</b>	<b>Interstitial fluid (skin)</b>	<b>Simple design/portability</b>	<b>Low specificity</b>
Polarimetry	Anterior chamber	High sensitivity and specificity	Difficult for NCGM, safety issue to eye, complex design
<b>Raman spectroscopy</b>	<b>Interstitial fluid (skin)</b>	<b>High sensitivity and specificity</b>	<b>Background scattering</b>

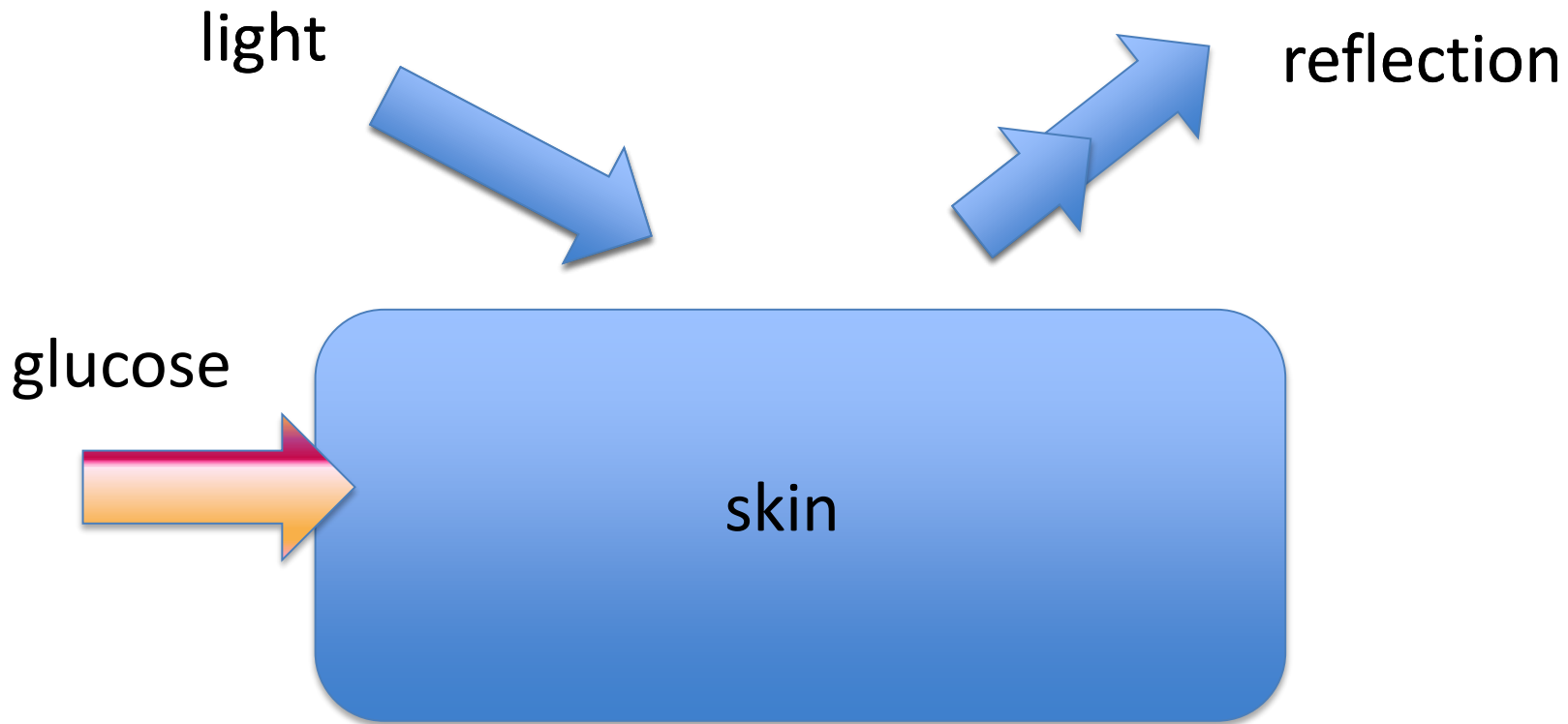
# Elastic light scatter (ELS)

- Scatter – Nuance of randomness/spread -> Mie (1904) analytical solution for spherical particles
- Physics of scattering – internal charge distribution from incident wave ( $\mathbf{E}_i$ ) coupled with dipole polarizability ( $\alpha$ ) generates a electric dipole moments( $\mathbf{P}_i$ ) and reradiates a secondary wave



# Glucose monitoring by ELS

Principle : in normal state, there are certain level of refractive index (RI) difference that scatters incoming light



# Glucose monitoring by ELS

