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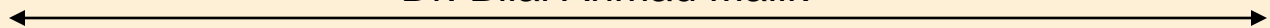
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## A SMARTPHONE APP FRAMEWORK FOR CANCER CARE COORDINATION AND HEALTHCARE FOR DIABETES PATIENTS

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### ABSTRACT

*Complex cancer care desire accurate designation, but ability condition result in lack of efficient coordinated follow-up business. Now a day's advances in smartphones proposition great opportunities for better segmentation of patient populations for cost adequate, targeted care assignment and auditing or supervision of cancer patients. There is no such system which works on daily monitoring of the people having high sugar Or diabetes. Moreover There is no such health monitoring system which will reduce the time consumption in treatments as well as prevent wastage of money .The purpose of making this application is to help people having high sugar, or Help normal people as well to prevent them from the causes of diabetes and cancer as well. The healthcare application is suggested at young school-children and mothers as they have a effect on health problems affecting their family. A key appearance of PRISMA is the active cooperation of different stakeholders – in our case, the villagers, medical doctors, researchers will be managing in the control of the usage and health change process for the children. primary results of the health interference will be note. Wireless technologies have during recently years facilitated mobile services that extend the report of health organization, resulting in a division of eHealth which is now simply used to as mHealth. Mobility and decreaseplace addiction in mHealth is further promote by cloud computing, which has popularize new ways of using computing assets. Both mobility and decrease place dependency are important for the efficiency of healthcare distribution in an mHealth context. place dependency here shows the need for implement a dynamic bilateral person climate overview, as location dependencies can greatly limit mobility. As we have exposed. mobility of healthcare professionals may be decrease due to place dependency, e.g. in association to deliver of and access to medicine stock, medical tools and material, specialist knowledge and capability, as well as in relation to local security arrangement and ID technologies and practices in healthcare organizations and built situation. A third trend in current technology creating which has indication for mHealth while at the same time commit to bringing location and context of use back into focus, is the ongoing progression of brilliant sensor-enabled situations and context-aware applications.*

## INTRODUCTION:

This paper presents a framework of a smart phone applications that provides such risk determination and follow-up care auditing services. This mHealth app framework build three useful modules: a natural language prepare module depend on Bayesian model to selection suitable data from free text or medical reports; a cancer risk calculator that uses device vector machine allocation to determine the medical risks of cancer patients based on the data extracted; and a health care monitor that supplies timely care designation to high risk cancer patients. The laboratory results validate mHealth as a positive medical risk estimate for post-surgical cancer patients and an effective health care auditing service for cancer care coordination. The additional module is present in the system. It is about monitoring and predicting the diabetic patients sugar levels and helping them into maintaining it. The module will calculate the daily sugar calories of a particular patient (prediction) so that after doing one test may be urine or blood test, person can daily check his/her sugar level without going to the doctor. There is no such system which works on daily monitoring of the people having high sugar Or diabetes. Peoples in their busy schedules cannot pay attention on their health. Doing the treatments every time are the kinds of headaches. So the main purpose of developing this project is, this health monitoring system which will reduce the time consumption in treatments as well as prevent wastage of money. In this day to day busy life, people used to ignore their health related problems, they usually continue with their problematic life style. Our motto is to help all the people weather they are having diabetes or they are having sugar level near about diabetes. The daily report will make them eat safely and exercise daily. We are also going to add an informational module in which we can give the information about cancer and diabetes. It will be helpful for those people as well who are in a healthy state, but in future they may get in such problem. So if they already know the reason behind the diabetes and cancer, they can take care of their own for the same by taking daily measures without wasting money on medicines as well as other treatments. One more module called alarm module can help the persons to take the medicines and the diet in time. For this they just need to set it and the alarm will rang whenever they need to take medicines. The application is going to be very powerful in at least the fields of diabetes and cancer. Because although there are the news about taking care about sugar levels, no person is that health conscious and pays time for his/her own health. Application is working as a strict doctor who always make you remind about your medicine about your diet, and will help you to maintain your sugar levels and will take care about your health. The clinicians and researchers at Houston Methodist Hospital (HMH) system use different information sources to achieve the information for research and nature growth purposes as no single base or database exists that could provide them with ease the information mandatory for their research. HMH system is home to seven hospitals and manages

generally nine major parts of clinical databases. Current methods of purchase information from all these places and vendors for previous -to-research questions often associate laborious, time-consuming manual extracts and restore of information for particular projects. It is perceived that the current process is inconvenient, costly and time consuming and adds no underlying value to the research being undertaken. This leads analyst to spend a lot of ineffective time in bargaining and waiting for information alternative of operate the research. Worse, the information finally deposit often are partial, based on the kindly and data of the person recover the information. In this present maturity so far from the first Swedish test study within an ongoing analysis and create project in which we are putting mHealth composition, adoption, convenience and user involvement into situation both from a patient's aspect and from the aspect of a healthcare team working within and opposite one or more efficient healthcare management. Our research advance is activate by the Scandinavian tradition of Participatory Design .It is also posted by studies of how to measure practice, user background and impact of mHealth interference. In the following we first shows the case study and some of the problems we are currently facing when it comes to determine problems, goals and condition in this context. Thereafter, we provide background data about the project and our multi-disciplinary access. we are still in the first steps of the first Swedish test study, in which we are mapping out current data and relation flows and work practices within the complex hospital ward and between the hospital and their patients. The test study is attract on collateral patients with diabetes type 2 in breathing a healthy life. This conducts supporting protected, impressive and productive relation between healthcare specialist and patients in ways that device better health for the patients, high quality healthcare arrangement as well as a feasible work situation for the healthcare teams.

#### **RELATED WORK:**

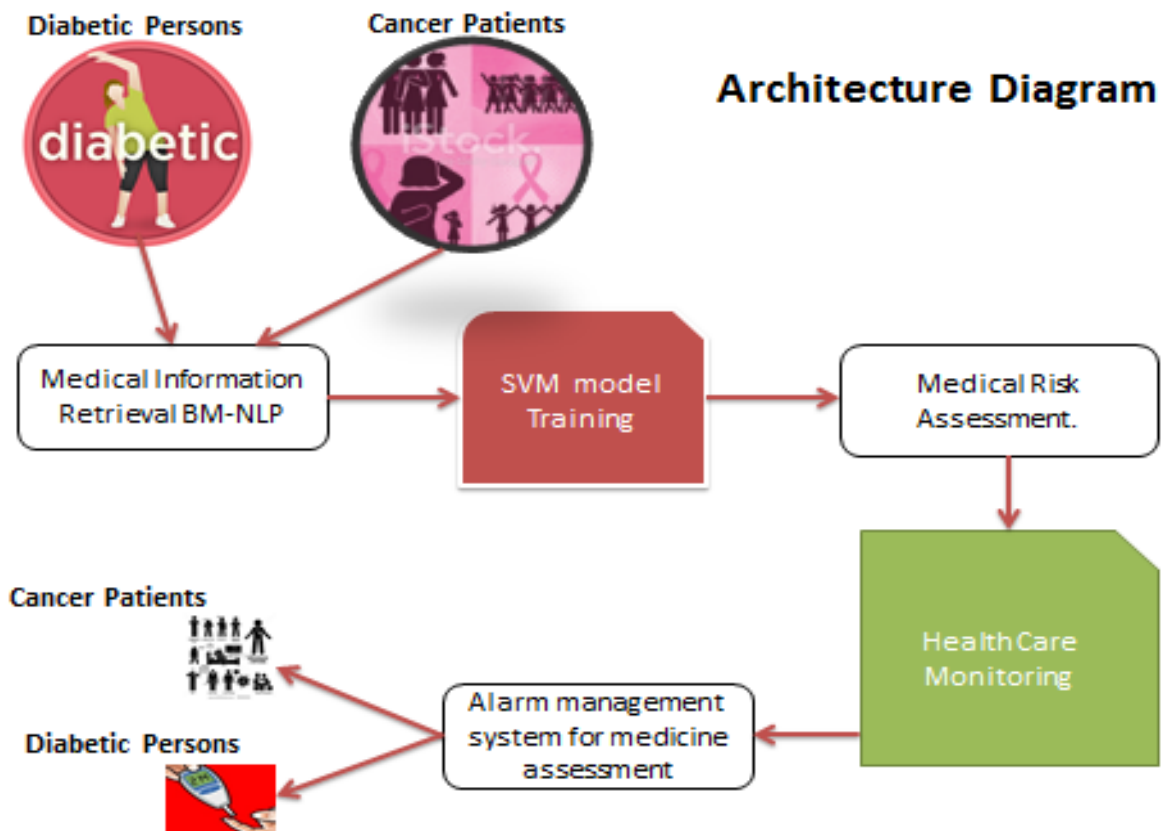
The use of a prospective technological framework called PRISMA (Participatory Action Research in Software Development Methodology Augmentation) to guide and create a mobile-based healthcare application for an isolated Penan company in Malaysian Borneo. PRISMA exploit participatory movement research (PAR). The advance has been strongly applied in projects with agricultural center. The attending of PRISMA is to strengthen community cooperation and local executive in order to assure software technique is built at ability of community. The healthcare application is propose at young school-children and mothers as they have a major impact on health problems touching their family. A key condition of PRISMA is the operative assistance of different stakeholders in our case, the villagers, medical doctors, who will be assistant in the auditing of the usage and health change case for the children. To calculate the points of collapse (LRF) vs length metastasis (DM), and find risk factors

for frequency in patients with entire edit N1 non-small cell lung cancer (NSCLC). The current study shows that in patients with edit N1 NSCLC, the percentage of LRF is lower than DM. Advanced T stage allocation, VPI, and LVI were medium of poor durability. These patients shows a group with N1 infection who might profit from additional analysis, concluding additional radio therapy. Cloud computing have enabled mobile technology that enhance the description of health services, emanate in a division of eHealth now simply suggest to as mHealth. However, at least in Sweden, where the healthcare branch is heavily regulated, mHealth has so far mainly emerge in the form of applications for agency of healthy life-style and self-management of chronic defect, realize outside of the firewalls of common healthcare distribution climate. In this paper we shows an on-going Indo-Swedish investigation and create project in which we are putting mHealth design into situation both from a patients objectivity and from the objectivity of a healthcare team working within a experienced healthcare constitution. Our research access is activate by the Scandinavian culture of Participatory create of ICT and post by studies of how to measure benefit, user involvement and shock of mHealth intercession. The confusing research teams are multi-disciplinary, count researchers from engineering, computing and health sciences.

The project conduct, on the Swedish side, a partner from the general healthcare branch, three SME:s and an economical partner who is recently supply Electronic Patient report and other healthcare data technique answer and who is ability in creating mobile phone solutions for healthcare specialist. We are currently in the system of collective expression, goals and compulsion within the framework of the first Swedish case study of the project, attracted on mobile device. The SMS mobile phone component is usually used, more cost-effective than a phone call, can be sent, stored, answered, and recover at the users accessibility, and is available with nearly the global population announced as having a mobile phone. Although communicating or implement data through SMS may improve performance, it does show unique demanding related to face-to-face or paper-based commutation of complex data. When creating messages the style, language, and length of text must be studied. In addition, many analysts have used SMS to send expression for adherence but fewer have explained using its collective feature. End users and psychologist should include in arbitration development. The purpose of this paper is to explain the early parts of a collect process to create an SMS-based arbitration in Argentina where TB analysis success rates have continue always low and about half of the patients secure operation by self-administration. accomplish the possible of m-health for child apprehension will desire superscribe the confusion around the necessary and acceptable components of emotional observable therapy (CBT), as well as the simple challenges identify with distribute mediation via data and relation system. Mayo Clinic Anxiety Coach is an m-health application created by the author to be dependable with exposure-based CBT and rules for adequate mediation supply via data and

relation system. Guidance for analyze, using, and creating m-health applications for childhood panic confusion are granted. To request the design and fulfillment of next origination business partition floor created at the Houston Methodist Hospital (HMH) System to meet the market and managing needs of the healthcare corporation. THE clinicians and researchers at Houston Methodist Hospital (HMH) system use different information sources to achieve the information for research and quality enhancement determination as no single assurance or database exists that could supply them with ease the data mandatory for their research. HMH system is home to seven hospitals and conduct around nine major parts of clinical databases. Current property of obtaining information from these entire places. Half of all patients with cancer lose few body weight, and up to 20 The clinical explanation of cachexia are muscle wasting, anorexia and early satiety. Various conditions have been verified in which nutritional mediation for patients with cancer are enforced. In two of these conditions, it involvement the inception of home prenatal nutrition (HPN). Guidelines that are available accessible for the management of HPN patients mainly focus on patients with benign diseases.

**SYSTEM ARCHITECTURE:**



**CONCLUSION:**

In this system, we will achieve the application will be helping people having high sugar, or to Help normal people as well to prevent them from the causes of diabetes and cancer as well. This application will be focusing on the cancer patient's healthcare and the daily care for people having high sugar. Alarm module will help in telling the users to take medicines in time and the diet as well.

**FUTURE SCOPE:**

To make an android application for cancer patients and diabetes patients. The purpose of making this application is to help people having high sugar, or to Help normal people as well to prevent them from the causes of diabetes and cancer as well.

**REFERENCES:**

- [1] Siang-Ting Siew, Alvin W. Yeo, "Adapting PRISMA for Software Development in Rural Areas: A Mobile-based Healthcare Application Case Study",2012.
- [2] Lili Qiao, Ning Liang, Jiandong Zhang "Risk factors for recurrence in patients with resected N1 non-small cell lung cancer - a systematic review and metaanalysis, Hui Luo",2015.
- [3] Sara Eriksen, Mattias Georgsson, Malin Hoffland,"Health in Hand: Putting mHealth Design in Context", 2014
- [4] Sarah J. Iribarren, Susan L. Beck," MHEALTH INTERVENTION DEVELOPMENT TO SUPPORT PATIENTS WITH ACTIVE TUBERCULOSIS", 2014.
- [5] Stephen P. H. Whiteside, PhD Volume 25, Number x,"Mobile Device-Based Applications for Childhood Anxiety Disorders", 2015.
- [6] Mamta Puppala, Tiancheng He, Shenyi Chen, Richard Ogunti, Xiaohui Yu, Fuhai Li, Robert Jackson, and Stephen T. C. Wong," Meteor: An Enterprise Health informatics environment to support evidence based medicine", 2014.
- [7] Tiancheng He1, Zhong Xue, Weixin Xie, and Stephen T.C. Wong," Online 4-D CT Estimation for Patient-Specific Respiratory Motion Based on Real-Time Breathing Signals", 2010.



- [8] Anil A.Thomas, Chengyi Zheng, Howard Jung, Allen Chang, Brian Kim, Joy Gelfond, Jeff Slezak, Kim Porter, Steven J.Jacobsen, Gary W. Chien,” Extracting data from electronic medical records: validation of a natural language processing program to assess prostate biopsy results”,2013.
- [9] Mira Dreesen , Veerle Foulon , Martin Hiele ,Kris Vanhaecht , Lutgart De Pourcq , Loris Pironi, Andr Van Gossum, Jann Arends , Cristina Cuerda ,Paul Thul , Frederico Bozzetti , Ludo Willems,” Quality of care for cancer patients on home parenteral nutrition: development of key interventions and outcome indicators using a two-round Delphi approach”,2012.
- [10] Soleh U Al Ayubi<sup>1</sup>, PhD; Bambang Parmanto, PhD; Robert Branch, MD; Dan Ding, “A Persuasive and Social mHealth Application for Physical Activity: A Usability and Feasibility Study”,2014. College.

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