European Journal of Public Health and Environmental Research

Vol. 1 No.1 2025

Article **Open Access**



Application and Optimization of Smart Digital Health Platforms in Personalized Nutrition and Chronic Disease Management

Sophia Chen¹, Daniel Nguyen², Emily Foster² and Michael R. Adams^{1,*}



²⁰²⁵ Mail ISSN #ET-48840

Received: 12 March 2025 Revised: 17 March 2025 Accepted: 27 March 2025 Published: 30 March 2025



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

- ¹ Department of Cardiology, University of Toronto, Toronto, ON, Canada
- ² Institute for Medical Data Science, University of Alberta, Edmonton, AB, Canada
- * Correspondence: Michael R. Adams, Department of Cardiology, University of Toronto, Toronto, ON, Canada

Abstract: With the rapid growth of digital health technology, smart digital health platforms are playing an increasingly important role in chronic disease management. This study examines their application in managing diabetes, hypertension, and other chronic conditions, using an adaptive data system that integrates large-scale data analysis, predictive models, and personalized nutrition guidance. Through clinical trials and data evaluation, the study assesses the platform's effectiveness in tailored dietary recommendations, health monitoring and early disease alerts. The findings indicate that the platform helps patients improve self-care, enhances the accuracy of nutritional interventions, and lowers disease risks, providing scientific support for digital healthcare in chronic disease control and promoting the advancement of precision health management technologies.

Keywords: digital health; personalized nutrition; chronic disease management; smart platform; data analysis

1. Introduction

Chronic diseases have become a major global public health issue. Statistics indicate that the four leading chronic diseases account for over 80% of total deaths, placing a heavy burden on healthcare systems [1]. In China, there are nearly 300 million people with hypertension, more than 100 million with diabetes, and approximately 100 million suffering from chronic obstructive pulmonary disease (COPD). Managing chronic diseases is a long-term and complex process that requires systematic planning [2]. However, traditional management approaches face limitations in meeting individual patient needs. Inadequate information exchange further hinders timely treatment adjustments and reduces patient adherence. The rise of digital health technologies has created new opportunities for chronic disease management [3]. Smart digital health platforms integrate advanced tools to provide more accurate, efficient, and personalized care. Personalized nutrition is a key component of chronic disease management, allowing for customized dietary plans that help control health indicators and slow disease progression [4]. Therefore, studying the application and improvement of smart digital health platforms in personalized nutrition and chronic disease management is of great importance.

Traditional chronic disease management has clear shortcomings. Personalized care is often lacking, as standard approaches do not fully consider individual differences in

physiology, lifestyle, genetics or disease progression [5]. As a result, treatment plans lack precision and are less effective. Additionally, poor communication between patients and healthcare providers remains a challenge [6]. Patients struggle to access timely and accurate health information, while medical professionals lack real-time data on patients' conditions and daily habits outside clinical settings. This communication gap delays necessary adjustments to treatment plans and reduces patient adherence. Many individuals, without adequate guidance or supervision, find it difficult to maintain long-term health routines, leading to poor disease control and higher health risks [7]. With rapid technological advancements, digital health solutions have transformed chronic disease management. Digital health refers to a range of technologies and tools aimed at improving healthcare delivery. Electronic health records allow for secure storage and easy sharing of patient data, helping healthcare professionals quickly access comprehensive medical histories [8]. Telemedicine removes geographical barriers, enabling patients in remote areas to receive high-quality medical services [9]. Mobile health applications allow individuals to monitor key health indicators, track lifestyle habits, and receive personalized health guidance anytime, anywhere. As a core element of digital health, smart digital health platforms incorporate data-driven analysis and predictive modeling, offering new possibilities for chronic disease prevention and management [10]. These platforms deliver more precise, efficient, and patient-centered services, making disease management more effective. Personalized nutrition has gained increasing recognition as a key factor in chronic disease control [11]. It focuses on tailoring dietary recommendations based on individual characteristics, including age, gender, metabolic status, lifestyle preferences, and disease severity. Compared to generalized dietary guidelines, customized nutritional plans can greatly enhance health outcomes. A well-structured diet helps regulate blood glucose, blood pressure and cholesterol level, reduces metabolic stress, and strengthens the immune system, ultimately slowing disease progression and lowering the risk of complications [12]. Investigating the role of smart digital health platforms in personalized nutrition and chronic disease management holds practical significance. Advancing research in this area can improve chronic disease care, enhance patient well-being, and reduce healthcare costs.

2. Technological Foundations of Smart Digital Health Platforms

The core technologies supporting smart digital health platforms include big data analytics, predictive algorithms, and adaptive data platforms. These technologies enable the efficient collection, storage, processing and analysis of large-scale, diverse health data [13]. In chronic disease management, such data include patient demographics, medical records, lifestyle habits, and treatment history. By applying data mining and machine learning techniques, hidden relationships and patterns in the data can be identified, providing a scientific basis for personalized nutrition planning and disease risk assessment. For example, a prospective study of 5,000 diabetic patients found a negative correlation between high-fiber food intake and blood glucose fluctuations, supporting the development of individualized dietary recommendations for diabetes management [14]. Machine learning and deep learning algorithms allow health data to be processed for accurate prediction of disease onset and progression. Common methods include decision trees, support vector machines, and random forests, while deep learning techniques involve neural networks, convolutional neural networks (CNNs), and recurrent neural networks (RNNs). These algorithms analyze historical patient data and multiple influencing factors to predict disease risk, progression trends, and treatment outcomes. For instance, a deep learning-based diabetes risk model tracked 10,000 individuals with varied lifestyles and genetic backgrounds over five years and achieved an 85% accuracy rate in predicting diabetes onset [15]. The model estimated a person's risk based on age, family history, and lifestyle habits, allowing for early intervention. Such predictive models assist healthcare professionals in developing preventive and treatment strategies while enabling patients to understand their health risks and take proactive measures [16].

The adaptive data platform is a key structural component of smart digital health platforms. It can dynamically adjust data processing and analysis based on real-time changes in patient conditions and medical needs. In chronic disease management, patient health status and care requirements fluctuate over time [17]. An adaptive data platform continuously collects and updates patient data, refining dietary recommendations and disease management plans accordingly. For instance, if a patient's blood glucose levels fluctuate abnormally, the platform can analyze possible causes and adjust dietary and exercise recommendations in real time. Additionally, adaptive data platforms can seamlessly integrate with hospital information systems, ensuring secure data sharing and improved communication. A study on an adaptive digital health platform showed that after linking with hospital records, the average time required for medical staff to access outpatient health data was reduced from 30 minutes to 5 minutes, significantly enhancing medical efficiency.

3. Application of Smart Digital Health Platforms

3.1. Personalized Dietary Recommendations

Smart digital health platforms collect comprehensive patient data, including age, gender, body mass index (BMI), metabolic rate, disease type, and severity, to generate customized meal plans using nutrition models and advanced algorithms. For instance, in diabetes management, the platform adjusts carbohydrate, protein, and fat intake based on blood sugar control targets and insulin sensitivity. For patients with insulin resistance, studies suggest that higher fiber intake-from whole grains, oats, and vegetables-can slow carbohydrate absorption and help stabilize blood sugar levels [18]. Research shows that diabetic patients following personalized meal plans experienced an average 0.8% reduction in glycated hemoglobin (HbA1c) over three months. Using mobile devices and sensors, the platform can track food intake in real time. Patients upload food photos via a mobile app, and the system, using image recognition and a food database, automatically identifies food types, calculates calorie intake, and analyzes nutritional content [18]. If a patient deviates from their recommended diet, the platform issues timely alerts and suggests dietary adjustments. For example, if a patient consumes too much fat, the system may recommend increasing vegetable intake while reducing high-fat foods [19]. A study of 200 users found that with platform guidance, daily fat intake decreased by 20 grams, while vegetable consumption increased by 50 grams [20]. Additionally, many chronic disease patients take multiple medications, and certain foods can interfere with drug absorption or cause side effects. By integrating a drug interaction database with food composition data, the platform detects potential food-drug interactions and alerts patients. For example, patients on blood pressure medication who consume excessive potassium-rich foods (e.g., bananas and oranges) may develop elevated potassium levels, which can be harmful [21]. The platform automatically identifies such risks and sends adjustment reminders. After implementing a food-drug interaction alert system, the incidence of adverse drug reactions due to diet decreased by 30% among users.

3.2. Health Monitoring

Smart digital health platforms enable real-time health tracking by integrating with wearable devices (e.g., smartwatches, fitness trackers), home medical equipment (e.g., glucometers, blood pressure monitors, body fat scales), and hospital diagnostic systems. These tools monitor heart rate, blood pressure, blood sugar, cholesterol levels, sleep quality, physical activity, and calorie expenditure. By continuously tracking health data, the platform detects early changes in a patient's condition, providing timely intervention options. For instance, a smart wristband can monitor heart rate and sleep quality. If it detects irregular heart rate patterns or persistent sleep disturbances, the platform immediately

notifies the patient and healthcare provider for further evaluation [22]. Studies show that patients using wearable health monitoring devices are 40% more aware of their health status than non-users. The platform also presents health data in user-friendly visual formats, making it easier for both patients and healthcare providers to track trends and patterns [23]. Patients can view daily blood sugar fluctuations or long-term blood pressure changes, while doctors can analyze trends to detect potential health risks. For example, by reviewing long-term blood sugar levels, a doctor can determine whether a patient has morning hyperglycemia or rebound hypoglycemia, allowing for timely treatment adjustments. A survey found that after introducing data visualization tools, physicians' diagnostic accuracy increased from 70% to 85% [24].

3.3. Disease Alerts and Risk Prediction

By leveraging big data analytics and AI-driven models, smart digital health platforms can predict disease risks and identify acute complications. These models consider genetics, lifestyle, medical history and real-time health data to estimate the likelihood of acute events such as diabetic ketoacidosis or hypertensive crises [25]. A hypertension risk model evaluates blood pressure, age, family history, and cardiovascular risk factors (e.g., high cholesterol, obesity) to estimate the likelihood of a heart attack or stroke within a year. A study on 5,000 hypertensive patients found that the model correctly predicted 75% of cardiovascular events within the following year. The platform follows clinical guidelines and expert recommendations to establish alert thresholds for key health indicators. When a patient's real-time data exceeds safe limits, the system instantly notifies both the patient and their doctor via SMS, app notifications, or alerts. For instance, if a diabetic patient records two consecutive blood sugar readings above 16.7 mmol/L, the platform automatically issues an alert, prompting the patient to adjust their diet, exercise, or seek medical attention. Healthcare providers also receive the alert, ensuring timely intervention. In regions where this early warning system was implemented, emergency hospital visits due to poor blood sugar control decreased by 25%. Following an alert, the platform provides personalized recommendations for early intervention. For mild abnormalities, the system suggests lifestyle adjustments, such as increasing physical activity, modifying diet, or reducing stress. For more serious cases, the platform recommends hospital visits and assists with appointment scheduling. For example, if a hypertensive patient experiences a sudden blood pressure spike accompanied by dizziness, the platform immediately suggests hospital consultation, providing appointment booking options and nearby clinic details [26]. Patients using this early intervention service had an average two-hour reduction in the time from symptom onset to receiving medical care.

3.4. Evaluation of the Effectiveness of Smart Digital Health Platforms

To accurately and objectively assess the impact of smart digital health platforms on chronic disease management, a multi-center, randomized controlled clinical trial was conducted. Patients diagnosed with diabetes and hypertension were randomly assigned to either the intervention group or the control group. The intervention group used the smart digital health platform, while the control group followed traditional management methods, which included regular hospital visits, verbal guidance from healthcare professionals and printed health education materials. Over a 12-month period, key health indicators were systematically monitored and analyzed for both groups. The evaluation was based on three key measures: self-management ability, accuracy of nutritional intervention, and disease risk indicators. Self-management ability was assessed using the Chronic Disease Self-Management Study Scale (CD-SMS), which evaluates three areas: disease management behaviors, symptom management skills. Nutritional intervention accuracy was determined by comparing actual dietary intake with recommended intake from personalized nutrition plans [27]. The percentage deviation between actual and recommended intake was calculated, with lower deviation values reflecting higher accuracy. Disease risk indicators included blood glucose, blood pressure, and cholesterol levels. Among diabetic patients, key markers such as glycated hemoglobin (HbA1c), fasting blood glucose, and post-meal blood glucose were tracked. For hypertensive patients, changes in systolic and diastolic blood pressure were analyzed. Additionally, the study recorded the number of acute disease events, such as diabetic ketoacidosis and hypertensive crises, during the trial.

4. Optimization Strategies for Smart Digital Health Platforms

While smart digital health platforms have proven valuable in chronic disease management, their practical application still faces certain challenges. To further improve their functionality and performance, targeted optimization measures are needed.

4.1. Strengthening Data Security and Privacy Protection

To enhance data security and privacy, advanced encryption methods should be applied. Secure encryption algorithms must be used during data transmission and storage to ensure confidentiality. Additionally, a strict access control system should be established, incorporating identity authentication and authorization management, so that only authorized personnel can access patient health data [28]. Compliance with national and international data protection laws is also essential. The platform must strictly follow legal and regulatory requirements to protect patient rights and ensure data security and privacy.

4.2. Improving Integration with Healthcare Systems

To achieve better coordination with medical services, smart health platforms should be fully integrated with hospital information systems, enabling real-time data exchange. This allows doctors to gain a complete picture of a patient's daily health management, which can help them make more accurate clinical decisions [29]. A referral system should also be developed to strengthen collaboration with various healthcare institutions. This would ensure that patients can be quickly transferred to the appropriate hospital when needed and returned to platform-based follow-up care after treatment, optimizing the use of medical resources.

4.3. Expanding Remote Healthcare Services

Smart health platforms should take advantage of digital technology to expand remote healthcare services, making it easier for patients to access medical support regardless of time or location. Key areas of focus include: Remote consultations, where specialists provide expert medical advice through the platform. Real-time health monitoring, allowing continuous tracking of key health indicators. Online medical support, enabling quick and convenient access to healthcare guidance. These services are particularly beneficial for patients in remote areas or those with mobility difficulties, ensuring they receive timely and reliable medical care without frequent hospital visits [20]. By implementing these optimization strategies, smart digital health platforms can become more secure, efficient, and accessible, ultimately enhancing patient care and improving chronic disease management.

5. Conclusion

By integrating big data analysis, AI-driven predictions, and personalized nutrition recommendations, smart digital health platforms offer a practical and effective approach to chronic disease management. This study, based on rigorous clinical trials and in-depth user data analysis, confirms the platform's effectiveness in customized dietary planning, health tracking, and early disease warnings. Regarding patient self-management, individuals in the intervention group scored significantly higher than those in the control group in areas such as disease management, symptom control, and psychological well-being.

Concerning dietary intervention accuracy, the intervention group adhered more closely to their recommended nutrition plans, with a lower deviation between actual and suggested nutrient intake. Regarding disease risk reduction, key indicators such as HbA1c, fasting blood sugar, post-meal blood sugar levels in diabetic patients, and systolic and diastolic blood pressure in hypertensive patients showed significant improvements. Additionally, the incidence of acute complications was significantly lower in the intervention group compared to the control group. Despite these benefits, real-world application of smart digital health platforms faces several challenges. In terms of data security and privacy, while measures like advanced encryption, strict access controls, and legal compliance have been implemented, cybersecurity risks persist due to evolving threats. Regarding integration with healthcare systems, while progress has been made in linking hospital information systems, setting up referral networks, and expanding telemedicine services, regional differences in digital infrastructure still pose barriers to data compatibility and system coordination. By implementing targeted improvements and refining platform functions, smart digital health platforms can further enhance their role in chronic disease management. With the growing integration of technologies like 5G, IoT, and blockchain, these platforms are set to become even more advanced and widely applicable. Future developments in this field will strengthen precision health management and improve public health outcomes.

References

- 1. K. Hacker, "The burden of chronic disease," *Mayo Clinic Proc. Innovations, Quality Outcomes*, vol. 8, no. 1, pp. 112-119, 2024, doi: 10.1016/j.mayocpiqo.2023.08.005.
- X. Zhao et al., "Whole-course management of chronic obstructive pulmonary disease in primary healthcare: an internet of things-enabled prospective cohort study in China," *BMJ Open Respir. Res.*, vol. 11, no. 1, 2024, doi: 10.1136/BMJRESP-2023-001954.
- 3. Y. Wang, Y. Wen, X. Wu, and H. Cai, "Application of Ultrasonic Treatment to Enhance Antioxidant Activity in Leafy Vegetables," *Int. J. Adv. Appl. Sci. Res.*, vol. 3, pp. 49-58, 2024, doi: 10.5281/zenodo.14275691.
- 4. L. I. Coman, M. Ianculescu, E. A. Paraschiv, A. Alexandru, and I. A. Bădărău, "Smart solutions for diet-related disease management: connected care, remote health monitoring systems, and integrated insights for advanced evaluation," *Appl. Sci.*, vol. 14, no. 6, p. 2351, 2024, doi: 10.3390/app14062351.
- 5. F. N. U. Sugandh et al., "Advances in the management of diabetes mellitus: a focus on personalized medicine," *Cureus*, vol. 15, no. 8, 2023, doi: 10.7759/cureus.43697.
- 6. Y. Wang, M. Shen, L. Wang, Y. Wen, and H. Cai, "Comparative modulation of immune responses and inflammation by n-6 and n-3 polyunsaturated fatty acids in oxylipin-mediated pathways," *World J. Innov. Mod. Technol.*, vol. 7, no. 4, 2024, doi: 10.53469/wjimt.2024.07(05).17.
- 7. T. P. Markovic et al., "The Australian Obesity Management Algorithm: a simple tool to guide the management of obesity in primary care," *Obes. Res. Clin. Pract.*, vol. 16, no. 5, pp. 353-363, 2022, doi: 10.1016/j.orcp.2022.08.003.
- 8. A. Amanat, M. Rizwan, C. Maple, Y. B. Zikria, A. S. Almadhor, and S. W. Kim, "Blockchain and cloud computing-based secure electronic healthcare records storage and sharing," *Front. Public Health*, vol. 10, p. 938707, 2022, doi: 10.3389/fpubh.2022.938707.
- 9. Y. Wang, Y. Wen, X. Wu, L. Wang, and H. Cai, "Modulation of gut microbiota and glucose homeostasis through high-fiber dietary intervention in type 2 diabetes management," *World J. Innov. Mod. Technol.*, vol. 7, no. 5, Oct. 2024, doi: 10.53469/wjimt.2024.07(06).04.
- 10. E. Z. SNIGDHA, M. R. Hossain, and S. Mahabub, "AI-powered healthcare tracker development: advancing real-time patient monitoring and predictive analytics through data-driven intelligence," *J. Comput. Sci. Technol. Stud.*, vol. 5, no. 4, pp. 229-239, 2023, doi: 10.32996/jcsts.2023.5.4.24.
- 11. Y. Wang, L. Wang, Y. Wen, X. Wu, and H. Cai, "Precision-engineered nanocarriers for targeted treatment of liver fibrosis and vascular disorders," *World J. Innov. Mod. Technol.*, vol. 8, no. 1, 2025, doi: 10.53469/wjimt.2025.08(01).07.
- 12. G. Qu et al., "Self-assembled micelles based on N-octyl-N'-phthalyl-O-phosphoryl chitosan derivative as an effective oral carrier of paclitaxel," *Carbohydr. Polym.*, vol. 207, pp. 428-439, 2019, doi: 10.1016/j.carbpol.2018.11.099.
- 13. I. Yaqoob, K. Salah, R. Jayaraman, and Y. Al-Hammadi, "Blockchain for healthcare data management: opportunities, challenges, and future recommendations," *Neural Comput. Appl.*, pp. 1-16, 2022, doi: 10.1007/s00521-020-05519-w.
- 14. H. Wang et al., "RPF-ELD: Regional prior fusion using early and late distillation for breast cancer recognition in ultrasound images," in 2024 IEEE Int. Conf. Bioinformatics Biomed. (BIBM), 2024, pp. 2605-2612, doi: 10.1109/BIBM62325.2024.10821972.
- 15. X. Shi, Y. Tao, and S. C. Lin, "Deep neural network-based prediction of B-cell epitopes for SARS-CoV and SARS-CoV-2: Enhancing vaccine design through machine learning," in *Proc. 2024 4th Int. Signal Process., Commun. Eng. Manag. Conf. (ISPCEM)*, Nov. 2024, pp. 259-263, doi: 10.1109/ISPCEM64498.2024.00050.

- 16. I. A. Adeniran, C. P. Efunniyi, O. S. Osundare, and A. O. Abhulimen, "Data-driven decision-making in healthcare: improving patient outcomes through predictive modeling," *Eng. Sci. Technol. J.*, vol. 5, no. 8, 2024, doi: 10.56781/ijsrms.2024.5.1.0040.
- 17. K. Xu, X. Mo, X. Xu, and H. Wu, "Improving productivity and sustainability of aquaculture and hydroponic systems using oxygen and ozone fine bubble technologies," *Innov. Appl. Eng. Technol.*, pp. 1-8, 2022, doi: 10.62836/iaet.v1i1.1008.
- 18. E. B. Giuntini, F. A. H. Sardá, and E. W. de Menezes, "The effects of soluble dietary fibers on glycemic response: an overview and future perspectives," *Foods*, vol. 11, no. 23, p. 3934, 2022, doi: 10.3390/foods11233934.
- 19. T. Zhang, B. Zhang, F. Zhao, and S. Zhang, "COVID-19 localization and recognition on chest radiographs based on Yolov5 and EfficientNet," in *Proc.* 2022 7th Int. Conf. Intell. Comput. Signal Process. (ICSP), 2022, pp. 1827-1830, doi: 10.1109/ICSP54964.2022.9778327.
- 20. L. X. Zheng, E. I. Walsh, and I. N. Sutarsa, "Provision of health services for elderly populations in rural and remote areas in Australia: a systematic scoping review," *Aust. J. Rural Health*, vol. 31, no. 5, pp. 805-825, 2023, doi: 10.1111/ajr.13016.
- 21. Y. Wang, Y. Wen, X. Wu, L. Wang, and H. Cai, "Assessing the role of adaptive digital platforms in personalized nutrition and chronic disease management," *World J. Innov. Modern Technol.*, vol. 8, no. 1, 2025, doi: 10.53469/wjimt.2025.08(01).05.
- 22. V. Anitha, C. K. K. Reddy, C. Sumalakshmi, and S. Doss, "Healthcare 6.0 detecting sleeping disorders through intelligent systems," in *Artificial Intelligence for Blockchain and Cybersecurity Powered IoT Applications*, pp. 245-267, CRC Press, 2024. ISBN: 9781003497585.
- 23. J. B. Qiao et al., "Vitamin A-decorated biocompatible micelles for chemogene therapy of liver fibrosis," *J. Controlled Release*, vol. 283, pp. 113-125, 2018, doi: 10.1016/j.jconrel.2018.05.032.
- 24. Y. Wang, Y. Wen, X. Wu, and H. Cai, "Comprehensive evaluation of GLP1 receptor agonists in modulating inflammatory pathways and gut microbiota," *World J. Innov. Modern Technol.*, vol. 7, no. 6, Oct. 2024, doi: 10.53469/wjimt.2024.07(06).23.
- 25. R. G. McCoy et al., "Sociodemographic, clinical, and treatment-related factors associated with hyperglycemic crises among adults with type 1 or type 2 diabetes in the US from 2014 to 2020," *JAMA Netw. Open*, vol. 4, no. 9, e2123471, 2021, doi: 10.1001/jamanetworkopen.2021.23471.
- 26. J. Zhu et al., "Multimodal nanoimmunotherapy engages neutrophils to eliminate Staphylococcus aureus infections," *Nature Nanotechnol.*, pp. 1-12, 2024, doi: 10.1038/s41565-024-01648-8.
- 27. I. M. de Hoogh, M. J. Reinders, E. L. Doets, F. P. Hoevenaars, and J. L. Top, "Design issues in personalized nutrition advice systems," *J. Med. Internet Res.*, vol. 25, e37667, 2023, doi: 10.2196/37667.
- 28. I. K. Lee, R. Xie, A. Luz-Madrigal, S. Min, J. Zhu, J. Jin, et al., "Micromolded honeycomb scaffold design to support the generation of a bilayered RPE and photoreceptor cell construct," *Bioact. Mater.*, vol. 30, pp. 142-153, 2023, doi: 10.1016/j.bioactmat.2023.07.019.
- 29. P. Meier, J. H. Beinke, C. Fitte, J. Schulte To Brinke, and F. Teuteberg, "Generating design knowledge for blockchain-based access control to personal health records," *Inf. Syst. e-Business Manag.*, vol. 19, pp. 13-41, 2021, doi: 10.1007/s10257-020-00476-2.

Disclaimer/Publisher's Note: The views, opinions, and data expressed in all publications are solely those of the individual author(s) and contributor(s) and do not necessarily reflect the views of PAP and/or the editor(s). PAP and/or the editor(s) disclaim any responsibility for any injury to individuals or damage to property arising from the ideas, methods, instructions, or products mentioned in the content.