

A Review on Effects of Radiation on Adults and Children

Ramprasad R, Senthilkumar SR, J Ananthi JJ, Anil N, Jenifer G

Arulmigu Kalasalingam College of Pharmacy, Anandnagar, Krishnankoil-626126, Tamil Nadu, India

ABSTRACT

Mobile communication is now essentially ruling our daily lives through better connectivity and intelligent Smartphone services. There has been a tremendous growth in Indian communication industry along with growing concerns regarding health effects of mobile radiation exposure. As our lives are increasingly spent staring at phones, laptops and televisions. Possible adverse health effects in inhabitants living near mobile base station, Symptoms like headache, fatigue, dizziness, sleep disturbances, cardiovascular symptoms, depression and difficulties with concentration and memory. Children are also use laptops, tablets and other devices directly on their bodies are worrisome. Radiating fields are at the highest intensity at zero-distance, and are likely used in the lap for long durations of time. This increases the potential health risks, especially in children. Their parents may think giving their children cell phones is great for safety reasons, as children are then able to communicate with them or ask for help at any time. However, it is important for educated parents to realize that cell phones and other mobile devices may pose a danger in itself to their young.

Keywords: Mobile; Radiation; Electromagnetic; Health

INTRODUCTION

This topic of radiation risk and medical imaging applies to all ages. However, it is particularly important in children. Children are relatively more vulnerable to radiation than adults. This is in part due to the fact that there is a longer life expectancy in which to manifest potential radiation induced cancers, which can be life-long. Cell phones are used electromagnetic radiation in microwave range around 2.5GHS. Cell phone technology uses radiation in the giga hertz range [1-3]. Radio wave emitted from mobile phone is absorbed by human. The rate at which radiation is absorbed by the human body is measured by the Specific Absorption Rate (SAR) and its maximum level of handset is set between 1.6 to 2w/kg, averaged for 1gm tissue [4-6]. If SAR limit is above the limit, it may cause both thermal and non-thermal effects on the body especially on the ear, eyes and head [7-9].

LITERATURE REVIEW

Mobile radiation

Mobile phone radiation and health concerns have been raised, especially following the enormous increase in the use of wireless mobile telephony throughout the world. This is because cell

phones use Electromagnetic radiation in the Microwave range. These concerns have induced a large body of research in animals and in humans [10-12].

Nuclear radiation typically results from a few primary sources including neutrons, gamma rays, beta particles, and alpha particles. Just as with cell phone radiation, these particles emit energy in the form of a wave that then passes through the human body. Unlike the waves emitted from the aforementioned sources, nuclear radiation is much more likely to cause bodily harm [13-15].

There are two types of radiation: ionizing and non-ionizing.

Ionizing radiation: Ionizing radiation, flow of energy in the form of atomic and subatomic particles or electromagnetic waves that is capable of freeing electrons from an atom, causing the atom to become charged (or ionized). Ionizing radiation includes the more energetic end of the electromagnetic spectrum (X-rays and gamma rays) and subatomic particles, such as electrons, neutrons, and alpha particles (helium nuclei each comprising two protons and two neutrons). Here we are concerned with only one type of radiation, ionizing radiation, which occurs in two forms: waves or particles. There are several forms of electromagnetic radiation, which differ only in frequency and wavelength:

Correspondence to: Ramprasad R, Arulmigu Kalasalingam College of Pharmacy, Anandnagar, Krishnankoil-626126, Tamil Nadu, India, Tel: 9791882005; E-mail: rramprasad75@gmail.com

Received: February 11, 2021; **Accepted:** March 23, 2021; **Published:** March 30, 2021

Citation: Ramprasad R, Senthilkumar SR, Ananthi J, Anil N, Jenifer G (2021) A Review on Effects of Radiation on Adults and Children. J Appl Pharm. 13:286.

Copyright: © 2021 Ramprasad R, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- Infrared light
- Visible light
- Ultraviolet light
- X rays
- Gamma rays

Longer wavelength, lower frequency waves such as heat and radio have less energy than shorter wavelength, higher frequency waves like X and gamma rays. Not all electromagnetic (EM) radiation is ionizing [16-18]. Only the high frequency portion of the electromagnetic spectrum, which includes X rays and gamma rays, is ionizing. (e.g., x-rays, radon, sunlight) is high frequency (and high energy) (Figure 1).

Non-ionizing radiation (low energy is low frequency) radiation: The cell phones have non-ionizing radiation. Your phone sends radio frequency waves from its antenna to nearby cell towers. When you make a call, text, or use data, your phone receives radio frequency waves to its antenna from cell towers. Smart phones, laptops and other held devices also transmit light. These reactions with eye can be poisonous to the photo receptor cell molecules rendering them damaged. Blue light from your phone may permanently damaging eyes. Too much screen time also wreck our eyes. Pure black background with white font is really hard to read and it causes the halation. Dark mode cause eye strain [19-21].

Cell phones and vision problem

Frequently using of mobile phones leads to eye strain, blurred vision, dry eyes, sore eyes and head ache. Lower level of radiation can cause permanent damage to the lens leads to vision loss and cataracts [22-24]. Higher dose can damage the iris, conjunctiva, sclera and retina's blood vessels. Low intensity of blue light from smart phones is killed human retinal cells [25-27]. Short wave length blue light produced by low intensity displays such as smart phones have been identified as being damaging the human eye cells by a group of Koran researchers. A short wavelength blue light doubles the death rate in human retinal cell. Its 24hrs of exposure to the shortest wavelength blue light (449nm) caused the largest increase in ROS production. Almost twice as much as in control group which is kept in dark [28] (Figure 2).

“Joshua Duanaief” who research aging of retina at the university of Pennsylvania said that white light with blue wavelength peak at 449 nm, double the amount of cell death in dark control group [29,30]. ‘This study suggests that is prudent to adjust the screen brightness than needed to do the work or enjoy the entertainment (Figure 3).

Smart phone affect a children development

Children who use smart phones and tablets are risk of potential irreversible eye damage because of the blue light emission from the digital devices. When give equal radiation dose, risk for children and adolescents are greater than for adults. Children are grown quickly and their cells are also more sensitive to radiation. The most common vision problem in school age children is blurry vision, which are caused by near sight endless (myopia) far slighthness (hyperopic) and astigmatism results in blurry vision [31-33] (Figure 4).

Physical health: Less sleep is less able to focus. Unhealthy sleep cycle as kids sleep more during day and less at night (every 15 mins

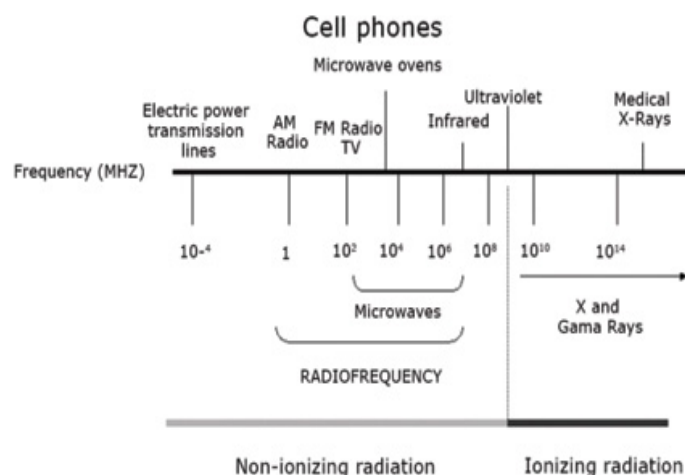


Figure 1: Various elements emitting radiofrequency and wavelength.

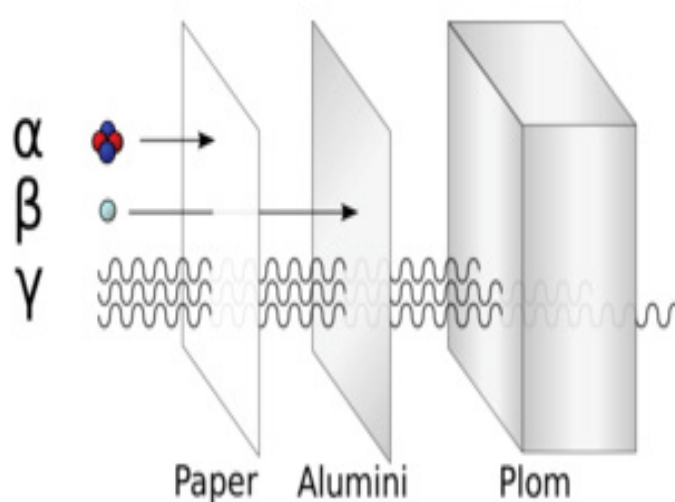


Figure 2: Transmissions of rays in various medium.

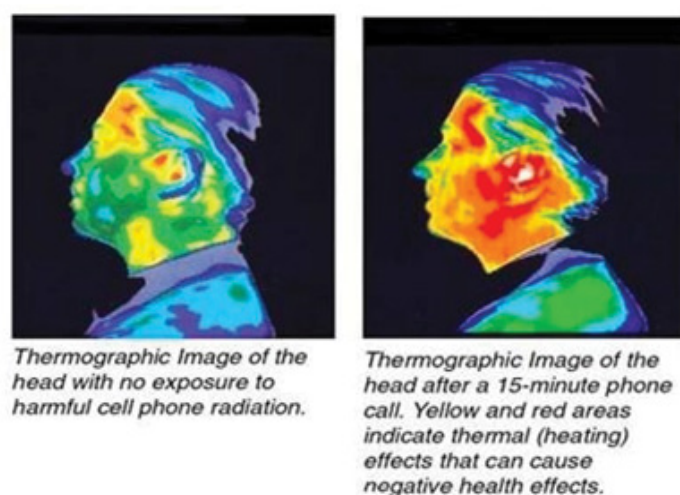


Figure 3: Before and after the cell phone usage of thermographic human head image.

uses a smart phone, they loss 60 mins of sleep). Children can affect various physical problems such as weight loss/gain, insomnia, headache, poor nutrition and eye sight problem [34,35].

Mental health: Smartphone's, those digital portals of constant information, have become so integrated into most Americans'

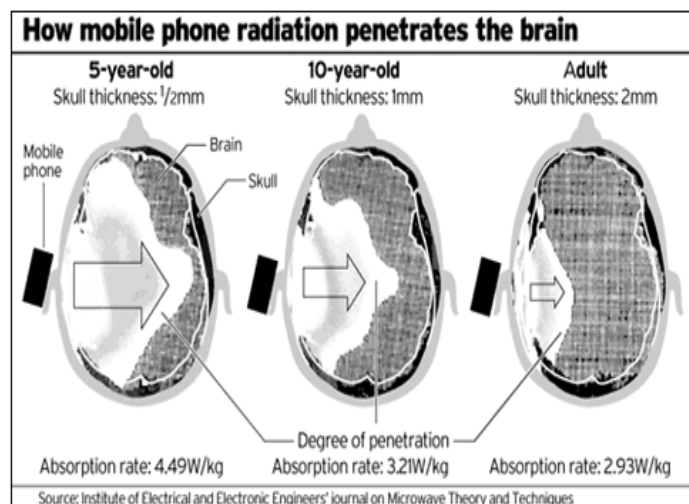


Figure 4: Explanation of the cell phone radiation penetrating the human brain.

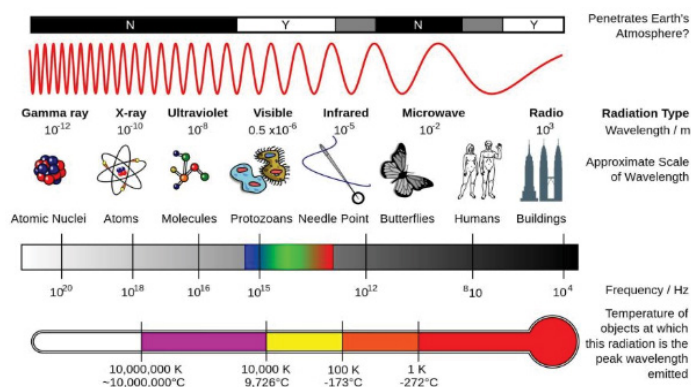


Figure 5: Explaining the various radiation wave lengths producing harmful effects in living organisms.

lives; they're like extra yet essential appendages. Some 72 percent of Americans own a Smartphone, compared to the global median of 43 percent. But studies have shown that overuse can have a negative impact on your posture, eyesight, and hearing, not to mention distract drivers and pedestrians. More recently, researchers who study the relationship of mobile phone use and mental health have also found that excessive or "maladaptive" use of our phones may be leading to greater incidences of depression and anxiety in users (Figure 5).

Behavior changes: May also become aggressive and easily irritable, Anxiety, loneliness, guilt, self-isolation, depression, agitation, and mood swings.

Physical symptoms looking at your phone screen night cause:

- Eye pain
- Eye strain
- Impaired vision
- Blinking dysfunction
- Eye dryness
- Migraines
- Photophobia
- Preventions

- Blink, blink and blink again
- Minimize glare
- Take breaks
- Adjust your brightness
- Tweak your text size and contrast
- Keep a clean screen
- Hold your phone farther away

Screen time guideline for kids

- **Younger than 18 months:** Avoid use of screen media other than vide chatting with family members.
- **Toddlers 18-24 months:** Choose high-quality programming. Parents should watch it with children and help them to understand what they are seeing
- **Pre-schooler 2-5 years:** Limit screen use time parents should co-view with children
- **Children aged six and older:** Does not take the place of adequate sleep, physical activity and other behaviour essential to health.

CONCLUSION

From this review we can know about how mobile radiation can affect the children as well as adults. More than adults the children are most affected by mobile radiation. The adults are to be aware when their children are left with mobile or any electronic gadget for entertainment, that there is risk for the child's health. We should provide good and healthy environment for our children.

REFERENCES

1. Frush DP. Radiation risks to children from medical imaging. *Revista Médica Clínica Las Condes*. 201;24(1):15-20.
2. Hossmann KA, Hermann DM. Effects of electromagnetic radiation of mobile phones on the central nervous system. *Bioelectromagnetic*. 2003;24(1):49-62.
3. Kumar G. Radiation hazards from cell phones/cell towers. IIT Bombay. 2010.
4. Gupta PC. Mobile Communications: Radio frequency electromagnetic field exposure and public safety. Doctoral dissertation, IIPA, New Delhi, India.
5. Bhargavi K, Balachandrudu KE, Nageswar P. Mobile phone radiation effects on human health. *Int J Comp Eng Res*. 2013;3(4):196-203.
6. Vignera SL, Condorelli RA, Vicari E, Agata RD, Calogero AE. Effects of the exposure to mobile phones on male reproduction: A review of the literature. *J Androl*. 2012;33(3):350-356.
7. Gandhi OP, Morgan LL, Salles AA, Han YY, Herberman RB, Davis DL. Exposure limits: The underestimation of absorbed cell phone radiation, especially in children. *Electromagn Biol Med*. 2012;31(1):34-51.
8. Bhat MA, Kumar V. Calculation of SAR and measurement of temperature change of human head due to the mobile phone waves at frequencies 900 MHz and 1800 MHz. *Advances in Physics Theories and Applications*. 2013;16.
9. Bauer J, Mahony CO, Chovan D, Mulcahy J, Silien C, Tofail SM. Thermal effects of mobile phones on human auricle region. *Journal of thermal biology*. 2019;79:56-68.

10. Lachée H, Wakeford N, Pearson I. A social history of the mobile telephone with a view of its future. *BT Technology Journal*. 2003;21(3):203-211.
11. Wasife EL Yousif K. Experimental and theoretical *in vitro* study for the effect of electromagnetic waves produced by mobile phone base station on life tissues. Doctoral Dissertation, Sudan University of Science and Technology, 2010.
12. Bhargavi K, Balachandrudu KE, Nageswar P. Mobile phone radiation effects on human health. *International Journal of Computational Engineering Research*. 2013;3(4):196-203.
13. Ahmed SN. Physics and engineering of radiation detection. Academic Press. 2007.
14. L'Annunziata MF, editor. Handbook of radioactivity analysis. Academic press. 2012.
15. Gupta PK. Radiation and Radioactive Materials. In: Problem Solving Questions in Toxicology. 2020;241-251
16. Guo K, Baidak A, Yu Z. Recent advances in green synthesis and modification of inorganic nanomaterials by ionizing and non-ionizing radiation. *J Mat Chem*. 2020;8(44):23029-23058.
17. White SC, Pharoah MJ. Oral radiology-E-Book: Principles and interpretation. Elsevier Health Sciences. 2014.
18. Parke WC. Ionizing Radiation and Life. In: Biophysics 2020;279-324.
19. Karipidis KK, Benke G, Sim MR, Kauppinen T, Giles G. Occupational exposure to ionizing and non-ionizing radiation and risk of glioma. *Occup Med*. 2007;57(7):518-524.
20. Sowa P, Talipska RJ, Sulkowska U, Rutkowski K, Rutkowski R. Ionizing and non-ionizing electromagnetic radiation in modern medicine. *Polish Ann. Med*. 2012;19(2):134-138.
21. Guo K, Baidak A, Yu Z. Recent advances in green synthesis and modification of inorganic nanomaterials by ionizing and non-ionizing radiation. *J Mat Chem A*. 2020;8(44):23029-23058.
22. Yan Z, Hu L, Chen H, Lu F. Computer Vision Syndrome: A widely spreading but largely unknown epidemic among computer users. *Comput. Hum. Behav*. 2008;24(5):2026-2042.
23. Munshi S, Varghese A, Munshi SD. Computer vision syndrome—a common cause of unexplained visual symptoms in the modern era. *Int J Clin Pract*. 2017;71(7).
24. Bali J, Neeraj N, Bali RT. Computer vision syndrome: A review. *J Clin Ophthalmol Res*. 2014;2(1):61-68.
25. Buch J, Hammond B. Photobiomodulation of the Visual System and Human Health. *Int J Mol Sci*. 2020;21(21):8020.
26. Marek V, Reboussin E, Chicaud JD, Charbonnier A, López AD, Villette T, et al. Implication of melanopsin and trigeminal neural pathways in blue light photosensitivity *in vivo*. *Front Neurosci*. 2019;22(13):497.
27. Bagheri N, Wajda B, Calvo C, Durrani A. The Wills eye manual: Office and emergency room diagnosis and treatment of eye disease. 2016.
28. Gali H, Wharton T, Sarna T, Pawlaks A. Photodynamic therapy with fullerenes. *Fullerene Research Advances*. 2007:1.
29. King A, Gottlieb E, Brooks DG, Murphy MP, Dunaief JL. Mitochondria-derived Reactive Oxygen Species Mediate Blue Light-induced Death of Retinal Pigment Epithelial Cells. *Photochem Photobiol*. 2004;79(5):470-475.
30. Hahn P, Ying GS, Beard J, Dunaief JL. Iron levels in human retina: sex difference and increase with age. *Neuroreport*. 2006;17(17):1803-1806.
31. Clark AJ, Yang P, Khaderi KR, Moshfeghi AA. Ocular tolerance of contemporary electronic display devices. *Ophthalmic Surgery, Lasers and Imaging Retina*. 2018;49(5):346-354.
32. Álvarez C. How Does the Development of Technology Affect Visual Health?
33. Byrom B, McCarthy M, Schueler P, Muehlhausen W. Brain monitoring devices in neuroscience clinical research: the potential of remote monitoring using sensors, wearables, and mobile devices. *Clin Pharmacol Ther*. 2018;104(1):59-71.
34. Coren S. Sleep thieves. 1997.
35. Espie CA. Insomnia: conceptual issues in the development, persistence, and treatment of sleep disorder in adults. *Ann Rev psychol*. 2002;53(1):215-243.