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Health Care Using Neural Network

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ABSTRACT: Disease Prediction system is based on predictive modeling predicts the disease of the user on the basis of the symptoms that user provides as an input to the system. The system analyzes the symptoms provided by the user as input and gives the probability of the disease as an output Disease Prediction is done by implementing the CNN Classifier. CNN Classifier calculates the probability of the disease suggests medicine. Suggesting diet and appropriate exercise is another merit of proposed system. Prediction of disease involves current as well as medical history of user.

KEYWORDS: CNN, disease prediction, data processing, machine learning

I. INTRODUCTION

As an important application of medical information, healthcare big data analysis has been extensively researched in the fields of intelligent consultation, disease diagnosis, intelligent question-answering doctors, and medical assistant decision support, and has made many achievements. In order to improve the comprehensiveness and pertinence of the medical examination, this paper intends to use healthcare big data analysis combined with deep learning technology to provide patients with potential diseases which is usually neglected for lacking of professional knowledge, so that patients can do targeted medical examinations to prevent health condition from getting worse. Inspired by the existing recommendation methods, this paper proposes a novel deep-learning-based hybrid recommendation algorithm, which is called medicalhistory-based potential disease prediction algorithm. The system analyzes the symptoms provided by the user as input and gives the probability of the disease as an output Disease Prediction is done by implementing the Decision tree Classifier. CNN Classifier calculates the probability of the disease. Along with disease prediction system also calculates severity of disease and as per severity of disease suggests medicine. Suggesting diet and appropriate exercise is another merit of proposed system. As an important application of medical information, healthcare big data analysis has been extensively researched in the fields of intelligent consultation, disease diagnosis, intelligent question-answering doctors, and medical assistant decision support, and has made many achievements. In order to improve the comprehensiveness and pertinence of the medical examination, this paper intends to use healthcare big data analysis combined with deep learning technology to provide patients with potential diseases which is usually neglected for lacking of professional knowledge, so that patients can do targeted medical examinations to prevent health condition from getting worse. Inspired by the existing recommendation methods, this paper proposes a novel deep-learning-based hybrid recommendation algorithm, which iscalled medical-history-based potential disease prediction algorithm. Now-a-days, people face various diseases due to the environmental condition and their living habits. So the prediction of disease at earlier stage becomes important task. But the accurate prediction on the basis of symptoms becomes too difficult for doctor. There is a need to study and make a system which will make it easy for end users to predict the chronic diseases without visiting physician or doctor for diagnosis. To detect the Various Diseases through the examining Symptoms of patient's using different techniques of Machine Learning Models.

II. LITERATURE SURVEY

The prediction of disease at earlier stage becomes important task. But the accurate prediction on the basis of symptoms becomes too difficult for doctor. There is a need to study and make a system which will make it easy for end users to predict the chronic diseases without visiting physician or doctor for diagnosis. Table 1 shows literature survey about disease prediction systems proposed in different literatures.



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| Sr. | Paper Name, | Outline | Advantages |
|-----|--|---|--|
| | Author and | Outime | Auvantages |
| | year | | |
| | A Medical- | This paper | 1) It considers both, |
| | History-Based | proposed | high-order relations as |
| | Potential | novel | well as low order |
| | Disease | deep- | combination of disease |
| | Prediction | learning- | among disease features, |
| | Algorithm, | based | 2) Improved |
| | Wenxing et al, | hybrid | comprehensiveness |
| | Access/2019 | recommen | compared to previous |
| | | dation | system. |
| | | algorithm, | |
| | | which | |
| | | predicts | |
| | | the | |
| | | patient's | |
| | | possible disease | |
| | | based on | |
| | | the | |
| | | patient's | |
| | | medical | |
| | | history and | |
| | | provides a | |
| | | reference | |
| | | to patients | |
| | | and | |
| | D · · · | doctors | |
| | Designing Disease | Proposed | 1) low time |
| | Prediction | general disease | consumption 2) minimal cost |
| | Model Using | prediction, | possible |
| | Machine | In which | 3) The accuracy of |
| | | | |
| | Learning | the living | disease prediction is |
| | Learning Approach, | the living habits of | · · |
| | Learning Approach, Dahiwade, D., | habits of person and | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., | habits of person and checkup | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, | habits of person and checkup informatio | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, | habits of person and checkup informatio n consider for the | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate prediction | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate prediction It also | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general | disease prediction is |
| | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., Xplore/2019 | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general disease | disease prediction is 84.5% |
| 3 | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., Xplore/2019 Explainable | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general disease Proposed a | disease prediction is 84.5% |
| 3 | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., Xplore/2019 Explainable Learning for | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general disease Proposed a comorbidit | disease prediction is 84.5% 1) Comfortably incorporates the |
| 3 | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., Xplore/2019 Explainable Learning for Disease Risk | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general disease Proposed a comorbidit y network | disease prediction is 84.5% |
| 3 | Learning Approach, Dahiwade, D., Patle, G., &Meshram, E., Xplore/2019 Explainable Learning for | habits of person and checkup informatio n consider for the accurate prediction It also computes the risk associated with general disease Proposed a comorbidit | disease prediction is 84.5% 1) Comfortably incorporates the |



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| | AT . 1 AT | | |
|---|--------------------------------|------------------------|--------------------------|
| | Networks, Xu, | disease risk | prediction performance |
| | Z., Zhang, J., | prediction | |
| | Zhang, Q., & Yip, P. S. F., | model. | |
| | /2019 | The | |
| | 72017 | prediction | |
| | | performan | |
| | | ces are | |
| | | demonstrat | |
| | | ed by | |
| | | using a | |
| | | real case | |
| | | study | |
| | | based on | |
| | | three years | |
| | | of medical | |
| | | histories | |
| | | from the | |
| | | Hong | |
| | | Kong | |
| | | Hospital | |
| | | Authority. | |
| 4 | Design And | This paper | 1) Accuracy is 89.77% |
| | Implementing | focused on | in spite of reducing the |
| | Heart Disease | heart | attributes. |
| | Prediction | disease | 2) The performance of |
| | Using Naives | diagnosis | AES is highly secured |
| | Bayesian, | by | compared to previous |
| | Repaka, A. N., | considerin | encrypting algorithm |
| | Ravikanti, S. | g previous data and | (PHEC). |
| | D., & Franklin, R. | informatio | |
| | G., /2019 | n. To | |
| | 0.,72017 | achieve | |
| | | this SHDP | |
| | | (Smart | |
| | | Heart | |
| | | Disease | |
| | | Prediction) | |
| | | was built | |
| | | via Navies | |
| | | Bayesian | |
| | | in order to | |
| | | predict risk | |
| | | factors | |
| | | concerning | |
| | | heart | |
| _ | <u> </u> | disease. | |
| 5 | Similar | Proposed a | 1) As the range of |
| | Disease | method to | predictions expands, |
| | Prediction | predict the | the proposed method is |
| | with | similarity | better than the disease |
| | Heterogeneous Disease | of diseases | prediction of only |
| | Information | by node | chemical-disease data |
| | Networks, | representat | source |
| | I INCLWOFKS. | ion | |



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| | Gao, J., Tian, | learning. | |
|---|-----------------|--------------|---------------------------------------|
| | L., Wang, J., | | |
| | Chen, Y., | | |
| | Song, B., & | | |
| | Hu, X., 2020 | | |
| 6 | Chatbot for | This paper | 1) This system help in |
| | Disease | explained a | reducing conduction of |
| | Prediction and | medical | daily check-ups |
| | Treatment | chatbot | 2) It identifies the |
| | | which can | · · · · · · · · · · · · · · · · · · · |
| | Recommendat | | symptoms and gives |
| | ion using | be used to | proper diagnosis. |
| | Machine | replace the | 3) Chatbot doesn't |
| | Learning, | convention | require the help of |
| | Mathew, R. | al method | physician |
| | B., Varghese, | of disease | 4) Cheaper |
| | S., Joy, S. E., | diagnosis | 5) The chat and users |
| | & Alex, S. S., | and | relation is completely |
| | Ι | treatment | personal which helps |
| | | recommen | users to be more open |
| | | dation. | with their health |
| | | Chatbot | matters |
| | | can act as a | |
| | | doctor. | |
| 7 | Chronic | The | 1) Detects and suggest |
| ' | Kidney | 1110 | diet which will be |
| | Disease | proposed | useful to the doctors as |
| | Prediction and | system use | |
| | | machine | well as patients |
| | Recommendat | learning | |
| | ion of Suitable | algorithm | |
| | Diet Plan by | and | |
| | using Machine | suggest | |
| | Learning, | suitable | |
| | Maurya, A., | diet plan | |
| | Wable, R., | for CKD | |
| | Shinde, R., | patient | |
| | John, S., | using | |
| | Jadhav, R., | classificati | |
| | &Dakshayani, | on | |
| | R., 2019 | algorithm | |
| | , =017 | on medical | |
| | | test | |
| | | records. | |
| | | This | |
| | | | |
| | | extracts the | |
| | | features | |
| | | which are | |
| | | responsible | |
| | | for CKD, | |
| | | then | |
| | | machine | |
| | | learning | |
| | | process | |
| | | can | |
| | | automate | |
| | | the | |
| | | classificati | |
| | | Classificati | |



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| | | on of the | |
| | | chronic | |
| | | kidney | |
| | | disease in | |
| | | different | |
| | | stages | |
| | | according | |
| | | to its | |
| | | severity. | |
| 8 | Designing | This | 1) The CNN takes less |
| | Disease | system | time than KNN for |
| | Prediction | compares | classifying large |
| | Model Using | CNN and | dataset. |
| | Machine | KNN for | 2) CNN gives more |
| | Learning | disease | accurate disease |
| | Approach, | prediction | prediction than KNN. |
| | Dahiwade, D., | Disease | = |
| | Patle, G., | dataset | |
| | &Meshram, | from UCI | |
| | E., | machine | |
| | | learning | |
| | | website is | |
| | | extracted | |
| | | in the form | |
| | | of disease | |
| | | list and its | |
| | | symptoms. | |
| | | Pre- | |
| | | processing | |
| | | is | |
| | | performed | |
| | | on that | |
| | | dataset. | |
| | | After that | |
| | | feature | |
| | | extracted | |
| | | - | |
| | | and selected. | |
| | | Then | |
| | | classificati | |
| | | - | |
| | | on and | |
| | | prediction | |
| | | using KNN | |
| | | and CNN | |
| | | is | |
| 0 | O | performed. | 1) T he set 1 |
| 9 | Smart Health | This paper | 1) The proposed |
| | Monitoring | deal with | system helps patient to |
| | System using | IoT which | predict heart disease in |
| | IOT and | helps to | early stages. |
| | Machine | record the | 2) It will be helpful for |
| | Learning | real time | mass screening system |
| | Techniques, | (patient) | in villages where |
| | Pandey, H., & | data using | hospital facilities are |
| | Prabha, | pulse rate | not available. |
| | S.,2020 | r | not uvunuoie. |



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| | | recorded | |
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| | | speak. | |
| | | Machine | |
| | | learning | |
| | | algorithms | |
| | | were used | |
| | | to make | |
| | | prediction | |
| | | of heart | |
| | | disease. | |
| 10 | Random | This paper | 1) The accuracy level is |
| | Forest | proposed a | greater when compared |
| | Algorithm for | system | to other algorithms. |
| | the Prediction | which | 2) The system is |
| | of Diabetes, | performs | capable of predicting |
| | VijiyaKumar, | early | the diabetes disease |
| | K., Lavanya, | prediction | effectively, efficiently |
| | B., Nirmala, | of diabetes | and instantly. |
| | I., & Caroline, | for a | |
| | S. S, 2019 | patient, | |
| | | with higher | |
| | | accuracy | |
| | | by using | |
| | | Random | |
| | | Forest | |
| | | algorithm. | |

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CNN Algorithm

Over the last decade, tremendous progress has been made in the field of artificial neural networks. Deep-layered convolutional neural networks (CNN) have demonstrated state-of-the-art results on many machine learning problems, especially image recognition tasks.CNN is one of artificial neural networks which have distinctive architectures as shown in Fig. 1; Input data of CNN are usually RGB images (3 channels) or gray-scale images (1 channel). Several convolutional or pooling layers (with or without activation functions) follows the input layer. For classification problems, one or more full connection (FC) layers are often employed. The final layer outputs prediction values (such as posterior probability or likelihood) for K kinds of objects where the input image should be classified in.

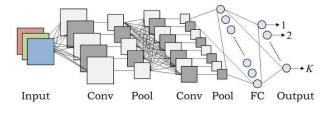


Fig 1 CNN architecture

Each layer of CNN can have a certain activation function which controls amount of output value to propagate its next layer. For intermediate layers, the rectified linear unit (ReLU)

$$f(a_i^l) = \max(0, a_i^l),$$

Note that all $i \in R$ is a sum of signals received by the i-th unit in the l-th intermediate layer. Meanwhile, for the last layer, the soft-max function is often used to obtain probabilistic outputs.



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 $f_k(\mathbf{z}) = rac{\exp(z_k)}{\sum_{\kappa=1}^K \exp(z_\kappa)},$

Note that z is a K dimensional vector where zkis a sum of signals received by the k-th unit in the last layer. Since the function is non-negative and has the unit sum property ($\lfloor kfk(z) = 1$), the value of fkimplies a class posterior probability that an input data belongs to the k-th class. Therefore, by using the soft-max function in the output layer, CNN can act a role of probability estimators for the object classification problems. As one of the distinctive properties of CNN, they have consecutive multiple feature representations which are automatically organized in their each convolutional layer through the training using given labeled instances. In spite of this interesting situation, typical dimensionality reduction methods (such as PCA) will visualize each feature representation individually, without regarding the relationships between those consecutive.

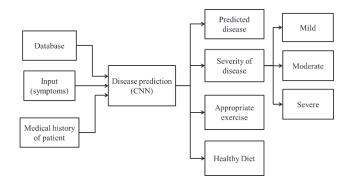
III. PROPOSED SYSTEM

The system analyzes the symptoms provided by the user as input and gives the probability of the disease as an output Disease Prediction is done by implementing the Decision tree Classifier. CNN Classifier calculates the probability of the disease. Along with disease prediction system also calculates severity of disease and as per severity of disease suggests medicine. Suggesting diet and appropriate exercise is another merit of proposed system

IV. EXISTING SYSTEM

Architecture

The correct prediction of disease is the most challenging task. To overcome this problem data mining plays an important role to predict the disease. Medical science has large amount of data growth per year. Due to increase amount of data growth in medical and healthcare field the accurate analysis on medical data which has been benefits from early patient care. This system is used to predict disease according to symptoms. As shown in figure below, database containing symptoms of different diseases is fed as input to system along with current symptoms of user and medical history of patient (when patient observed same type of symptoms before). Python based system used CNN algorithm to predict disease patient is suffering from. After predicting disease system classified disease into mild, moderate and severe conditions



V. CONCULSION

We proposed general disease prediction system based on machine learning algorithm. We utilized KNN and CNN algorithms to classify patient data because today medical data growing very vastly and that needs to process existed data for predicting exact disease based on symptoms. We got accurate general disease risk prediction as output, by giving the input as patients record which help us to understand the level of disease risk prediction. Because of this system may leads in low time consumption and minimal cost possible for disease prediction and risk prediction. We can say CNN is better than KNN in terms of accuracy and time. Accuracy of general disease risk prediction of CNN is higher as compared to other algorithms like KNN [1], Naïve Bayes, SMO, Multi-layer perceptron [4] etc. We got accurate general disease risk prediction as output, by giving the input as patients record which help us to understand the level of disease risk prediction as output, by giving the input as patients record which help us to understand the level of disease risk prediction of CNN is higher as compared to other algorithms like KNN [1], Naïve Bayes, SMO, Multi-layer perceptron [4] etc. We got accurate general disease risk prediction as output, by giving the input as patients record which help us to understand the level of disease



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risk prediction. When compared with above mention algorithms, CNN leads in low time consumption and minimal cost possible for disease prediction and risk prediction. If the system takes an image along with some noise it recognizes the image as a completely different image whereas the human visual system will identify it as the same image with the noise. User/patient has to separately book appointment with doctor if symptoms are beyond the scopeThe role played by system can sometimes be beyond the scope and user may require consulting a doctor for taking health related tests. In such situations, system can be helpful if it can be made to set up an appointment with an efficient doctor based on their schedule. Also it will be beneficial if the symptoms and disease identified by the system can be made into a report and automatically forwarded to an available doctor where he can further assist the user withmore advices and future measures to maintain their health. A video call with a specialized doctor can also be made depending on the availability of the user rather than based on the availability of doctors.

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