IJRAR.ORG



E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

Streamlining Healthcare: Multiple Disease Detection Web App for Convenient and Accurate Diagnoses

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Abstract :

This application has been developed to facilitate individuals in finding suitable medical services with utmost convenience. In many instances, seeking medical assistance necessitates visiting multiple healthcare professionals, which can prove to be highly inconvenient. However, this inconvenience is now a thing of the past, thanks to the Multiple Disease Detection web app.

With this web app, people can easily obtain a diagnosis for their medical condition from the comfort of their own space, requiring only a few medical parameters. The Multiple Disease Detection web app harnesses the power of AI technologies to provide highly accurate results to users based on their input parameters. It determines whether a person is infected with a disease or not. This web app can diagnose diseases such as Cancer, Heart Disease, Lung Disease, Kidney Disease, Malaria, and Pneumonia. For Malaria diagnosis, the web app requires an image of the cell to predict whether it is infected with Malaria. Similarly, for Pneumonia diagnosis, it expects an X-ray image from the user.

Moreover, this web app also connects users with reliable and trustworthy medical professionals at affordable prices if a disease is diagnosed. If a user is disease-free, the website will provide the reassuring output, "You are healthy!"

The Multiple Disease Detection web app is designed with an easy-to-use User Interface (UI) and offers accurate predictions, significantly simplifying people's lives. In many cases, individuals seek a doctor's diagnosis, whether they have a medical issue or not. This can sometimes result in situations where those without any medical condition receive more attention and medical services than those who are affected by a disease. To prevent such occurrences and ensure swift disease diagnosis, this website can be a valuable resource.

Furthermore, this web app alleviates the burden on healthcare professionals, enabling them to focus more on patients who are indeed afflicted by specific diseases. The target audience for this application is mature adults who take responsibility for their health and actions when using Multiple Disease Detection.

This web app can also be a valuable tool for hospitals dealing with a high volume of patients daily. Manual diagnosis of all patients would be time-consuming, and many might not receive timely diagnoses. Multiple Disease Detection is a time-friendly solution, available for use at any time.

As of 2022, approximately 2.9 billion people are using medical websites. This underscores the potential impact and significance of this website in the healthcare landscape.

Key Features of this website:

1. Free **Charge:** The website is accessible to of users without associated costs. any

2. Enhanced Safety and Security: Users can trust the website for its robust security measures, ensuring the protection of their personal information.

3. Minimal Investment: The website demands only a low investment from users, making it a cost-effective option.

4. Time and Cost Efficiency: Users can save both time and money by utilizing this efficient platform for their medical needs.

5. User-Friendly Accessibility: The website offers an easy-to-navigate interface, making it simple for users to access its services.

Chapter 1

1.1 preface

The operation of machine literacy in multiple complaint discovery represents a new approach to healthcare. This innovative approach aims to work machine literacy algorithms to give accurate prognostications regarding the liability of cases developing colorful conditions, taking into account their inheritable makeup, medical history, and other applicable factors. The primary ideal of this system is to enable early complaint opinion, thereby easing further effective treatments and perfecting patient issues. Machine literacy algorithms are particularly well- suited for complaint vaticination tasks because they can dissect expansive datasets of patient information, uncovering intricate patterns and connections that may not be incontinently apparent to mortal croakers

. By checking data from different sources, including electronic medical records, medical imagery, and inheritable biographies, these algorithms can identify implicit complaint pointers that could else go undetected through conventional individual processes. The operation of machine literacy in complaint vaticination holds tremendous eventuality to revise the field of healthcare. It promises lesser perfection and personalization in treatment, before intervention, and bettered chances of recovery. still, this approach does come with certain challenges and limitations, including the necessity for different and representative data, enterprises related to algorithmic bias, and the demand for a focus on ethical considerations. Despite these challenges, the use of machine literacy in the vaticination of colorful conditions is a fleetly evolving field with a promising future. As technology continues to advance and as further data becomes available, machine literacy algorithms will come decreasingly sophisticated and accurate. This, in turn, will affect in better case and healthcare issues. Machine literacy is at the van of rapid-fire advancements in computer wisdom, with a wide range of operations across colorful disciplines. It entails the birth of precious perceptivity from expansive datasets and finds operations in different fields, including diagnostics, business, marketing, and scientific exploration. Machine literacy encompasses colorful ways, including bracket, retrogression, and clustering. In this environment, our primary focus lies on bracket ways, which are employed to classify data into predefined groups and read unborn events or information with a high degree of delicacy and effectiveness.

1.2 Background

Healthcare and medical diagnostics have undergone remarkable advancements in recent years, with a growing emphasis on creating integrated solutions for detecting multiple diseases either simultaneously or sequentially. These advancements are driven by several significant factors:

1. Rising Disease Burden: Diseases such as diabetes, cancer, cardiovascular disease, kidney disease, liver disease, infectious diseases (e.g., malaria, pneumonia), and more have been on the rise globally. This growing burden places substantial pressure on healthcare systems, necessitating more efficient diagnostic and management strategies.

2. Critical Role of Early Detection: Research consistently demonstrates the benefits of early disease detection, which not only leads to improved patient survival rates but also reduces treatment costs and the overall impact on individuals and communities.

3. Advancements in Medical Technology: Innovations in medical technology, including highly sensitive diagnostic tests, advanced medical imaging techniques, genomics, proteomics, and the integration of artificial intelligence (AI) and machine learning in healthcare, have significantly expanded the possibilities for disease detection and risk assessment.

4. Personalized Medicine: Personalized medicine has gained prominence, recognizing that an individual's genetic makeup, lifestyle, and health history influence disease risk and response to treatment. Comprehensive detection of multiple diseases is a fundamental step in tailoring medical care to individual needs.

5. Data-Driven Healthcare: The availability of extensive healthcare data, encompassing electronic health records, data from wearable devices, and genomics information, has enabled the development of data-driven diagnostic and predictive models. These models use patient data to assess disease risk and guide clinical decisions.

6. Public Health Priorities: Addressing infectious diseases like malaria and pneumonia is pivotal for public health. Early detection, monitoring, and surveillance play essential roles in disease control and outbreak management.

7. Efficiency and Resource Optimization: Integrated systems for detecting multiple diseases offer the potential to streamline healthcare processes. They can reduce the need for redundant testing, shorten the time to diagnosis, and optimize resource allocation in healthcare facilities.

8. Global Health Security: The emergence of new and potentially pandemic-causing infectious diseases, exemplified by the COVID-19 pandemic, underscores the significance of rapid, accurate, and widespread disease detection for global health security.

9. Access to Healthcare: There is a growing acknowledgment of the necessity to expand healthcare access to underserved and remote populations. Technologies for multiple disease detection have the potential to democratize healthcare by providing cost-effective and efficient solutions deployable in various healthcare settings.

10. Collaborative Research and Development: Collaboration among healthcare providers, technology developers, research institutions, and public health agencies has propelled the development of integrated diagnostic systems, fostering innovation and technological advancements in the field.

The background of multiple disease detection is shaped by these factors, depicting a dynamic landscape in healthcare where innovation, data-driven approaches, and a focus on early detection and personalized care are the key drivers in addressing the diverse and complex healthcare challenges posed by a wide range of diseases. As technology and medical knowledge continue to advance, the development and deployment of systems for multiple disease detection become pivotal in improving healthcare outcomes and enhancing public health.

1.3 Purpose & Scope

1.3.1 Purpose

The purpose of developing a system for the detection of multiple diseases is to enhance healthcare outcomes, streamline medical diagnoses, and ultimately improve the well-being of individuals and communities. This technology aims to achieve the following critical objectives:

1. Early Disease Identification: Detecting a variety of diseases, including infectious, chronic, and rare conditions, at their earliest stages allows for timely and effective medical intervention. This early detection can significantly improve patient prognosis and reduce treatment costs.

2. Personalized Medicine: Tailoring treatment plans to an individual's specific disease profile and genetic makeup can optimize therapeutic outcomes and minimize adverse effects. Accurate disease detection is a crucial step in achieving this goal.

3. Public Health Surveillance: Comprehensive disease detection systems can aid in monitoring and managing outbreaks, thus safeguarding public health. Timely identification of communicable diseases can help control their spread and reduce the associated burden on healthcare systems.

4. Cost Efficiency: By diagnosing multiple diseases with a single system, healthcare providers can streamline diagnostic processes, reduce redundant testing, and optimize resource allocation, ultimately reducing healthcare costs.

5. Improved Access to Healthcare: These systems can be deployed in underserved and remote areas, extending healthcare access to populations that may have limited resources or medical expertise. This democratizes healthcare and reduces health disparities.

6. Data-Driven Insights: Multiple disease detection technologies generate valuable data that can be used for epidemiological research, tracking disease trends, and improving healthcare policies. These insights support evidence-based decision-making and public health strategies.

7. Enhancing Telemedicine: With the rise of telehealth and remote patient monitoring, integrated disease detection tools can empower healthcare professionals to remotely assess patients' health, make informed decisions, and offer timely guidance and treatment recommendations.

8. Preventive Health Measures: By identifying diseases early, patients can take proactive measures to manage their conditions, make necessary lifestyle changes, and reduce the risk of complications, thus promoting preventive healthcare.

9. Global Health Security: In an interconnected world, rapid detection of diseases, particularly emerging infectious threats, is essential for global health security. Early detection and containment can help prevent pandemics and protect the global population.

10. Innovation and Research: The development of multiple disease detection systems spurs innovation in the fields of medical technology, artificial intelligence, and data analytics. These advances have far-reaching implications beyond diagnostics, opening doors for breakthroughs in healthcare and medical research.

In summary, the purpose of multiple disease detection is to revolutionize healthcare by enabling early, accurate, and comprehensive disease identification, ultimately leading to improved patient outcomes, resource efficiency, and global health security. It is a critical tool in the ongoing mission to enhance healthcare access, quality, and effectiveness.

1.3.2 Scope

The scope for multiple disease detection, targeting diseases such as Diabetes, Breast Cancer, Heart Disease, Kidney Disease, Liver Disease, Malaria, and Pneumonia, is comprehensive and multifaceted, encompassing a range of objectives and considerations for improving healthcare and disease management. This scope includes:

1. Disease-Specific Detection Methods: Develop and implement specialized diagnostic methods and technologies tailored to each of the mentioned diseases. These methods may include blood tests, imaging techniques (e.g., mammography for breast cancer detection), and risk assessment tools specific to the disease in question.

2. Cross-Disease Integration: Explore opportunities for integrated diagnostics, where a single platform or system can detect multiple diseases simultaneously or sequentially. This approach can enhance efficiency and reduce the burden of separate diagnostic tests.

3. Early Detection and Prevention: Focus on early disease detection to enable timely intervention and prevention. Implement strategies for identifying risk factors and markers that indicate disease susceptibility, empowering healthcare professionals to take preventive measures.

4. Data-Driven Predictive Models: Develop data-driven models that use patient data, such as medical history, genetics, lifestyle factors, and clinical data, to predict the risk of developing these diseases. These models can facilitate personalized preventive care.

5. Point-of-Care Testing: Design and deploy point-of-care testing solutions for convenient and rapid diagnosis in various healthcare settings, including clinics, pharmacies, and even at-home testing kits.

6. Remote Monitoring: Implement remote monitoring technologies for managing chronic conditions (e.g., diabetes, heart disease, kidney disease) to track patients' health and enable timely intervention when needed.

7. AI and Machine Learning: Utilize artificial intelligence and machine learning algorithms for accurate disease detection, risk assessment, and predictive analytics. These technologies can enhance the speed and accuracy of diagnoses.

8. Public Health Initiatives: Integrate multiple disease detection into public health programs and surveillance systems to monitor and control the spread of diseases like Malaria and Pneumonia, particularly in regions with high prevalence.

9. Population Screening: Conduct systematic population screening programs for early detection of diseases with widespread impact, such as liver disease and breast cancer, with a focus on underserved communities.

10. Treatment Tailoring: Use disease detection data to guide personalized treatment plans for patients, optimizing therapeutic outcomes and minimizing adverse effects.

11. Ethical Considerations: Address ethical issues related to data privacy, consent, and responsible use of patient data in the context of multiple disease detection.

12. Regulatory Compliance: Ensure that all diagnostic methods and technologies comply with relevant medical and ethical regulations and standards.

13. Research and Development: Encourage ongoing research and development efforts to refine and expand the capabilities of multiple disease detection methods, fostering innovation and advancement in healthcare.

14. Healthcare Collaboration: Promote collaboration between healthcare providers, researchers, technology developers, and governmental health agencies to facilitate the development, deployment, and continuous improvement of these disease detection systems.

www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)

In summary, the scope for multiple disease detection of Diabetes, Breast Cancer, Heart Disease, Kidney Disease, Liver Disease, Malaria, and Pneumonia is diverse and extensive. It encompasses a range of diagnostic methods, preventive measures, data-driven technologies, and public health initiatives, all with the overarching goal of improving healthcare outcomes, reducing disease burden, and enhancing overall public health.

1.4 Objectives

Due to significant advancements in medical science, many cures for diseases have been discovered. Proper treatment at the right time can help individuals overcome dangerous diseases. However, with the increasing number of patients, hospitals are often overcrowded, making it challenging to receive a timely diagnosis. To address this issue and reduce the death rate resulting from late disease diagnosis, we have developed Mediconnect. This platform allows individuals to determine their potential illnesses with just a few medical parameters, enabling them to seek early treatment. In densely populated cities like Jharkhand and Uttar Pradesh, where there is often just one doctor for every 1200 people, this technology can significantly reduce the burden on healthcare professionals. Mediconnect facilitates rapid and early diagnosis, allowing doctors to focus their attention on patients who are infected, rather than those who only exhibit symptoms but aren't infected.



Fig 1- Solution for unavailability of doctors

1.5 Existing System Feasibility Study

A feasibility study serves as a condensed overview of the entire system analysis and design process. It starts with defining the problem. The feasibility study's objective is to determine whether the project is worth pursuing. Once the problem definition is accepted, a logical system model is developed, and alternative solutions are thoroughly analyzed. The feasibility study consists of three key parts:

1.5.1 Operational Feasibility

Operational feasibility assesses how well a proposed system addresses identified problems, takes advantage of opportunities identified during scope definition, and fulfills the requirements from the requirements analysis phase of system development. This assessment focuses on the degree to which the development project fits into the existing business environment, considering development schedule, delivery date, corporate culture, and existing business processes. It is crucial to impart desired operational outcomes during the design and development phases, including parameters like reliability, maintainability, supportability, usability, productibility, disposability, sustainability, affordability, and others.

1.5.2 Technical Feasibility

Technical feasibility explores whether the required technology for the system exists, how challenging it will be to build, and whether the organization possesses sufficient experience with that technology. The assessment is based on the system's outline design, considering input, processes, output, fields, programs, and procedures. This can be expressed in terms of data volume, trends, and update frequency to provide an introduction to the technical system. In this case, the application is built on the Windows XP platform with high configuration, making it technically feasible. The assessment focuses on understanding the present technical resources of the organization and their suitability for the proposed system.

1.5.3 Economical Feasibility

Economical feasibility aims to establish whether the proposed system is cost-effective. It evaluates if the benefits of the system outweigh the costs. Given the growing need for online social networking facilities in today's fastpaced world, this project is economically feasible. The purpose of this assessment is to determine the positive economic benefits the system will provide to the organization. It involves quantifying and identifying all expected benefits and typically includes a cost/benefit analysis.

Chapter 2: System Analysis

2.1 Feasibility Study

A feasibility study is a systematic and thorough examination conducted to determine the possibility or probability of enhancing an existing system or creating an entirely new one. This study involves a comprehensive review of the existing system, aiming to identify its limitations and disadvantages. Once the management accepts the proposal for the study, it initiates an investigation into the existing system or problem area. This investigation is conducted in close collaboration with user management and provides in-depth insights to establish the technical, operational, and economic feasibility of the proposed changes.

The purpose of an AI-based application is to keep users up-to-date and assist them in their day-to-day activities. It enables users to work more efficiently and rapidly, saving both time and money. An AI-based medical website allows users to perform self-diagnosis by simply entering relevant information, eliminating the need for lengthy queues in hospitals. Our website simplifies the process of self-diagnosis with just a single click, providing users with the convenience of finding disease-related information and potential cures from the comfort of their homes.

2.2 Developed Systems

System development is the process of defining, designing, testing, and implementing new software applications or programs. It encompasses activities such as the internal development of customized systems, the creation of database systems, or the acquisition of third-party developed software. The system development process includes practices related to designing and implementing the desired software systems, aiming to achieve specific goals and objectives. This process is structured to realize the development goals and undergo system verification for a successful outcome. The organization of the system development process is oriented toward the classification of system development objectives at various levels.

Models with their Accuracy of Prediction

Disease	Type of Model	Accuracy
Diabetes	Machine Learning Model	98.25%
Breast Cancer	Machine Learning Model	98.25%
Heart Disease	Machine Learning Model	85.25%
Kidney Disease	Machine Learning Model	99%
Liver Disease	Machine Learning Model	78%
Malaria	Deep Learning Model(CNN)	96%
Pneumonia	Deep Learning Model(CNN)	95%

2.3 Requirements

A Software Requirements Specification (SRS) is a comprehensive document that outlines the description of a software system to be developed. It is typically created after the Business Requirements Specification (CONOPS) or Stakeholder Requirements Specification (STRS) and may also be related to the System Requirements Specification (SYRS).

2.4 Hardware and Software Requirements

All computer software requires specific hardware components or other software resources to be available on a computer. These prerequisites are commonly referred to as system requirements and are usually considered as guidelines rather than strict rules. Software often specifies two sets of system requirements: minimum and recommended. As software evolves and demands higher processing power and resources, the system requirements tend to increase. This trend is a significant driver for upgrading existing computer systems, alongside technological advancements. Another interpretation of system requirements is a broader one, defining the requirements for the design of a system or subsystem.

2.4.1 Hardware Requirements

- System Processor: Intel Core i3.
- Hard Disk: 512 GB HDD.
- Monitor: 15" LED.
- Mouse: Optical Mouse.
- RAM: 4.0 GB.
- Keyboard: Standard Windows Keyboard.

2.4.2 Software Requirements

- Operating System: Windows 10.
- Coding Language: Python 3.7.
- Front-End: Flask, Python.
- Back-End: Python 3.7.
- Python Modules: TensorFlow.

(i) Hardware Interface

Hardware interfaces define the 3necessary hardware devices for the website to run, such as the type of processor and required memory.

a) Android phones, iOS devices, laptops, PCs, and other compatible devices.

b) A minimum of 35 MB of storage on the device.

(ii) Software Interface

Software interfaces define the required software components for our website to operate, primarily including the operating system and internet connectivity.

- a) Smartphones or other devices with a suitable operating system.
- b) Internet access for fetching results from the API server.
- c) Adequate disk space.
- d) Sufficient battery percentage to continue making predictions.

2.5 Functional Requirements

Functional requirements define the internal workings of the software, encompassing calculations, technical details, data manipulations, processing, and specific functionalities. They specify how user requirements are implemented and how the website interacts with users, making it more user-friendly and accessible. Functional requirements detail a specific behavior or operation of a system. Typically, each functional requirement includes a unique identifier, a brief summary, and a rationale. This information helps readers understand why the requirement is necessary and enables tracking throughout the development process. Functional requirements ensure the proper functioning of the website, including its behavior, readability of fonts, and other user-oriented aspects. This behavior can be derived from organizational and business rules or identified by experts. Functional requirements must be clear, correct, unambiguous, specific, and verifiable. The fundamental functional requirements of the system are as follows:

- Website View: The website view is highly interactive, displaying disease details with proper names and symptoms. This feature assists users in easily matching their symptoms with specific diseases for further prediction tests.

- Navigation View: The navigation view is a crucial component of our website, containing links that redirect users to specific disease pages when clicked.

- **Predict Through Images:** Our website allows users to upload images, such as X-rays or cell images from sonography reports, to determine whether they are infected or not. This functionality is particularly designed for two diseases: Pneumonia and Malaria.

2.6 Non-Functional Requirements

In systems engineering and requirements engineering, non-functional requirements specify the criteria for evaluating the system's performance rather than its specific behaviors. They differ from functional requirements, which detail specific functional behaviors. Common non-functional requirements include factors like reliability, scalability, and cost. Non-functional requirements are often referred to as the utilities of a system. The primary non-functional requirements for the system are:

- Secure Access to Confidential Data: Ensuring secure access to users' confidential information.

- 24x7 Availability: The system must be available around the clock.

- Better Component Design for Peak Performance: Optimized component design to achieve superior performance during peak usage times.

- Flexible Services-Based Architecture: A flexible architecture for future extensions.
- Regular Website and Data Updates: Keeping the website and its data up-to-date.
- Effective User Information Management: Proper management of user information.
- User Engagement: Keeping users informed and engaged with the website.

- Data Transfer to Medical Professionals: Sending data in the form of Excel sheets to the relevant medical professionals after accurate disease prediction.

2.7 Software Environment

Python:

Python is a high-level, interpreted, interactive, and object-oriented scripting language. Python is designed for readability, using English keywords extensively, and it has a simpler syntax compared to many other languages. Some key characteristics of Python are:

- Interpreted: Python is processed at runtime by the interpreter, so you don't need to compile your program before executing it.

- Interactive: Python allows you to interact directly with the interpreter, making it easy to write and test your code.

- Object-Oriented: Python supports object-oriented programming, allowing you to encapsulate code within objects.

- Beginner-Friendly: Python is an excellent language for beginners, accommodating a wide range of applications from simple text processing to web browsers and games.

History of Python:

Python was developed by Guido van Rossum in the late eighties and early nineties. It was created at the National Research Institute for Mathematics and Computer Science in the Netherlands. Python is influenced by several other languages, including ABC, Modula-3, C, C++, Algol-68, SmallTalk, and Unix shell scripting. It is now available under the GNU General Public License (GPL) and maintained by a core development team.

Python Features:

Python's features include:

- Easy-to-learn: Python has a minimal number of keywords, simple structure, and clear syntax, making it easy for beginners to pick up.

- Easy-to-read: Python code is highly readable and well-structured.
- Easy-to-maintain: Python's source code is easy to maintain.
- Broad standard library: Python has a rich library that is portable and cross-platform.
- Interactive Mode: Python supports an interactive mode for testing and debugging code.
- Portability: Python can run on various hardware platforms and maintains the same interface.
- Extendability: Python allows low-level module integration for added efficiency.
- Databases: Python offers interfaces to major commercial databases.

- GUI Programming: Python supports GUI applications across various systems, including Windows MFC, Macintosh, and X Window system.

- Scalable: Python provides a better structure for large programs than shell scripting.

Python also supports functional and structured programming, OOP, can be used as a scripting language, and provides dynamic data types, automatic garbage collection, and integration with other languages.

Getting Python:

The most current Python source code, binaries, documentation, and updates can be found on the official Python website at https://www.python.org.

Windows Installation:

To install Python on a Windows machine, follow these steps:

1. Visit https://www.python.org/downloads/ using a web browser.

- 2. Click on the Windows installer (python-XYZ.msi) where XYZ is the version you want to install.
- 3. Download the installer file to your local machine and run it to determine if your system supports MSI.

4. Run the downloaded file, which launches the Python installation wizard. Accept the default settings, wait for the installation to complete, and you're done.

First Python Program:

Python programs can be executed in different modes. In interactive mode, invoking the interpreter without a script file parameter brings up a prompt.

```
$ python
Python2.4.3(#1,Nov112010,13:34:43)
[GCC 4.1.220080704(RedHat4.1.2-48)] on linux2
Type"help","copyright","credits"or"license"for more information.
>>>
```

Type the following text at the Python prompt and press the Enter -

```
>>>print"Hello, Python!"
```

If you are running new version of Python, then you would need to use print statement withparenthesis as in print ("Hello, Python!");. However in Python version 2.4.3, this produces the following result –

Hello, Python!

Flask Framework:

Flask is a web application framework written in Python. It is developed by Armin Ronacher, who leads an international group of Python enthusiasts named Pocco. Flask is built on the Werkzeug WSGI toolkit and uses the Jinja2 template engine, both of which are also Pocco projects. The HTTP protocol forms the foundation of data communication on the World Wide Web, defining various methods for retrieving data from specified URLs.

What is Flask?

Flask is a Python API that enables the development of web applications. It was created by Armin Ronacher. Flask's framework is more explicit than Django's and is easier to learn because it requires less base code to build a simple web application. A web application framework, or web framework, is a collection of modules and libraries that aids developers in writing applications without having to deal with low-level coding such as protocols and thread management. Flask is built on the WSGI (Web Server Gateway Interface) toolkit and uses the Jinja2 template engine.

Getting Started with Flask:

To install Flask, you need Python 2.6 or a higher version. You can start by importing Flask from the Flask package in any Python IDE. For installation on any environment, you can follow the installation link provided below. To test if the installation is working, you can use the following code.

```
# an object of WSGI application
from flask import Flask
app = Flask(__name__)  # Flask constructor
# A decorator used to tell the application
# which URL is associated function
@app.route('/')
def hello():
    return 'HELLO'

if __name__=='__main__':
    app.run()
```

2.8 JUSTIFICATION OF SELECTED TECHNOLOGY

In the present age, applications have gained significant importance in the fields of Public Health and healthcare. However, the creation of websites has become a challenging task. In our AI-Based Mediconnect website, we have chosen to use the Flask framework to address this challenge. We have developed a user-friendly interface that allows users to input their symptoms and receive a diagnosis from the AI model.

Flask is an application framework in Python that has become a standard for Python web application development. It is built on the Werkzeug WSGI toolkit and uses the Jinja2 template engine. The Web Server Gateway Interface (WSGI) has a templating engine for Python, which combines a template with data sources to render dynamic web pages.

Flask is often referred to as a "micro framework" as it aims to keep the core of an application simple yet extensible. Unlike some other frameworks, Flask does not have a built-in abstraction layer for database handling or form validation support. Instead, it supports the use of extensions to add such functionality to the application. Flask is Pythonic in nature and is known for its simplicity and readability, making it a great choice for getting started quickly with web development.

When properly designed, implemented, and utilized, Health Information Technology (HIT) can play a pivotal role in transforming digital public health delivery. HIT interventions, including health apps, have the potential to enhance the performance and quality of healthcare services, reduce costs, and actively engage patients in managing their own healthcare.

For our Flask application, we set up a development environment, which involved installing necessary components. Flask's framework simplifies the process of predicting diseases and we also utilize the RandomForest for prediction. Flask is a collection of libraries and modules that empowers web application developers to create applications without the need to be concerned about low-level details such as protocols and thread management, making it an ideal choice for our project.



Chapter 3: ANALYSIS AND DESIGN

3.1 INFORMATION GATHERING

Information gathering is the process of collecting various types of data and details relevant to the targeted individual or system. The primary objective of information gathering is to identify the information needs of an organization or its users. In our project, information gathering primarily involves the analysis of patient information to diagnose diseases. This begins with the patient sharing their clinical history and symptoms for diagnosis.



Fig 2: Work flow of algorithm

Information gathering encompasses the following areas:

1. Functionalities – This involves analyzing the essential requirements of our project, such as the core functionalities of our website. It covers the overall operation of webpages and the website.

2. APIs – In this section, we provide information about the APIs used in our website.

3. Front-end Design – The analysis gives us insights into better interactivity and helps us create a user-friendly interface. It guides us in maintaining a logical flow. Front-end design focuses on the user interface elements, including components, menus, home pages, links, icons, images, and more that a webpage must have for improved interactivity. It also includes considerations for color combinations to enhance user interaction. We aim to address all the user expectations for a website to make it user-friendly.

In summary, this section delves into the core functionalities, APIs, and the front-end design of our project. It also takes into account the rules and regulations associated with systems and tools, ensuring that the project will elicit a positive response from its users.

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Fig 3: Work flow of Website

3.2 UML DIAGRAM

The Unified Modeling Language (UML) is a methodology for detailing system architecture with a blueprint that provides a comprehensive representation of the system's structure. UML encompasses a set of best engineering practices proven successful for modeling complex and large-scale systems. It plays a vital role in developing object-oriented software and the software development process. UML primarily employs graphical notations to convey the design of software projects, allowing project teams to communicate, explore potential designs, and validate the architectural design of the software.



© 2024 IJRAR January 2024, Volume 11, Issue 1 3.3 ACTIVITY DIAGRAM

Activity diagrams serve to describe the workflow behavior of a system. They are akin to state diagrams in that activities represent the state of actively doing something. These diagrams illustrate the state of activities by presenting the sequence of performed activities. Activity diagrams can depict conditional or parallel activities, thus providing a visual representation of the workflow.



4.0 Screen Shots



		Diabetes Prec				
	Number of Pregnancies e	rg. 0				
	Glucose (mg/dL) eg. 80					
	Blood Pressure (mmHg) e	eg. 80				
	Skin Thickness (mm) eg. a	20				
	Insulin Level (IU/mL) eg. 1	06				
	Body Mass Index (kg/m ²)	eg. 23.1				
	Diabetes Pedigree Functi	on eg. 0.52				
	Age (years) eg. 34					
		Predict				
Disease Predictor 127.0.0.1:5000/cancer	× +	Made with ♥ by Niraj Bharambe &	Sanajana Bhangale	Q A ^A &)	3∣tD ¢⊧ ⊕ %	-
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5.0 Conclusion

In conclusion, the preceding chapters provide a comprehensive overview of the project, "AI-Based Mediconnect - Multiple Disease Detection." This project focuses on utilizing machine learning and web-based technologies to enable early disease diagnosis and improve healthcare outcomes.

Chapter 1 introduced the project by emphasizing the significance of using machine learning to predict various diseases and the challenges associated with it. The purpose, scope, and objectives of the project were outlined, highlighting the potential to revolutionize healthcare by enhancing early diagnosis, personalized medicine, and global health security.

Chapter 2 delved into the system analysis, requirements, and software environment. It detailed the hardware and software prerequisites, and emphasized the importance of using Python, Flask, and other technologies to build the project. It also justified the choice of Flask as the web application framework for its simplicity and extensibility.

Chapter 3 focused on the analysis and design phase. Information gathering was highlighted, which involved understanding the functional requirements, APIs, and front-end design. The use of UML diagrams and activity diagrams for system modeling was explained, underscoring their significance in visualizing the project's architecture and workflow.

Throughout these chapters, it became clear that the AI-Based Mediconnect project aims to bring about a transformative change in the healthcare sector by providing a user-friendly, efficient, and interactive platform for disease detection and diagnosis. The culmination of these project aspects sets the stage for the development and implementation phases, where the vision of early disease identification and improved healthcare will come to fruition.

6.0 References

1. McPhee S.J., Papadakis M.A., Rabow M.W., editors. Current Medical Diagnosis & Treatment. McGraw-Hill Medical; New York, NY, USA: 2010. [Google Scholar]

2. Ahsan M.M., Ahad M.T., Soma F.A., Paul S., Chowdhury A., Luna S.A., Yazdan M.M.S., Rahman A., Siddique Z., Huebner P. Detecting SARS-CoV-2 From Chest X-ray Using Artificial Intelligence. IEEE Access. 2021;9:35501-35513. doi: 10.1109/ACCESS.2021.3061621. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

3. Coon E.R., Quinonez R.A., Moyer V.A., Schroeder A.R. Overdiagnosis: How our compulsion for diagnosis may be harming children. Pediatrics. 2014;134:1013-1023. doi: 10.1542/peds.2014-1778. [PubMed] [CrossRef] [Google Scholar]

4. Balogh E.P., Miller B.T., Ball J.R. Improving Diagnosis in Health Care. National Academic Press; Washington, DC, USA: 2015. [PubMed] [CrossRef] [Google Scholar]

5. Ahsan M.M., Siddique Z. Machine Learning-Based Heart Disease Diagnosis: A Systematic Literature Review. arXiv. 20212112.06459 [PubMed] [Google Scholar]

6. Ahsan M.M., E Alam T., Trafalis T., Huebner P. Deep MLP-CNN model using mixed-data to distinguish between COVID-19 and Non-COVID-19 patients. Symmetry. 2020;12:1526. doi: 10.3390/sym12091526. [CrossRef] [Google Scholar]

7. Stafford I., Kellermann M., Mossotto E., Beattie R., MacArthur B., Ennis S. A systematic review of the applications of artificial intelligence and machine learning in autoimmune diseases. NPJ Digit. Med. 2020;3:1-11. doi: 10.1038/s41746-020-0229-3. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

8. Ahsan M.M., Gupta K.D., Islam M.M., Sen S., Rahman M., Shakhawat Hossain M. COVID-19 symptoms detection based on nasnetmobile with explainable ai using various imaging modalities. Mach. Learn. Knowl. Extr. 2020;2:490–504. doi: 10.3390/make2040027. [CrossRef] [Google Scholar]

9. Samuel A.L. Some studies in machine learning using the game of checkers. IBM J. Res. Dev. 1959;3:210-229. doi: 10.1147/rd.33.0210. [CrossRef] [Google Scholar]

10. Brownlee J. Machine learning mastery with Python. Mach. Learn. Mastery Pty Ltd. 2016;527:100-120. [Google Scholar]

11. Houssein E.H., Emam M.M., Ali A.A., Suganthan P.N. Deep and machine learning techniques for medical imaging-based breast cancer: A comprehensive review. Expert Syst. Appl. 2021;167:114161. doi: 10.1016/j.eswa.2020.114161. [CrossRef] [Google Scholar]

12. Brijain M., Patel R., Kushik M., Rana K. A survey on decision tree algorithm for classification. [(accessed December 2021)];Int. J. Eng. Dev. Res. 2014 Available online: on 10 http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.673.2797 [Google Scholar]

13. Walse R.S., Kurundkar G.D., Khamitkar S.D., Muley A.A., Bhalchandra P.U., Lokhande S.N. Effective Use of Naïve Bayes, Decision Tree, and Random Forest Techniques for Analysis of Chronic Kidney Disease; Proceedings of the International Conference on Information and Communication Technology for Intelligent Systems; Ahmedabad, India. 15-

16 May 2020; Berlin/Heidelberg, Germany: Springer; 2020. pp. 237–245. [Google Scholar]

14. Rajendran K., Jayabalan M., Thiruchelvam V. Predicting breast cancer via supervised machine learning methods on class imbalanced data. Int. J. Adv. Comput. Sci. Appl. 2020;11:54-63. doi: 10.14569/IJACSA.2020.0110808. [CrossRef] [Google Scholar]

www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)

15. Tsao H.Y., Chan P.Y., Su E.C.Y. Predicting diabetic retinopathy and identifying interpretable biomedical features using machine learning algorithms. BMC Bioinform. 2018;19:111–121. doi: 10.1186/s12859-018-2277-0. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

16. Nurrohman A., Abdullah S., Murfi H. AIP Conference Proceedings. Volume 2242. AIP Publishing LLC; Melville, NY, USA: 2020. Parkinson's disease subtype classification: Application of decision tree, logistic regression and logit leaf model; p. 030015. [Google Scholar]

17. Drucker H., Wu D., Vapnik V.N. Support vector machines for spam categorization. IEEE Trans. Neural Netw. 1999;10:1048–1054. doi: 10.1109/72.788645. [PubMed] [CrossRef] [Google Scholar]

18. Fix E., Hodges J.L. Discriminatory analysis. Nonparametric discrimination: Consistency properties. Int. Stat. Rev. Int. De Stat. 1989;57:238–247. doi: 10.2307/1403797. [CrossRef] [Google Scholar]

19. Wright R.E. Reading and Understanding Multivariate Statistics. American Psychological Association; Washington, DC, USA: 1995. Logistic regression. [Google Scholar]

20. Schapire R.E. Empirical Inference. Springer; Berlin/Heidelberg, Germany: 2013. Explaining adaboost; pp. 37–52. [Google Scholar]

21. Goodfellow I., Bengio Y., Courville A. Deep Learning. MIT Press; Cambridge, MA, USA: 2016. [Google Scholar]

22. Hayashi Y. The right direction needed to develop white-box deep learning in radiology, pathology, and ophthalmology: A short review. Front. Robot. AI. 2019;6:24. doi: 10.3389/frobt.2019.00024. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

23. Akkus Z., Galimzianova A., Hoogi A., Rubin D.L., Erickson B.J. Deep learning for brain MRI segmentation: State of the art and future directions. J. Digit. Imaging. 2017;30:449–459. doi: 10.1007/s10278-017-9983-4. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

24. Yap M.H., Pons G., Martí J., Ganau S., Sentís M., Zwiggelaar R., Davison A.K., Marti R. Automated breast ultrasound lesions detection using convolutional neural networks. IEEE J. Biomed. Health Inform. 2017;22:1218–1226. doi: 10.1109/JBHI.2017.2731873. [PubMed] [CrossRef] [Google Scholar]

25. Malviya R.K., Kant R. Green supply chain management (GSCM): A structured literature review and research implications. Benchmarking Int. J. 2015;22:1360–1394. doi: 10.1108/BIJ-01-2014-0001. [CrossRef] [Google Scholar]

26. Fahimnia B., Sarkis J., Davarzani H. Green supply chain management: A review and bibliometric analysis. Int. J. Prod. Econ. 2015;162:101–114. doi: 10.1016/j.ijpe.2015.01.003. [CrossRef] [Google Scholar]

27. Motwani M., Dey D., Berman D.S., Germano G., Achenbach S., Al-Mallah M.H., Andreini D., Budoff M.J., Cademartiri F., Callister T.Q., et al. Machine learning for prediction of all-cause mortality in patients with suspected coronary artery disease: A 5-year multicentre prospective registry analysis. Eur. Heart J. 2017;38:500–507. doi: 10.1093/eurheartj/ehw188. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

28. Gray K.R., Aljabar P., Heckemann R.A., Hammers A., Rueckert D., Initiative A.D.N. Random forest-based similarity measures for multi-modal classification of Alzheimer's disease. NeuroImage. 2013;65:167–175. doi: 10.1016/j.neuroimage.2012.09.065. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

29. Mohan S., Thirumalai C., Srivastava G. Effective heart disease prediction using hybrid machine learning techniques. IEEE Access. 2019;7:81542–81554. doi: 10.1109/ACCESS.2019.2923707. [CrossRef] [Google Scholar]

30. Yadav S.S., Jadhav S.M. Deep convolutional neural network based medical image classification for disease diagnosis. J. Big Data. 2019;6:1–18. doi: 10.1186/s40537-019-0276-2. [CrossRef] [Google Scholar]

31. Zhang Y., Dong Z., Phillips P., Wang S., Ji G., Yang J., Yuan T.F. Detection of subjects and brain regions related to Alzheimer's disease using 3D MRI scans based on eigenbrain and machine learning. Front. Comput. Neurosci. 2015;9:66. doi: 10.3389/fncom.2015.00066. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

32. Austin P.C., Tu J.V., Ho J.E., Levy D., Lee D.S. Using methods from the data-mining and machine-learning literature for disease classification and prediction: A case study examining classification of heart failure subtypes. J. Clin. Epidemiol. 2013;66:398–407. doi: 10.1016/j.jclinepi.2012.11.008. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

33. Sharmila A., Geethanjali P. DWT based detection of epileptic seizure from EEG signals using naive Bayes and k-NN classifiers. IEEE Access. 2016;4:7716–7727. doi: 10.1109/ACCESS.2016.2585661. [CrossRef] [Google Scholar]

34. Lebedev A., Westman E., Van Westen G., Kramberger M., Lundervold A., Aarsland D., Soininen H., Kłoszewska I., Mecocci P., Tsolaki M., et al. Random Forest ensembles for detection and prediction of Alzheimer's disease with a good between-cohort robustness. NeuroImage Clin. 2014;6:115–125. doi: 10.1016/j.nicl.2014.08.023. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

35. Luz E.J.d.S., Nunes T.M., De Albuquerque V.H.C., Papa J.P., Menotti D. ECG arrhythmia classification based on optimum-path forest. Expert Syst. Appl. 2013;40:3561–3573. doi: 10.1016/j.eswa.2012.12.063. [CrossRef] [Google Scholar]

36. Challis E., Hurley P., Serra L., Bozzali M., Oliver S., Cercignani M. Gaussian process classification of Alzheimer's disease and mild cognitive impairment from resting-state fMRI. NeuroImage. 2015;112:232–243. doi: 10.1016/j.neuroimage.2015.02.037. [PubMed] [CrossRef] [Google Scholar]

37. Ansari A.Q., Gupta N.K. Automated diagnosis of coronary heart disease using neuro-fuzzy integrated system; Proceedings of the 2011 World Congress on Information and Communication Technologies; Mumbai, India. 11–14 December 2011; pp. 1379–1384. [Google Scholar]

38. Ahsan M.M., Mahmud M., Saha P.K., Gupta K.D., Siddique Z. Effect of data scaling methods on machine Learning algorithms and model performance. Technologies. 2021;9:52. doi: 10.3390/technologies9030052. [CrossRef] [Google Scholar]

39. Rubin J., Abreu R., Ganguli A., Nelaturi S., Matei I., Sricharan K. Recognizing abnormal heart sounds using deep learning. arXiv. 20171707.04642 [Google Scholar]

40. Miao J.H., Miao K.H. Cardiotocographic diagnosis of fetal health based on multiclass morphologic pattern predictions using deep learning classification. Int. J. Adv. Comput. Sci. Appl. 2018;9:1–11. doi: 10.14569/IJACSA.2018.090501. [CrossRef] [Google Scholar]

41. Bemando C., Miranda E., Aryuni M. Machine-Learning-Based Prediction Models of Coronary Heart Disease Using Naïve Bayes and Random Forest Algorithms; Proceedings of the 2021 International Conference on Software Engineering & Computer Systems and 4th International Conference on Computational Science and Information Management (ICSECS-ICOCSIM); Pekan, Malaysia. 24–28 August 2021; pp. 232–237. [Google Scholar]

42. Kumar R.R., Polepaka S. ICCII 2018, Proceedings of the Third International Conference on Computational Intelligence and Informatics. Springer; Singapore: 2020. Performance Comparison of Random Forest Classifier and Convolution Neural Network in Predicting Heart Diseases; pp. 683–691. [CrossRef] [Google Scholar]

43. Singh H., Navaneeth N., Pillai G. Multisurface Proximal SVM Based Decision Trees For Heart Disease Classification; Proceedings of the TENCON 2019–2019 IEEE Region 10 Conference (TENCON); Kerala, India. 17–20 October 2019; pp. 13–18. [Google Scholar]

44. Desai S.D., Giraddi S., Narayankar P., Pudakalakatti N.R., Sulegaon S. Advanced Computing and Communication Technologies. Springer; Berlin/Heidelberg, Germany: 2019. Back-propagation neural network versus logistic regression in heart disease classification; pp. 133–144. [Google Scholar]

45. Patil D.D., Singh R., Thakare V.M., Gulve A.K. Analysis of ECG Arrhythmia for Heart Disease Detection using SVM and Cuckoo Search Optimized Neural Network. Int. J. Eng. Technol. 2018;7:27–33. doi: 10.14419/ijet.v7i2.17.11553. [CrossRef] [Google Scholar]

46. Liu N., Lin Z., Cao J., Koh Z., Zhang T., Huang G.B., Ser W., Ong M.E.H. An intelligent scoring system and its application to cardiac arrest prediction. IEEE Trans. Inf. Technol. Biomed. 2012;16:1324–1331. doi: 10.1109/TITB.2012.2212448. [PubMed] [CrossRef] [Google Scholar]
47. Acharya U.R., Oh S.L., Hagiwara Y., Tan J.H., Adam M., Gertych A., San Tan R. A deep convolutional neural network model to classify heartbeats. Comput. Biol. Med. 2017;89:389–396. doi: 10.1016/j.compbiomed.2017.08.022. [PubMed] [CrossRef] [Google Scholar]

48. Yang W., Si Y., Wang D., Guo B. Automatic recognition of arrhythmia based on principal component analysis network and linear support vector machine. Comput. Biol. Med. 2018;101:22–32. doi: 10.1016/j.compbiomed.2018.08.003. [PubMed] [CrossRef] [Google Scholar]

49. Levey A.S., Coresh J. Chronic kidney disease. Lancet. 2012;379:165–180. doi: 10.1016/S0140-6736(11)60178-5. [PubMed] [CrossRef] [Google Scholar]

50. Charleonnan A., Fufaung T., Niyomwong T., Chokchueypattanakit W., Suwannawach S., Ninchawee N. Predictive analytics for chronic kidney disease using machine learning techniques; Proceedings of the 2016 Management and Innovation Technology International Conference; Bang-Saen, Chonburi, Thailand. 12–14 October 2016; pp. MIT-80–MIT-83. [Google Scholar]

51. Aljaaf A.J., Al-Jumeily D., Haglan H.M., Alloghani M., Baker T., Hussain A.J., Mustafina J. Early prediction of chronic kidney disease using machine learning supported by predictive analytics; Proceedings of the 2018 IEEE Congress on Evolutionary Computation (CEC); Rio de Janeiro, Brazil. 8–13 July 2018; pp. 1–9. [Google Scholar]

52. Ma F., Sun T., Liu L., Jing H. Detection and diagnosis of chronic kidney disease using deep learning-based heterogeneous modified artificial neural network. Future Gener. Comput. Syst. 2020;111:17–26. doi: 10.1016/j.future.2020.04.036. [CrossRef] [Google Scholar]

53. Nithya A., Appathurai A., Venkatadri N., Ramji D., Palagan C.A. Kidney disease detection and segmentation using artificial neural network and multi-kernel k-means clustering for ultrasound images. Measurement. 2020;149:106952. doi: 10.1016/j.measurement.2019.106952. [CrossRef] [Google Scholar]

54. Al Imran A., Amin M.N., Johora F.T. Classification of chronic kidney disease using logistic regression, feedforward neural network and wide & deep learning; Proceedings of the 2018 International Conference on Innovation in Engineering and Technology (ICIET); Dhaka, Bangladesh. 27–28 December 2018; pp. 1–6. [Google Scholar]

55. Navaneeth B., Suchetha M. A dynamic pooling based convolutional neural network approach to detect chronic kidney disease. Biomed. Signal Process. Control. 2020;62:102068. doi: 10.1016/j.bspc.2020.102068. [CrossRef] [Google Scholar]

56. Brunetti A., Cascarano G.D., De Feudis I., Moschetta M., Gesualdo L., Bevilacqua V. Detection and segmentation of kidneys from magnetic resonance images in patients with autosomal dominant polycystic kidney disease; Proceedings of the International Conference on Intelligent Computing; Nanchang, China. 3–6 August 2019; Berlin/Heidelberg, Germany: Springer; 2019. pp. 639–650. [Google Scholar]

57. Miranda G.H.B., Felipe J.C. Computer-aided diagnosis system based on fuzzy logic for breast cancer categorization. Comput. Biol. Med. 2015;64:334–346. doi: 10.1016/j.compbiomed.2014.10.006. [PubMed] [CrossRef] [Google Scholar]

www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138)

58. Zheng B., Yoon S.W., Lam S.S. Breast cancer diagnosis based on feature extraction using a hybrid of Kmeans and support vector machine algorithms. Expert Syst. Appl. 2014;41:1476–1482. doi: 10.1016/j.eswa.2013.08.044. [CrossRef] [Google Scholar]

59. Asri H., Mousannif H., Al Moatassime H., Noel T. Using machine learning algorithms for breast cancer risk prediction and diagnosis. Procedia Comput. Sci. 2016;83:1064–1069. doi: 10.1016/j.procs.2016.04.224. [CrossRef] [Google Scholar]

60. Mohammed S.A., Darrab S., Noaman S.A., Saake G. Analysis of breast cancer detection using different machine learning techniques; Proceedings of the International Conference on Data Mining and Big Data; Belgrade, Serbia. 14–20 July 2020; Berlin/Heidelberg, Gemany: Springer; 2020. pp. 108–117. [Google Scholar]

61. Assegie T.A. An optimized K-Nearest Neighbor based breast cancer detection. J. Robot. Control (JRC) 2021;2:115–118. doi: 10.18196/jrc.2363. [CrossRef] [Google Scholar]

62. Bhattacherjee A., Roy S., Paul S., Roy P., Kausar N., Dey N. Deep Learning and Neural Networks: Concepts, Methodologies, Tools, and Applications. IGI Global; Hershey, PA, USA: 2020. Classification approach for breast cancer detection using back propagation neural network: A study; pp. 1410–1421. [Google Scholar]

63. Alshayeji M.H., Ellethy H., Gupta R. Computer-aided detection of breast cancer on the Wisconsin dataset: An artificial neural networks approach. Biomed. Signal Process. Control. 2022;71:103141. doi: 10.1016/j.bspc.2021.103141. [CrossRef] [Google Scholar]

64. Sultana Z., Khan M.R., Jahan N. Early breast cancer detection utilizing artificial neural network. WSEAS Trans. Biol. Biomed. 2021;18:32–42. doi: 10.37394/23208.2021.18.4. [CrossRef] [Google Scholar]

65. Ghosh P., Azam S., Hasib K.M., Karim A., Jonkman M., Anwar A. A performance based study on deep learning algorithms in the effective prediction of breast cancer; Proceedings of the 2021 International Joint Conference on Neural Networks (IJCNN); Online. 18–22 July 2021; pp. 1–8. [Google Scholar]

66. Abdel-Nasser M., Rashwan H.A., Puig D., Moreno A. Analysis of tissue abnormality and breast density in mammographic images using a uniform local directional pattern. Expert Syst. Appl. 2015;42:9499–9511. doi: 10.1016/j.eswa.2015.07.072. [CrossRef] [Google Scholar]

67. Sharma S., Khanna P. Computer-aided diagnosis of malignant mammograms using Zernike moments and SVM. J. Digit. Imaging. 2015;28:77–90. doi: 10.1007/s10278-014-9719-7. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

68. Moon W.K., Chen I.L., Chang J.M., Shin S.U., Lo C.M., Chang R.F. The adaptive computer-aided diagnosis system based on tumor sizes for the classification of breast tumors detected at screening ultrasound. Ultrasonics. 2017;76:70–77. doi: 10.1016/j.ultras.2016.12.017. [PubMed] [CrossRef] [Google Scholar]

69. Lo C.M., Chan S.W., Yang Y.W., Chang Y.C., Huang C.S., Jou Y.S., Chang R.F. Feasibility testing: Threedimensional tumor mapping in different orientations of automated breast ultrasound. Ultrasound Med. Biol. 2016;42:1201–1210. doi: 10.1016/j.ultrasmedbio.2015.12.006. [PubMed] [CrossRef] [Google Scholar]

70. Venkatesh S.S., Levenback B.J., Sultan L.R., Bouzghar G., Sehgal C.M. Going beyond a first reader: A machine learning methodology for optimizing cost and performance in breast ultrasound diagnosis. Ultrasound Med. Biol. 2015;41:3148–3162. doi: 10.1016/j.ultrasmedbio.2015.07.020. [PubMed] [CrossRef] [Google Scholar]

71. Naz H., Ahuja S. Deep learning approach for diabetes prediction using PIMA Indian dataset. J. Diabetes Metab. Disord. 2020;19:391–403. doi: 10.1007/s40200-020-00520-5. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

72. Kandhasamy J.P., Balamurali S. Performance analysis of classifier models to predict diabetes mellitus. Procedia Comput. Sci. 2015;47:45–51. doi: 10.1016/j.procs.2015.03.182. [CrossRef] [Google Scholar]

73. Yahyaoui A., Jamil A., Rasheed J., Yesiltepe M. A decision support system for diabetes prediction using machine learning and deep learning techniques; Proceedings of the 2019 1st International Informatics and Software Engineering Conference (UBMYK); Ankara, Turkey. 6–7 November 2019; pp. 1–4. [Google Scholar]

74. Ashiquzzaman A., Tushar A.K., Islam M., Shon D., Im K., Park J.H., Lim D.S., Kim J. Reduction of overfitting in diabetes prediction using deep learning neural network. arXiv. 20171707.08386 [Google Scholar]

75. Alhassan Z., McGough A.S., Alshammari R., Daghstani T., Budgen D., Al Moubayed N. Type-2 diabetes mellitus diagnosis from time series clinical data using deep learning models; Proceedings of the 2019 International Conference on Artificial Neural Networks; Rhodes, Greece. 4–7 October 2018; Berlin/Heidelberg, Germany: Springer; 2018. pp. 468–478. [Google Scholar]

76. Fitriyani N.L., Syafrudin M., Alfian G., Rhee J. Development of disease prediction model based on ensemble learning approach for diabetes and hypertension. IEEE Access. 2019;7:144777–144789. doi: 10.1109/ACCESS.2019.2945129. [CrossRef] [Google Scholar]

77. Fernández-Edreira D., Liñares-Blanco J., Fernandez-Lozano C. Machine Learning analysis of the human infant gut microbiome identifies influential species in type 1 diabetes. Expert Syst. Appl. 2021;185:115648. doi: 10.1016/j.eswa.2021.115648. [CrossRef] [Google Scholar]

78. Ali A., Alrubei M.A., Hassan L.F.M., Al-Ja'afari M.A., Abdulwahed S.H. Diabetes Diagnosis based on KNN. IIUM Eng. J. 2020;21:175–181. doi: 10.31436/iiumej.v21i1.1206. [CrossRef] [Google Scholar]

79. Qtea H., Awad M. Using Hybrid Model of Particle Swarm Optimization and Multi-Layer Perceptron Neural Networks for Classification of Diabete. Int. J. Intell. Eng. Syst. 2021;14:11–22. [Google Scholar]

80. Grover S., Bhartia S., Yadav A., Seeja K.R. Predicting severity of Parkinson's disease using deep learning. Procedia Comput. Sci. 2018;132:1788–1794. doi: 10.1016/j.procs.2018.05.154. [CrossRef] [Google Scholar]

81. Sriram T.V., Rao M.V., Narayana G.S., Kaladhar D., Vital T.P.R. Intelligent Parkinson disease prediction using machine learning algorithms. Int. J. Eng. Innov. Technol. (IJEIT) 2013;3:1568–1572. [Google Scholar]

82. Esmaeilzadeh S., Yang Y., Adeli E. End-to-end Parkinson disease diagnosis using brain mr-images by 3dcnn. arXiv. 20181806.05233 [Google Scholar]

83. Warjurkar S., Ridhorkar S. A Study on Brain Tumor and Parkinson's Disease Diagnosis and Detection using Deep Learning; Proceedings of the 3rd International Conference on Integrated Intelligent Computing Communication & Security (ICIIC 2021); Online. 27–28 August 2021; Amsterdam, The Netherlands: Atlantis Press; 2021. pp. 356–364. [Google Scholar]

84. Sherly Puspha Annabel L., Sreenidhi S., Vishali N. Communication and Intelligent Systems. Springer; Berlin/Heidelberg, Germany: 2021. A Novel Diagnosis System for Parkinson's Disease Using K-means Clustering and Decision Tree; pp. 607–615. [Google Scholar]

85. Asmae O., Abdelhadi R., Bouchaib C., Sara S., Tajeddine K. Parkinson's disease identification using KNN and ANN Algorithms based on Voice Disorder; Proceedings of the 2020 1st International Conference on Innovative Research in Applied Science, Engineering and Technology (IRASET); Meknes, Morocco. 19–20 March 2020; Manhattan, NY, USA: IEEE; 2020. pp. 1–6. [Google Scholar]

86. Gürüler H. A novel diagnosis system for Parkinson's disease using complex-valued artificial neural network with k-means clustering feature weighting method. Neural Comput. Appl. 2017;28:1657–1666. doi: 10.1007/s00521-015-2142-2. [CrossRef] [Google Scholar]

87. Shetty S., Rao Y. SVM based machine learning approach to identify Parkinson's disease using gait analysis; Proceedings of the 2016 International Conference on Inventive Computation Technologies (ICICT); Coimbatore, India. 26–27 August 2016; Manhattan, NY, USA: IEEE; 2016. pp. 1–5. [Google Scholar]

88. Ahsan M.M., Nazim R., Siddique Z., Huebner P. Detection of COVID-19 patients from ct scan and chest X-ray data using modified mobilenetv2 and lime. Healthcare. 2021;9:1099. doi: 10.3390/healthcare9091099. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

89. Haghanifar A., Majdabadi M.M., Choi Y., Deivalakshmi S., Ko S. Covid-cxnet: Detecting COVID-19 in frontal chest X-ray images using deep learning. arXiv. 20202006.13807 [PMC free article] [PubMed] [Google Scholar]

90. Tahamtan A., Ardebili A. Real-time RT-PCR in COVID-19 detection: Issues affecting the results. Expert Rev. Mol. Diagn. 2020;20:453–454. doi: 10.1080/14737159.2020.1757437. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

91. Chen J., Wu L., Zhang J., Zhang L., Gong D., Zhao Y., Chen Q., Huang S., Yang M., Yang X., et al. Deep learning-based model for detecting 2019 novel coronavirus pneumonia on high-resolution computed tomography. Sci. Rep. 2020;10:19196. doi: 10.1038/s41598-020-76282-0. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

92. Ardakani A.A., Kanafi A.R., Acharya U.R., Khadem N., Mohammadi A. Application of deep learning technique to manage COVID-19 in routine clinical practice using CT images: Results of 10 convolutional neural networks. Comput. Biol. Med. 2020;121:103795. doi: 10.1016/j.compbiomed.2020.103795. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

93. Wang L., Lin Z.Q., Wong A. Covid-net: A tailored deep convolutional neural network design for detection of COVID-19 cases from chest X-ray images. Sci. Rep. 2020;10:19549. doi: 10.1038/s41598-020-76550-z. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

94. Li L., Qin L., Xu Z., Yin Y., Wang X., Kong B., Bai J., Lu Y., Fang Z., Song Q., et al. Artificial intelligence distinguishes COVID-19 from community acquired pneumonia on chest CT. Radiology. 2020 doi: 10.1148/radiol.2020200905. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

95. Hemdan E.E.D., Shouman M.A., Karar M.E. Covidx-net: A framework of deep learning classifiers to diagnose COVID-19 in X-ray images. arXiv. 20202003.11055 [Google Scholar]

96. Sethy P.K., Behera S.K. Detection of Coronavirus Disease (COVID-19) Based on Deep Features and Support Vector Machine. 2020. [(accessed on 10 December 2021)]. Available online: https://pdfs.semanticscholar.org/9da0/35f1d7372cfe52167ff301bc12d5f415caf1.pdf

97. Narin A., Kaya C., Pamuk Z. Automatic detection of coronavirus disease (COVID-19) using X-ray images and deep convolutional neural networks. Pattern Anal. Appl. 2021;24:1207–1220. doi: 10.1007/s10044-021-00984-y. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

98. Brunese L., Mercaldo F., Reginelli A., Santone A. Explainable deep learning for pulmonary disease and coronavirus COVID-19 detection from X-rays. Comput. Methods Programs Biomed. 2020;196:105608. doi: 10.1016/j.cmpb.2020.105608. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

99. Ghoshal B., Tucker A. Estimating uncertainty and interpretability in deep learning for coronavirus (COVID-19) detection. arXiv. 20202003.10769 [Google Scholar]

100. Apostolopoulos I.D., Mpesiana T.A. COVID-19: Automatic detection from X-ray images utilizing transfer learning with convolutional neural networks. Phys. Eng. Sci. Med. 2020;43:635–640. doi: 10.1007/s13246-020-00865-4. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

101. Song Y., Zheng S., Li L., Zhang X., Zhang X., Huang Z., Chen J., Wang R., Zhao H., Chong Y., et al. Deep learning enables accurate diagnosis of novel coronavirus (COVID-19) with CT images. IEEE/ACM Trans. Comput. Biol. Bioinform. 2021;18:2775–2780. doi: 10.1109/TCBB.2021.3065361. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

102. Jin C., Chen W., Cao Y., Xu Z., Tan Z., Zhang X., Deng L., Zheng C., Zhou J., Shi H., et al. Development and evaluation of an artificial intelligence system for COVID-19 diagnosis. Nat. Commun. 2020;11:5088. doi: 10.1038/s41467-020-18685-1. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

103. Graham N., Warner J. Alzheimer's Disease and Other Dementias. Family Doctor Publications Limited; Northampton, UK: 2009. [Google Scholar]

104. Neelaveni J., Devasana M.G. Alzheimer disease prediction using machine learning algorithms; Proceedings of the 2020 6th International Conference on Advanced Computing and Communication Systems (ICACCS); Coimbatore, India. 6–7 March 2020; Manhattan, NY, USA: IEEE; 2020. pp. 101–104. [Google Scholar]

105. Collij L.E., Heeman F., Kuijer J.P., Ossenkoppele R., Benedictus M.R., Möller C., Verfaillie S.C., Sanz-Arigita E.J., van Berckel B.N., van der Flier W.M., et al. Application of machine learning to arterial spin labeling in mild cognitive impairment and Alzheimer disease. Radiology. 2016;281:865–875. doi: 10.1148/radiol.2016152703. [PubMed] [CrossRef] [Google Scholar]

106. Vidushi A.R., Shrivastava A.K. Diagnosis of Alzheimer disease using machine learning approaches. Int. J. Adv. Sci. Technol. 2019;29:7062–7073. [Google Scholar]

107. Ahmed S., Kim B.C., Lee K.H., Jung H.Y., Initiative A.D.N. Ensemble of ROI-based convolutional neural network classifiers for staging the Alzheimer disease spectrum from magnetic resonance imaging. PLoS ONE. 2020;15:e0242712. doi: 10.1371/journal.pone.0242712. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

108. Nawaz H., Maqsood M., Afzal S., Aadil F., Mehmood I., Rho S. A deep feature-based real-time system for Alzheimer disease stage detection. Multimed. Tools Appl. 2020:1–19. doi: 10.1007/s11042-020-09087-y. [CrossRef] [Google Scholar]

109. Haft-Javaherian M., Fang L., Muse V., Schaffer C.B., Nishimura N., Sabuncu M.R. Deep convolutional neural networks for segmenting 3D in vivo multiphoton images of vasculature in Alzheimer disease mouse models. PLoS ONE. 2019;14:e0213539. doi: 10.1371/journal.pone.0213539. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

110. Aderghal K., Benois-Pineau J., Afdel K. Classification of sMRI for Alzheimer's disease diagnosis with CNN: Single Siamese networks with 2D+? Approach and fusion on ADNI; Proceedings of the 2017 ACM on International Conference on Multimedia Retrieval; Bucharest, Romania. 6–9 June 2017; pp. 494–498. [Google Scholar]

111. Sun M., Huang Z., Guo C. Automatic Diagnosis of Alzheimer's Disease and Mild Cognitive Impairment Based on CNN+ SVM Networks with End-to-end Training; Proceedings of the 2021 13th International Conference on Advanced Computational Intelligence (ICACI); Wanzhou, Chongqing, China. 14–16 May 2021; Manhattan, NY, USA: IEEE; 2021. pp. 279–285. [PMC free article] [PubMed] [Google Scholar]

112. Kuang J., Zhang P., Cai T., Zou Z., Li L., Wang N., Wu L. Prediction of transition from mild cognitive impairment to Alzheimer's disease based on a logistic regression–artificial neural network–decision tree model. Geriatr. Gerontol. Int. 2021;21:43–47. doi: 10.1111/ggi.14097. [PubMed] [CrossRef] [Google Scholar]

113. Manzak D., Çetinel G., Manzak A. Automated Classification of Alzheimer's Disease using Deep Neural Network (DNN) by Random Forest Feature Elimination; Proceedings of the 2019 14th International Conference on Computer Science & Education (ICCSE); Bandung, Indonesia. 14–15 October 2019; Manhattan, NY, USA: IEEE; 2019. pp. 1050–1053. [Google Scholar]

114. Mao Y., He Y., Liu L., Chen X. Disease classification based on eye movement features with decision tree and random forest. Front. Neurosci. 2020;14:798. doi: 10.3389/fnins.2020.00798. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

115. Nosseir A., Shawky M.A. Automatic classifier for skin disease using k-NN and SVM; Proceedings of the 2019 8th International Conference on Software and Information Engineering; Cairo, Egypt. 9–12 April 2019; pp. 259–262. [Google Scholar]

116. Khan M.A., Ashraf I., Alhaisoni M., Damaševičius R., Scherer R., Rehman A., Bukhari S.A.C. Multimodal brain tumor classification using deep learning and robust feature selection: A machine learning application for radiologists. Diagnostics. 2020;10:565. doi: 10.3390/diagnostics10080565. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

117. Amin J., Sharif M., Raza M., Yasmin M. Detection of brain tumor based on features fusion and machine learning. J. Ambient Intell. Human. Comput. 2018:1–17. doi: 10.1007/s12652-018-1092-9. [CrossRef] [Google Scholar]

118. Dai X., Spasić I., Meyer B., Chapman S., Andres F. Machine learning on mobile: An on-device inference app for skin cancer detection; Proceedings of the 2019 Fourth International Conference on Fog and Mobile Edge Computing (FMEC); Rome, Italy. 10–13 June 2019; Manhattan, NY, USA: IEEE; 2019. pp. 301–305. [Google Scholar]

119. Daghrir J., Tlig L., Bouchouicha M., Sayadi M. Melanoma skin cancer detection using deep learning and classical machine learning techniques: A hybrid approach; Proceedings of the 2020 5th International Conference on Advanced Technologies for Signal and Image Processing (ATSIP); Sfax, Tunisia. 2–5 September 2020; Manhattan, NY, USA: IEEE; 2020. pp. 1–5. [Google Scholar]

120. Dhaliwal J., Erdman L., Drysdale E., Rinawi F., Muir J., Walters T.D., Siddiqui I., Griffiths A.M., Church P.C. Accurate Classification of Pediatric Colonic Inflammatory Bowel Disease Subtype Using a Random Forest Machine Learning Classifier. J. Pediatr. Gastroenterol. Nutr. 2021;72:262–269. doi: 10.1097/MPG.000000000002956. [PubMed] [CrossRef] [Google Scholar]

121. Fathi M., Nemati M., Mohammadi S.M., Abbasi-Kesbi R. A machine learning approach based on SVM for classification of liver diseases. Biomed. Eng. Appl. Basis Commun. 2020;32:2050018. doi: 10.4015/S1016237220500180. [CrossRef] [Google Scholar]

122. Wang A., An N., Xia Y., Li L., Chen G. A logistic regression and artificial neural network-based approach for chronic disease prediction: A case study of hypertension; Proceedings of the 2014 IEEE International Conference on Internet of Things (iThings), and IEEE Green Computing and Communications (GreenCom) and IEEE Cyber, Physical and Social Computing (CPSCom); Taipei, Taiwan. 1–3 September 2014; Manhattan, NY, USA: IEEE; 2014. pp. 45–52. [Google Scholar]

123. Kalaiselvi T., Padmapriya S., Sriramakrishnan P., Somasundaram K. Deriving tumor detection models using convolutional neural networks from MRI of human brain scans. Int. J. Inf. Technol. 2020:1–6. doi: 10.1007/s41870-020-00438-4. [CrossRef] [Google Scholar]

124. Usman K., Rajpoot K. Brain tumor classification from multi-modality MRI using wavelets and machine learning. Pattern Anal. Appl. 2017;20:871–881. doi: 10.1007/s10044-017-0597-8. [CrossRef] [Google Scholar]

125. Waheed Z., Waheed A., Zafar M., Riaz F. An efficient machine learning approach for the detection of melanoma using dermoscopic images; Proceedings of the 2017 International Conference on Communication, Computing and Digital Systems (C-CODE); Islamabad, Pakistan. 8–9 March 2017; Manhattan, NY, USA: IEEE; 2017. pp. 316–319. [Google Scholar]

126. Kamboj A. A color-based approach for melanoma skin cancer detection; Proceedings of the 2018 First International Conference on Secure Cyber Computing and Communication (ICSCCC); Jalandhar, India. 15–17 December 2018; Manhattan, NY, USA: IEEE; 2018. pp. 508–513. [Google Scholar]

127. Magalhaes C., Tavares J.M.R., Mendes J., Vardasca R. Comparison of machine learning strategies for infrared thermography of skin cancer. Biomed. Signal Process. Control. 2021;69:102872. doi: 10.1016/j.bspc.2021.102872. [CrossRef] [Google Scholar]

128. Chen M., Zhang B., Topatana W., Cao J., Zhu H., Juengpanich S., Mao Q., Yu H., Cai X. Classification and mutation prediction based on histopathology H&E images in liver cancer using deep learning. NPJ Precis. Oncol. 2020;4:14. [PMC free article] [PubMed] [Google Scholar]

129. Das A., Acharya U.R., Panda S.S., Sabut S. Deep learning based liver cancer detection using watershed transform and Gaussian mixture model techniques. Cogn. Syst. Res. 2019;54:165–175. doi: 10.1016/j.cogsys.2018.12.009. [CrossRef] [Google Scholar]

130. Wang Y., Ji C., Wang Y., Ji M., Yang J.J., Zhou C.M. Predicting postoperative liver cancer death outcomes with machine learning. Curr. Med Res. Opin. 2021;37:629–634. doi: 10.1080/03007995.2021.1885361. [PubMed] [CrossRef] [Google Scholar]

131. Saxena R., Johri A., Deep V., Sharma P. Emerging Technologies in Data Mining and Information Security. Springer; Berlin/Heidelberg, Germany: 2019. Heart diseases prediction system using CHC-TSS Evolutionary, KNN, and decision tree classification algorithm; pp. 809–819. [Google Scholar]

132. Elsalamony H.A. Detection of anaemia disease in human red blood cells using cell signature, neural networks and SVM. Multimed. Tools Appl. 2018;77:15047–15074. doi: 10.1007/s11042-017-5088-9. [CrossRef] [Google Scholar]

133. Basheer S., Mathew R.M., Devi M.S. Ensembling Coalesce of Logistic Regression Classifier for Heart Disease Prediction using Machine Learning. Int. J. Innov. Technol. Explor. Eng. 2019;8:127–133. [Google Scholar]

134. Bharti R., Khamparia A., Shabaz M., Dhiman G., Pande S., Singh P. Prediction of heart disease using a combination of machine learning and deep learning. Comput. Intell. Neurosci. 2021;2021:8387680. doi: 10.1155/2021/8387680. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

135. Saw M., Saxena T., Kaithwas S., Yadav R., Lal N. Estimation of Prediction for Getting Heart Disease Using Logistic Regression Model of Machine Learning; Proceedings of the 2020 International Conference on Computer Communication and Informatics (ICCCI); Da Nang, Vietnam. 30 November–3 December 2020; Manhattan, NY, USA: IEEE; 2020. pp. 1–6. [Google Scholar]

136. Gill N.S., Mittal P. A computational hybrid model with two level classification using SVM and neural network for predicting the diabetes disease. J. Theor. Appl. Inf. Technol. 2016;87:1–10. [Google Scholar]

137. Sun G., Hakozaki Y., Abe S., Vinh N.Q., Matsui T. A novel infection screening method using a neural network and k-means clustering algorithm which can be applied for screening of unknown or unexpected infectious diseases. J. Infect. 2012;65:591–592. doi: 10.1016/j.jinf.2012.10.010. [PubMed] [CrossRef] [Google Scholar]

138. Yang G., Pang Z., Deen M.J., Dong M., Zhang Y.T., Lovell N., Rahmani A.M. Homecare robotic systems for healthcare 4.0: Visions and enabling technologies. IEEE J. Biomed. Health Inform. 2020;24:2535–2549. doi: 10.1109/JBHI.2020.2990529. [PubMed] [CrossRef] [Google Scholar]

139. Ngiam K.Y., Khor W. Big data and machine learning algorithms for health-care delivery. Lancet Oncol. 2019;20:e262–e273. doi: 10.1016/S1470-2045(19)30149-4. [PubMed] [CrossRef] [Google Scholar]

140. Zhang P., Schmidt D.C., White J., Lenz G. Advances in Computers. Volume 111. Elsevier; Amsterdam, The Netherlands: 2018. Blockchain technology use cases in healthcare; pp. 1–41. [Google Scholar]

141. Engelhardt M.A. Hitching healthcare to the chain: An introduction to blockchain technology in the healthcare sector. Technol. Innov. Manag. Rev. 2017;7 doi: 10.22215/timreview/1111. [CrossRef] [Google Scholar]