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Medical Diagnosis and Analysis Parametric Review using Machine Learning

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ABSTRACT: Machine learning is used to find patterns in medical data and has strong illness prediction skills. We look at several machine learning methods that may be utilized to create effective decision assistance for healthcare applications. The most essential field for developing computational techniques automatically is machine learning. Machine learning has the potential to completely transform clinical decision-making and diagnosis. Machine learning technology can help doctors by providing them with more accurate and faster answers. A doctor's goal in medical diagnosis is to explain a patient's symptoms by identifying the illnesses that are causing them. Existing machine learning diagnostic tools, on the other hand, are simply associative, finding illnesses that are highly linked to a patient's symptoms. We illustrate how this failure to distinguish correlation from cause can lead to suboptimal or even harmful diagnoses. To solve the issues, approaches in the machine learning area such as feature selection, multi-class, and multi-label techniques are presented. This seeks to gain unique and high-quality research-work offers in healthcare, which is made possible by machine learning techniques and procedures. Because it evaluates a vast quantity of data regularly, the healthcare industry is focused on expanding the capability of machine learning.

KEYWORDS: Healthcare Sectors, Providers and Facilities of Healthcare, Medical Diagnostics, Diagnosis Model, Machine Learning model, Neural Network Creating Model, Graphs.

The healthcare industry is divided into the five sectors listed below.

1. Nursing homes, surgery centers, Hospitals, physicians, and doctors are examples of healthcare providers and facilities[1].
2. Diagnostic equipment, orthopedic devices, and medical instruments are examples of medical equipment and gadgets.
3. Wholesalers and distributors of pharmaceuticals and equipment to healthcare professionals, such as pharmacies[2][3].
4. Managed care and health insurance
5. Pharmaceuticals, biotechnology, and life sciences

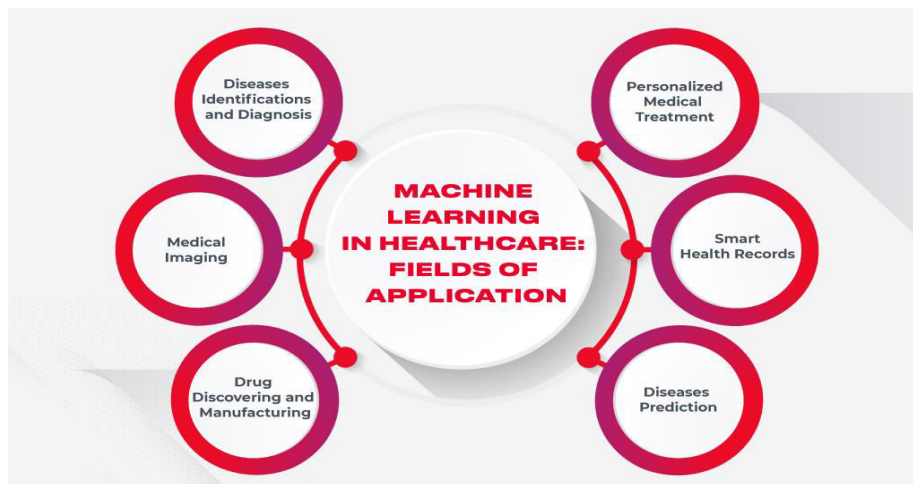


Figure 1: Machine Learning Healthcare Industry



COVID-19 increased the innovation and digitization of all of these industries, resulting in more convenience and advantages for customers and patients.

Different data are used to diseases and forecast health issues, from the ranging of social media postings to medical records[4][5].

But it's not only the consumer side that's causing havoc. Medical doctors and other healthcare professionals are also modifying their ways[6][7][8].

Medical nomads are becoming more common, and there are even sites dedicated to them. The availability of data and the knowledge gathered from it is the driving force behind such advances. It all starts with experience and schedule matching and then progresses to diagnostic tools[9][10][11].

I. PROVIDERS AND FACILITIES OF HEALTHCARE

1.1. Cancer patient for decision support

Patients with cancer have a variety of secondary illnesses as well as treatment-related side effects. It's not always clear whether or not certain signs like fever or nausea are produced through cancer, therapy, or added illnesses like the flu or a cold. Determining whether or not a patient requires hospitalization is much more difficult[12].

Not only for cancer patients but machine learning help in acute illness care is also becoming more popular.

Machine learning methodologies included XGBoost (a gradient boosting technique as well as a library for Python, Julia, Java, and other computer languages), support vector machine (SVM), random forest. When sufficient information is available, recurrent neural networks yield good outcomes[13][14].

1.2 Personalized health conducts

In medicine, modified therapies are not an innovative concept. Personalized remedies and medications were already a goal for the ancient Greeks[15]. The change to data-driven decision-making might be made On the data is based on the availability of more health data and the size of the greater population, more detailed data per specific like genotypes and phenotypes, and continuous data like continuous glucose monitoring and heartbeat frequency[16][17].

One example is tailored diabetes treatment, which benefits from machine learning algorithms. Diabetes affects over 400 million individuals worldwide. Diabetes can lead to blindness, heart attacks, strokes, as well as renal failure[18][19].

The efficacy of diabetes medicine is influenced by a variety of factors such as personal lifestyle, health, and physical activity. Furthermore, these variables alter throughout time. Therapy choices are evolving as a result of fast medical innovation.

Medical devices and devices

1.3 In analytic testing are reduced False positives and false negatives.

The minimization of false positives is required in various applications, such as sensor alerts. A false positive occurs when a test result is wrongly categorized as indicating the presence of a certain condition, such as a disease, when it is not. False negatives, on the other hand, are as important in medicine. If there is a condition present, a false negative suggests that it is not there[20].

Breast cancer is cancer that kills most women throughout the world. It is estimated that 10% to 30% of breast cancers are overlooked using current breast scanning technologies, resulting in a greater positive cancer labeling rate through radiologists. This can result in up to false 30% positives in the comprehensive diagnostic that follows. A decrease in false positives is required in this scenario.

As a result, the problem to be solved is extremely contextual and must be completely comprehended.



Machine learning approaches are used to improve false positives and false negatives in diagnosis findings. Certain data are then identified as false positives or false negatives using random forest or logistic regression – two approaches that perform well with these medical uses. Convolutional neural networks (CNNs) produce outstanding results and vastly enhance accuracy when a huge amount of data is accessible, such as COVID-19 data[21][22].

1.4 The performance of medical devices is improving, and upkeep is getting better.

With the advancement of knowledge and increasingly complex AI and machine learning applications that vastly increase the precision of outcomes, electronic medical devices are becoming more common.

Medical workers must rely on the precise operation and measurement of this equipment since they provide life-saving measurements regarding the patient's state. Otherwise, people might suffer catastrophic damage or perhaps die.

Consider a gadget with 99.9% dependability, which appears to be rather high, to get an idea of the amount of safety required. Every day, our hearts beat roughly 100,000 times. So, with a 99.9% dependability, We will remember on average every 1000th pulse, or 100 heartbeats each day, which is a significant quantity[23].

Outcomes of previous safety inspections, and prior safety inspection decisions

Decision trees have the benefit of being easy to understand while still providing the most accurate outcomes. Support Vector Machines (SVM), Random Forest, and Naive Bayes are some of the other approaches employed. There are no neural network or deep learning methods utilized because of the necessity for explainability[24].

II. A PRACTICAL APPROACH OF MACHINE LEARNING:-

2.1 Machine learning for medical diagnostics

Global healthcare systems have a basic issue in providing an accurate and accessible diagnosis. Every year, an estimated 5% of outpatients in the United States obtain the incorrect diagnosis[25]. When identifying patients with significant medical illnesses, these mistakes are more widespread, with an estimated 20% of these patients being misdiagnosed at the primary care level. One out of every three misdiagnoses causes substantial injury to the patient.

Artificial intelligence and machine learning have emerged as strong methods for addressing complicated issues in a variety of fields in recent years[26].

2.2 Diagnosis Model Setting up

Step 1: Taking the data set and dividing it

To model begin, It is divided into two parts in data set: the (70 percent) train set, which was used to select and validate models, and the test set (20 percent)[27].

The test set (30%) contains data that will be used to assess how effectively models generalize to new data[28].

Step 2: Models Evaluating

The models will next be evaluated by accuracy and memory measures[29]. To make comparing different models easier, we'll use the mean of harmonic accuracy and memory, often known as an F1 score ($F1 \text{ Score} = \frac{2 * (\text{Recall} * \text{Precision})}{(\text{Recall} + \text{Precision})}$)[30].

The scores of F1 mean obtained through every classifier in cross-validation after testing with several techniques is shown below. Because precision is the most instinctive measure, it has been put on the graph as well[31].

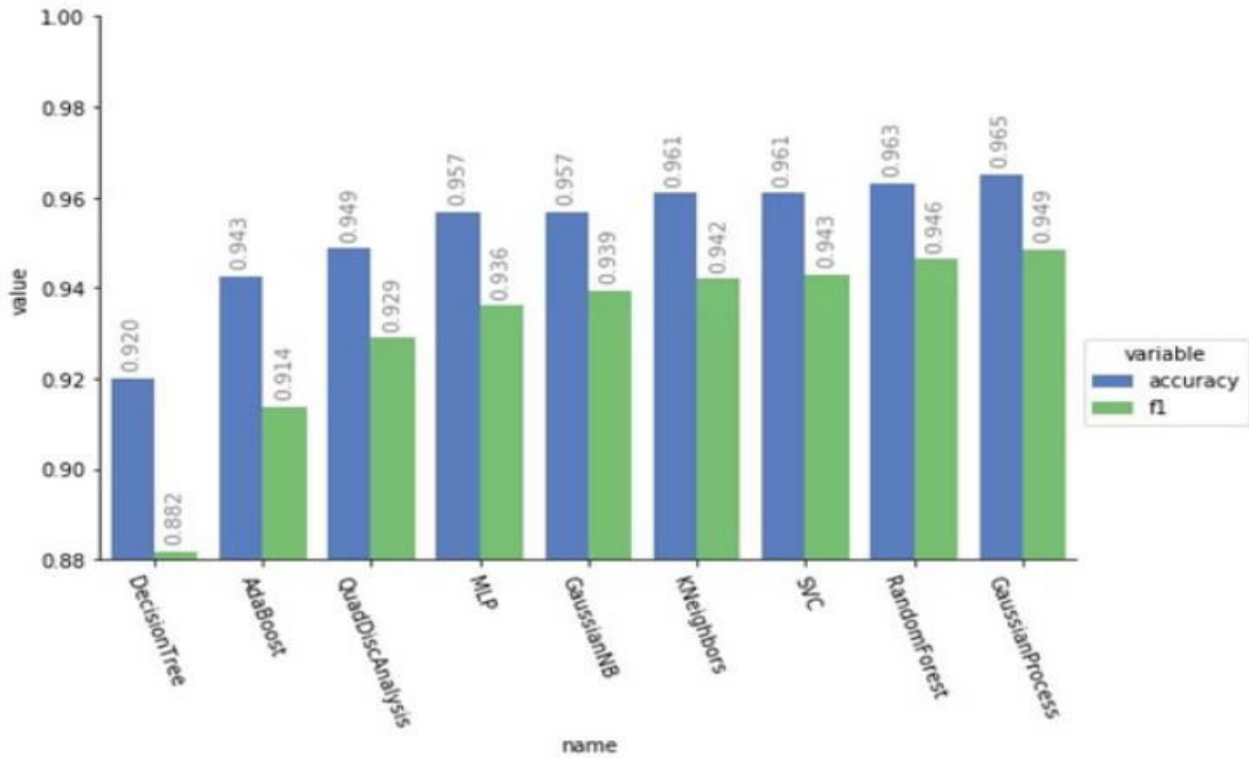


Figure 2:- Evaluating the Models

Step 3:- Machine Learning model cross-validation scores.

For example, you can see the graph from, the classifiers are doing quite well in terms of presence able to discriminate individuals with cancer from those who are healthy, with F1 scores of 0.94[32]. Where F1 has the greatest value of 1 and the worst value of 0. Bagging techniques were used to generate ensembles of these models to achieve higher ratings.

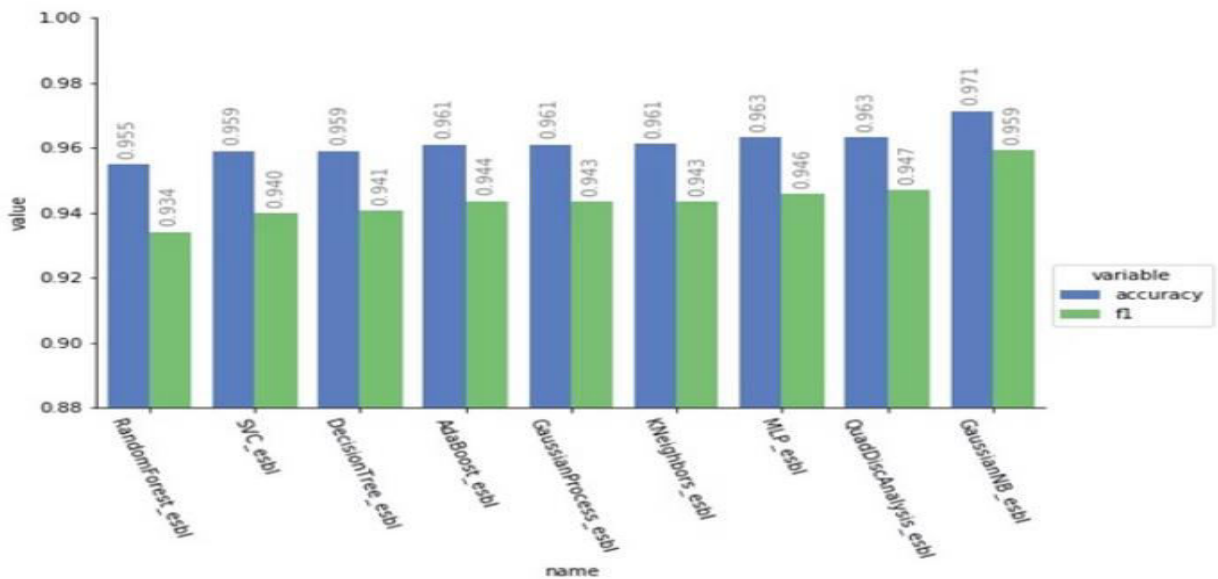


Figure 3:- Machine Learning models.



The group of cross-validation scores in Machine Learning models'.

The groups of models fared even better, obtaining 0.95 F1 scores, as illustrated in the graph.

Step 4:- A Neural Network Creating Model

A Neural Network model was constructed and refined utilizing the planning illustrated below, the above-mentioned diagnostic in addition to models[33].

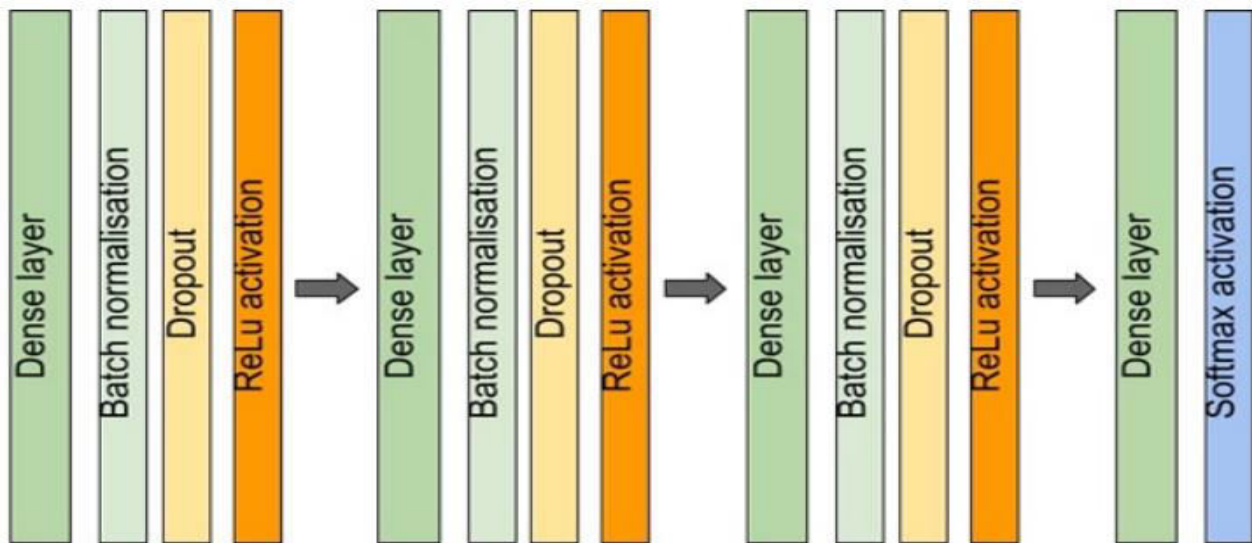


Figure 4:- Neural Network Model

The architecture of a Neural Network Model.

Cross-validation yielded F1 mean 0.97 scores for this neural network classifier. The new neural network model of this F1 score is higher than the F1 score of the best model achieved in Step 3. So far, have top three models yielded the following results[34].

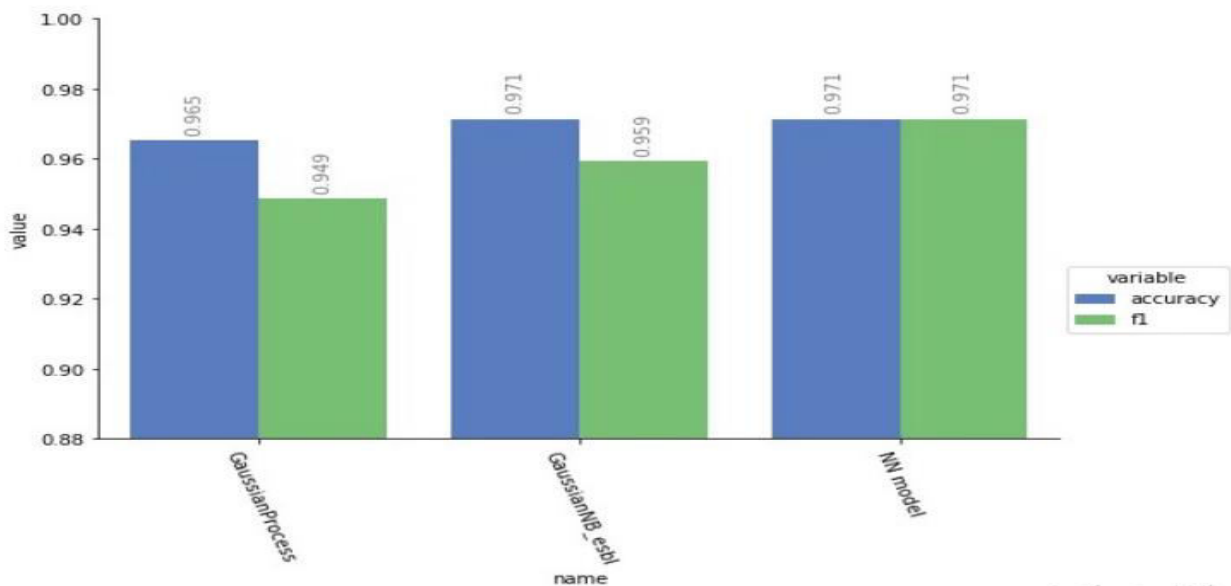


Figure 5:- Neural Network model architecture.



The top three models' cross-validation results.

Let's now assess these models using the test data set, which was previously unavailable to classifiers simulating fresh data[35]. The following are the findings, which show how well these models performed on the test data.

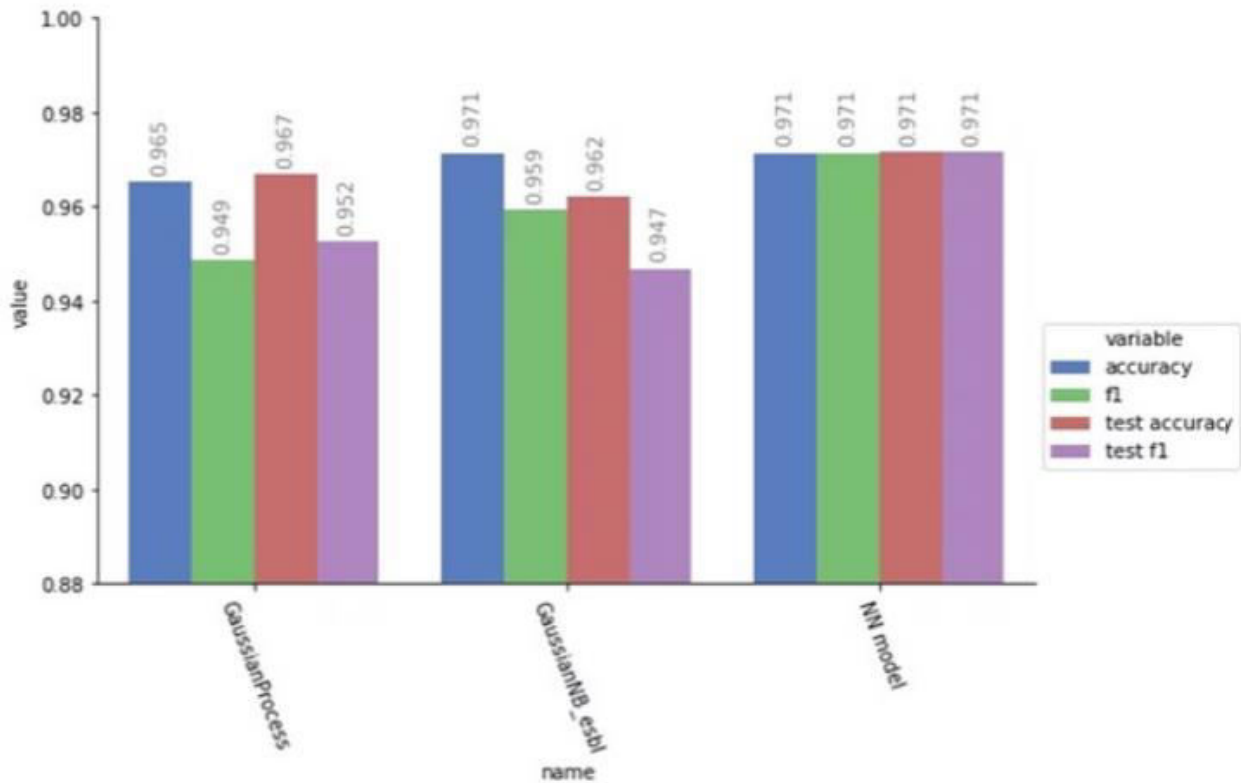


Figure 6:- Cross-validation results of the top three models

For example, demonstrated in the graph, the neural network classifier implemented improved on the test set, garnering 0.97 F1 scores[36].

Step 5: Using Receiver Operating Curves to Assess Output Value

Let's look at the (ROC) Receiver Operating Characteristic curves of classifiers to see how good their output is.

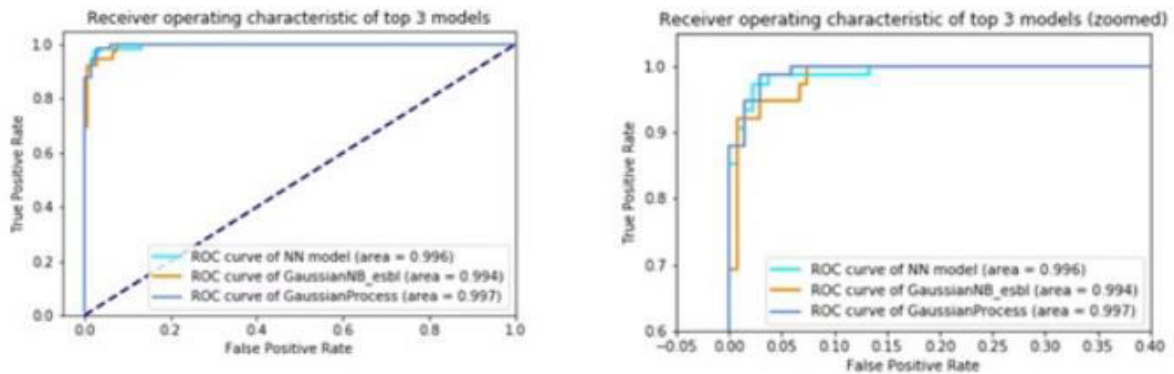


Figure 7:- Receiver Operating Characteristic



ROC graph is the efficiency of an assessed through the under area of the curve. A perfect classifier an area has of 1, whereas a useless has an area of classifier 0.5. (navycolor, dashed graph in the line). Now is the academic point classification for evaluating the effectiveness of classifiers based on the area under the curve.

0.90-1 = very good (A)

0.80-0.90 = excellent (B)

0.70-0.80 = acceptable (C)

Poor (0.60-0.70) (D)

a score of 0.50-0.60 indicates failure (F)

Such as demonstrated in the graph, all classifiers have three areas under the curve of more than 0.99, which is regarded as outstanding.

Step 6: Using Precision-Recall Curves to Assess Output Quality

Let's look at the precision-recall curves for these classifiers as well.

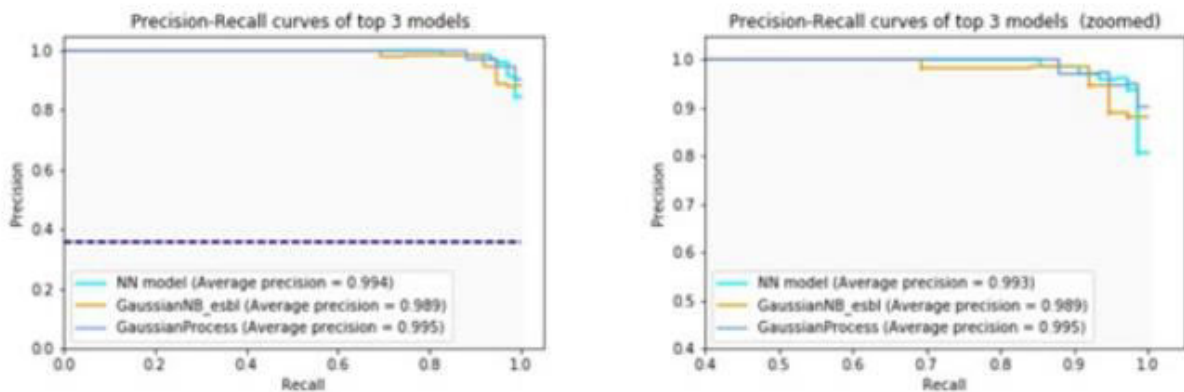


Figure 8:- Precision-Recall Curves

Step 7:-Visualizing the Decision Limitations

Finally, a word regarding the decision bounds of the models:

PCA techniques we will use to decrease the measure of the 9D feature space to 2D and show the decision limitations to obtain some graphic awareness of the data set and about the algorithm's limits.

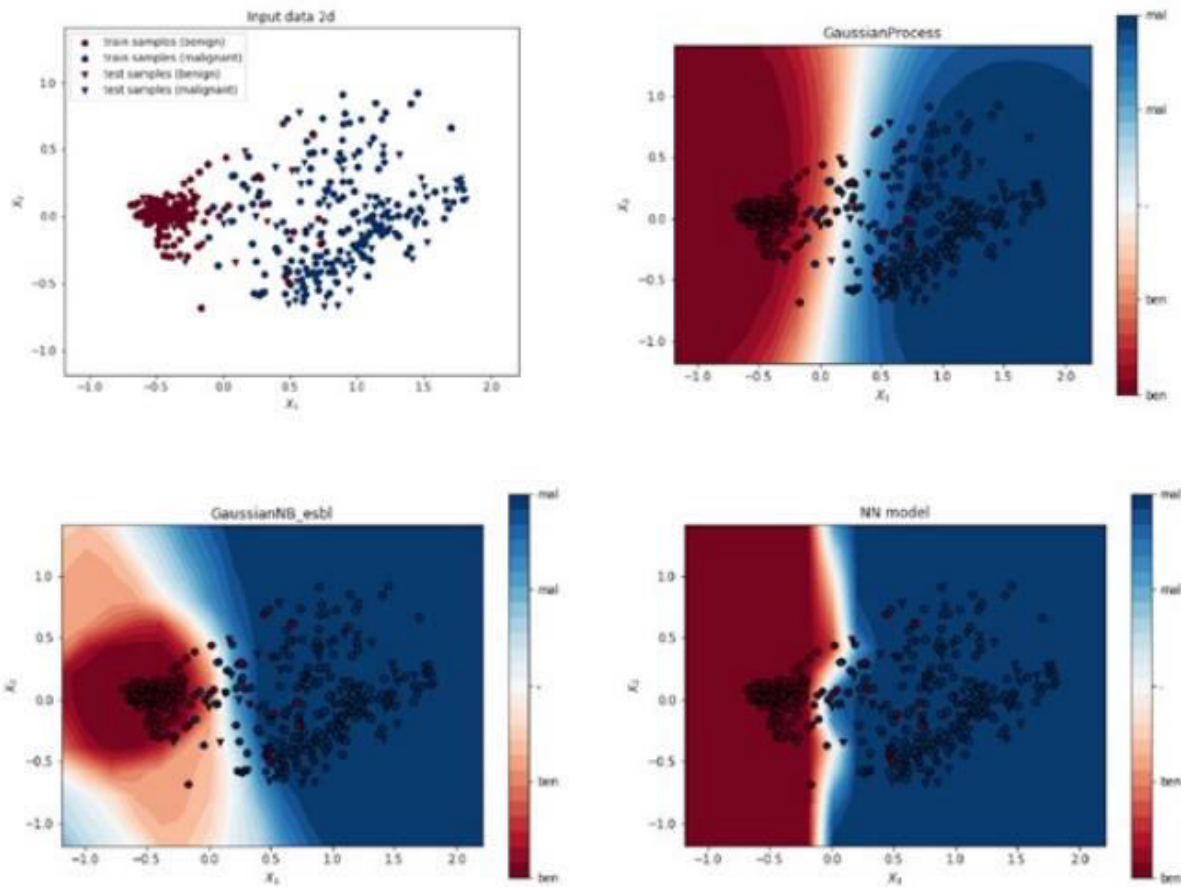


Figure 9:- Limitations of Decision Visualization

III. CONCLUSION

Practitioners can detect illnesses more successfully by combining the study of important elements and various forms of data. Machine learning is not a new technique for predicting the danger of developing illnesses, but it is becoming more diversified and accurate as time goes on. Machine Learning is currently being developed to aid in the prediction of COVID-19 infection, while there is yet insufficient quality data available. Indeed, according to BBC World (2020), the pandemic's rapid spread makes data collection problematic[37]. However, precise forecasts of the likelihood of infection, accompanying problems, and recovery rate from the COVID-19 virus may be possible in the future. Out of countless instances, these are the few probable domains where Machine Learning might assist the healthcare business. We can see how machine learning technologies may propel the healthcare and medicine sectors into new territory and radically revolutionize healthcare operations. eInfochips has vast expertise in supplying healthcare businesses with diagnostics, analysis, imaging, wearable, and telemedicine solutions. From idea and architectural definition to prototype, field testing, certification, and maintenance engineering, our team has you covered. Only if physicians and patients have faith in these systems can ML be successful. Ideally, scientific progress will include ways for making machine learning algorithms more accurate and "self-aware" when they are not. Policies like the "right to explainability" can help build trust.

REFERENCES

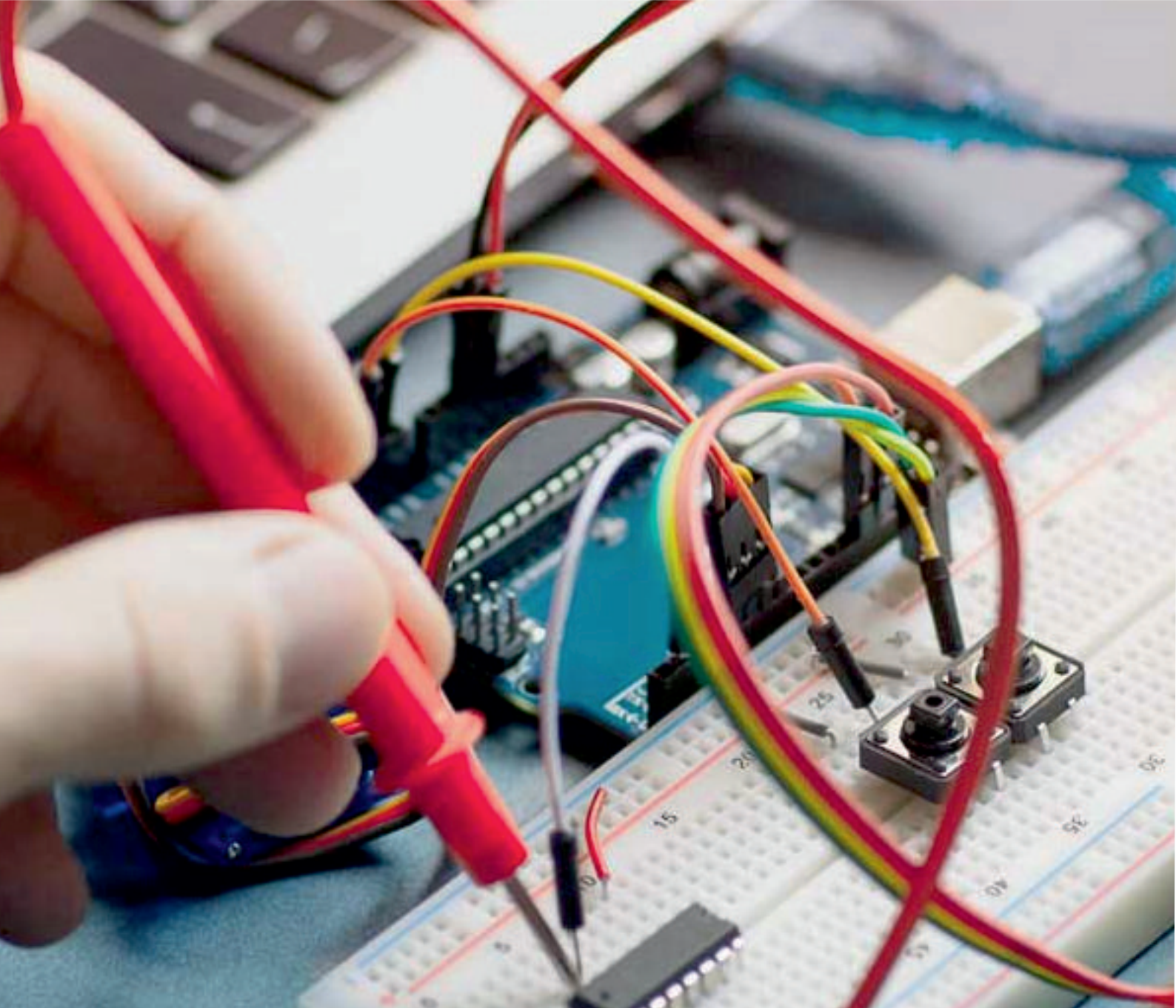
1. Jiang, Z., Dong, Z., Wang, L., & Jiang, W. (2021). Method for Diagnosis of Acute Lymphoblastic Leukemia Based on Vit-CNN Ensemble Model. *Computational Intelligence and Neuroscience*, 2021.
2. Luo, D., Qin, D., Cheng, H., Zhou, M., Zhu, D., & Ni, C. (2021). Comparison of Image Quality of Multiple Magnetic Resonance Imaging Sequences in Multiple Myeloma. *Journal of Medical Imaging and Health Informatics*, 11(2), 497-505.



3. Meraj, Talha, WaelAlosaimi, Bader Alouffi, Hafiz TayyabRauf, SwarnAvinash Kumar, RobertasDamaševičius, and HashemAlyami. "A quantization assisted U-Net study with ICA and deep features fusion for breast cancer identification using ultrasonic data." *PeerJ Computer Science* 7 (2021): e805.
4. El Hussein, S., Chen, P., Medeiros, L. J., Wistuba, I. I., Jaffray, D., Wu, J., &Khoury, J. D. (2022). Artificial intelligence strategy integrating morphologic and architectural biomarkers provides robust diagnostic accuracy for disease progression in chronic lymphocytic leukemia. *The Journal of Pathology*, 256(1), 4-14.
5. Kumar, S. A., García-Magariño, I., Nasralla, M. M., &Nazir, S. (2021). Agent-Based Simulators for Empowering Patients in Self-Care Programs Using Mobile Agents with Machine Learning. *Mobile Information Systems*, 2021.
6. Kumar, S. A., Nasralla, M. M., García-Magariño, I., & Kumar, H. (2021). A machine-learning scraping tool for data fusion in the analysis of sentiments about pandemics for supporting business decisions with human-centric AI explanations. *PeerJ Computer Science*, 7, e713.
7. Suryaganesh, M., Arun Samuel, T. S., Ananth Kumar, T., &NavaneethaVelammal, M. (2022). Advanced FET-Based Biosensors—A Detailed Review. *Contemporary Issues in Communication, Cloud and Big Data Analytics*, 273-284.
8. Thiruvikraman, P., Kumar, T. A., Rajmohan, R., &Pavithra, M. (2021). A Survey on Haze Removal Techniques in Satellite Images. *Irish Interdisciplinary Journal of Science & Research (IIJSR)*, 5(2), 01-06.
9. Mostafa, A. M., Kumar, S. A., Meraj, T., Rauf, H. T., Alnuaim, A. A., &Alkhayyal, M. A. (2022). Guava Disease Detection Using Deep Convolutional Neural Networks: A Case Study of Guava Plants. *Applied Sciences*, 12(1), 239.
10. Simsek, E., Badem, H., &Okumus, I. T. (2022). Leukemia Sub-Type Classification by Using Machine Learning Techniques on Gene Expression. In *Proceedings of Sixth International Congress on Information and Communication Technology* (pp. 629-637). Springer, Singapore.
11. Kumar, S. A., Kumar, H., Dutt, V., &Soni, H. (2021, February). Self-Health Analysis with Two-Step Histogram based Procedure using Machine Learning. In *2021 Third International Conference on Intelligent Communication Technologies and Virtual Mobile Networks (ICICV)* (pp. 794-799). IEEE.
12. Kumar, S. A., Kumar, A., Dutt, V., & Agrawal, R. (2021, February). Multi-Model Implementation on General Medicine Prediction with Quantum Neural Networks. In *2021 Third International Conference on Intelligent Communication Technologies and Virtual Mobile Networks (ICICV)* (pp. 1391-1395). IEEE.
13. A of, A. M. B., Awad, E. A., Omer, S. R., Ibraheem, B. A., & Mustafa, Z. A. (2022). A Computer-Aided Diagnoses Program for Leukemia Detection Using Blood Samples. *Journal of Clinical Engineering*, 47(1), 44-49.
14. Kumar, S. A., Kumar, H., Swarna, S. R., &Dutt, V. (2020). Early Diagnosis and Prediction of Recurrent Cancer Occurrence in a Patient Using Machine Learning. *European Journal of Molecular & Clinical Medicine*, 7(7), 6785-6794.
15. Glorindal, G., Mozhiselvi, S. A., Kumar, T. A., Kumaran, K., Katema, P. C., &Kandimba, T. (2021, July). A Simplified Approach for Melanoma Skin Disease Identification. In *2021 International Conference on System, Computation, Automation, and Networking (ICSCAN)* (pp. 1-5). IEEE.
16. Kumar, S. A., Kumar, H., Dutt, V., & Dixit, P. (2020). The Role of Machine Learning in COVID-19 in Medical Domain: A Survey. *Journal on Recent Innovation in Cloud Computing, Virtualization & Web Applications [ISSN: 2581-544X (Online)]*, 4(1).
17. Kumar, K. S., Radhamani, A. S., Sundaresan, S., & Kumar, T. A. (2021). Medical Image Classification and Manifold Disease Identification through Convolutional Neural Networks: A Research Perspective. *Handbook of Deep Learning in Biomedical Engineering and Health Informatics*, 203-225.
18. Kumar, S. A., Kumar, H., Dutt, V., &Swarnkar, H. (2020). COVID-19 Pandemic analysis using SVM Classifier: Machine Learning in Health Domain. *Global Journal on Application of Data Science and Internet of Things [ISSN: 2581-4370 (online)]*, 4(1).
19. Suresh, K. K., Sundaresan, S., Nishanth, R., &Ananth, K. T. (2021). Optimization and Deep Learning–Based Content Retrieval, Indexing, and Metric Learning Approach for Medical Images. *Computational Analysis and Deep Learning for Medical Care: Principles, Methods, and Applications*, 79-106.
20. Kumar, S. A., Kumar, H., Dutt, V., & Dixit, P. (2020). Deep Analysis of COVID-19 Pandemic using Machine Learning Techniques. *Global Journal on Innovation, Opportunities, and Challenges in Applied Artificial Intelligence and Machine Learning [ISSN: 2581-5156 (online)]*, 4(2).
21. Kumar, TamilarasanAnanth, RajendranRajmohan, MuthuPavithra, Sunday AdeolaAjagbe, Rania Hodhod, and TarekGaber. "Automatic Face Mask Detection System in Public Transportation in Smart Cities Using IoT and Deep Learning." *Electronics* 11, no. 6 (2022): 904.
22. Kumar, S. A., Kumar, H., Dutt, V., &Swarnkar, H. (2020). Role of Machine Learning in Pattern Evaluation of COVID-19 Pandemic: A Study for Attribute Explorations and Correlations Discovery among Variables. *Global Journal on Application of Data Science and Internet of Things [ISSN: 2581-4370 (online)]*, 4(2).



23. Das, P. K., Pradhan, A., & Meher, S. (2021). Detection of Acute Lymphoblastic Leukemia Using Machine Learning Techniques. In *Machine Learning, Deep Learning and Computational Intelligence for Wireless Communication* (pp. 425-437). Springer, Singapore.
24. KUMAR, S. A., KUMAR, H., DUTT, V., & SWARNKAR, H. (2019). CONTRIBUTION OF MACHINE LEARNING TECHNIQUES TO DETECT DISEASE IN-PATIENTS: A COMPREHENSIVE ANALYSIS OF CLASSIFICATION TECHNIQUES. *Global Journal on Innovation, Opportunities and Challenges in Applied Artificial Intelligence and Machine Learning* [ISSN: 2581-5156 (online)], 3(1).
25. Pavithra, M., Rajmohan, R., Kumar, T. A., & Sandhya, S. G. (2021). An Overview of Convolutional Neural Network Architecture and Its Variants in Medical Diagnostics of Cancer and Covid-19. *Handbook of Deep Learning in Biomedical Engineering and Health Informatics*, 25-49.
26. Kumar, T. A., Julie, E. G., Robinson, Y. H., & Jaisakthi, S. M. (Eds.). (2021). *Simulation and Analysis of Mathematical Methods in Real-Time Engineering Applications*. John Wiley & Sons.
27. Kumar, A., Chatterjee, J. M., Choudhuri, A., & Rathore, P. S. (2018, November). A Collaborative Method for Minimizing Tampering of Image with Commuted Concept of Fragile Watermarking. In *International Conference On Computational Vision and Bio-Inspired Computing* (pp. 985-994). Springer, Cham.
28. KUMAR, A. (2018). FACE RECOGNITION USING HOG-BOW BY INTERNET OF THINGS FOR SECURITY APPLICATIONS. *International Journal of Recent Advances in Signal & Image Processing* [ISSN: 2581-477X (Online)], 2(1).
29. Bhargava, N., Sharma, S., Kumawat, J. R., & Pandey, A. K. (2017, October). An adaptive approach of image fusion (HSI and wavelet approaches) for information refinement in the multi-image. In *2017 2nd International Conference on Communication and Electronics Systems (ICCES)* (pp. 770-774). IEEE.
30. de Oliveira, J. E. M., & Dantas, D. O. (2021). Classification of Normal versus Leukemic Cells with Data Augmentation and Convolutional Neural Networks. In *VISIGRAPP (4: VISAPP)* (pp. 685-692).
31. Swarna, S. R., Kumar, A., Dixit, P., & Sairam, T. V. M. (2021, February). Parkinson's Disease Prediction using Adaptive Quantum Computing. In *2021 Third International Conference on Intelligent Communication Technologies and Virtual Mobile Networks (ICICV)* (pp. 1396-1401). IEEE.
32. Kumar, T. A., Rajakumar, G., & Samuel, T. A. (2021). Analysis of breast cancer using grey level co-occurrence matrix and random forest classifier. *International Journal of Biomedical Engineering and Technology*, 37(2), 176-184.
33. Alam, A., & Anwar, S. (2021). Detecting Acute Lymphoblastic Leukemia Through Microscopic Blood Images Using CNN. *Trends in Wireless Communication and Information Security*, 207-214.
34. Kumar, Abhishek, SwarnAvinash Kumar, Vishal Dutt, Ashutosh Kumar Dubey, and Vicente García-Díaz. "IoT-based ECG monitoring for arrhythmia classification using Coyote Grey Wolf optimization-based deep learning CNN classifier." *Biomedical Signal Processing and Control* 76 (2022): 103638.
35. A. Kumar, S. Kumar, V. Dutt, S. Narang, A. Dubey "A Hybrid Secure Cloud Platform Maintenance based on Improved Attributes. Based Encryption Strategies" published in a regular issue in *IJIMAI*, Indexed by the Science Citation Index Expanded (Web Of Science), Universidad Internacional de La Rioja (UNIR). ISSN 1989-1660.
36. SwarnAvinash Kumar, Harsh Kumar, Vishal Dutt, Himanshu Swarnkar, "Contribution Of Machine Learning Techniques To Detect Disease In-Patients: A Comprehensive Analysis Of Classification Techniques" Vol 3 No 1 (2019): *Global Journal on Innovation, Opportunities, and Challenges in AAI and Machine Learning*. ISSN 2581-5156.
37. SwarnAvinash Kumar, Kapil Chauhan, Aastha Parihar, "Functionality of Classification and Regression tree in Bioinformatics" Vol 5 No 2 (2021): *Global Journal on Innovation, Opportunities, and Challenges in Applied Artificial Intelligence and Machine Learning*. ISSN 2581-5156.



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