

# Artificial Intelligence Health Engine

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Abstract: Medical services have become a significant part of present life. Individuals are currently very occupied with their office occupations, home positions, and developing web addictions. They couldn't care less about their wellbeing, so they try not to go to the medical clinic for minor issues that could transform into significant ones. The advanced insurgency has previously changed how individuals live, work, and convey. Furthermore, it's just barely beginning. Yet, the very innovations that can possibly assist billions of individuals with living more joyful, better, and more useful lives. To address this, we propose a man-made brainpower fueled medical services motor. We proposed to make a medical care site utilizing Computerized reasoning that can analyse the sickness. With respect to artificial intelligence mix, progressions in medical care have driven research on human-focused medical services wise frameworks. Artificial intelligence advances have an effect on the improvement of serious consideration and administrative exercises in medical clinics and centre. Give essential insights regarding the illness prior to counselling the specialists and checking the wellbeing on ordinary premises. Site is created to decrease the medical services cost and season of the client as it isn't workable for clients to visit the specialists or specialists when promptly required. Unlike humans, simulated intelligence never needs to rest. AI models could be utilized to notice the indispensable indications of patients getting basic consideration and ready clinicians assuming that specific gamble factors increment. Accuracy medication could become simpler to help with virtual artificial intelligence help. Since simulated intelligence models can learn and hold inclinations, artificial intelligence can possibly give tweaked constant suggestions to patients nonstop. As opposed to rehashing data with a renewed individual each time, a medical services framework could offer patients nonstop admittance to a simulated intelligence fueled menial helper that could respond to questions in light of the patient's clinical history, inclinations and individual requirements.

*Keywords*: Artificial Intelligence, healthcare, diagnosis, clinical advice, medical history.

#### 1. Introduction

Artificial intelligence (AI) will be used more and more in the healthcare industry as a result of the complexity and growth of data in the sector. Payers, care providers, and life sciences organizations currently use a variety of AI technologies. The main application categories include recommendations for diagnosis and treatment, patient engagement and adherence, and administrative tasks.

Although there are many situations in which AI can execute healthcare duties just as well as or better than humans, implementation issues will keep the jobs of healthcare professionals from becoming extensively automated for a substantial amount of time. The use of AI in healthcare and ethical concerns are also covered.

Artificial Intelligence in medical services is an umbrella term to portray the use of AI (ML) calculations and other medical advances in clinical settings. Artificial Intelligence in medical services, then, at that point, is the utilization of machines to break down and follow up on clinical information, typically determined to foresee a specific result. A huge artificial intelligence use case in medical care is the utilization of ML and other mental disciplines for clinical determination purposes.



Fig. 1. AI structure

**Objectives:** 

- User-friendly website for the people who are unable to visit the doctors or experts when immediately needed.
- For the people who take medicines on regular basics and the one who needs regular monitoring.
- Suggest some proper diets and intake of food during sickness.
- To reduce healthcare cost and time for the user.
- Compare to the existing method and we come up with the new solutions which will be useful to all the people who can manage their life easily.

#### 2. Methodology

AI doesn't require sleep. To monitor the vital signs of patients getting critical care and notify clinicians if particular risk indicators grow, machine learning models might be utilized. With virtual AI aid, precision medicine might be easier to support. AI has the ability to give patients Continuously individualized real-time recommendations because AI models can learn and remember preferences. A healthcare system might give patients unlimited access to an AI-powered virtual

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assistant that could respond to inquiries based on the patient's medical history, preferences, and personal needs, saving them from having to repeat information to a different person each time.



Fig. 2. Methodology

# Existing System:

- AI aids in the analysis of medical imaging.
- AI creates advanced and integrated drug discovery platforms.
- AI is able to predict renal disease.
- AI aids in the study of and treatment of cancer, particularly in radiation therapy.
- Genetic medicine's discovery and advancement are accelerated by AI.

# Proposed System:

Machine learning algorithms could be used to track the vital signs of patients receiving critical care and alert clinicians if certain risk indicators increase. Precision medicine might be simpler to support with virtual AI assistance. AI is able to provide patients with Real- time recommendations that are constantly personalized because AI models can remember preferences. An AI-powered virtual assistant that can react to queries based on the patient's medical history, preferences, and personal needs may be made available to patients by a healthcare system, saving them from having to repeat information to multiple people repeatedly.

Hardware specification:

- Processors: intel core i5 4300m (1 socket, 2 cores, 2 threads per core), 2.60 ghz or 2.59 ghz, and 8 gb of dram
- Space on disc: 320 gb

• Operating systems: linux, macos, and windows® 10 *Software specification:* 

• Server side: python 3.7.4(64-bit) or (32-bit)

- Client side: html, css, bootstrap
- IDE: flask 1.1.1
- Back end: mysql 5.
- server: wampserver 2i
- OS: windows 10 64 -bit or ubuntu 18.04 lts "bionic beaver

Software description:

- Python
- Python libraries
- Using google collab
- Flask
- The Apache web server
- HTML
- CSS
- JavaScript
- MySQL







Fig. 4. Dataflow diagram



Fig. 5. Technology stack

# Annotated datasets:

*Gathering the data:* The first step in solving any machine learning challenge is to prepare the data. For this issue, we'll be using a dataset from Kaggle. Two CSV files—one for training and one for testing— make up this dataset. The dataset has 133 total columns, of which 132 reflect the symptoms and the final column provides the prognosis.

*Cleaning the data:* The most crucial phase of a machine learning project is cleaning. The quality of our machine learning model is determined on the quality of our data. Hence, cleaning the data is always required before feeding it to the model for training. All of the columns in our dataset are numerical, except for the goal column, prognosis, which is a string type and converted to numerical form using a label encoder.





#### Dataset splitting:

Making precise predictions on future data instances outside of those used to train models is the core objective of an ML model. We must assess the predictive capability of an ML model before utilizing it to generate predictions. We can reserve, or split, a portion of the data for which we already know the answer as a stand-in for future data and assess how well the ML model predicts the correct answers for that data in order to measure the quality of an ML model's predictions using data it has not yet seen. The data source is divided into two parts: a training data source and an evaluation data source.

# Preprocessing:

## Tokenization:

Tokenization is the process of replacing sensitive data, such as a credit card number, with a token, a substitute value. For future reference, the sensitive data still often needs to be safely kept in a single location with high security measures in place. The security of a tokenization strategy is based on the safety of the sensitive values, the algorithm and method used to generate the surrogate value, and the process by which it is mapped back to the original value.

Stemming:

Stemming calculations are ordinarily rule-based. You can see them as heuristic interaction that kind of hacks off the finishes of words. A word is checked out and go through a progression of conditionals that 20 decide how to chop it down. lemmatization is more nuanced in this regard; it requires somewhat more to make work in fact. For lemmatization to determine a word to its lemma, it has to know its grammatical feature. That requires extra computational semantics power like a grammatical form tagger. This permits it to improve goals (like settling is and are to "be"). Something else to note about lemmatization is that it's generally expected times harder to make a lemmatizer in another dialect than it is a stemming calculation. Since lemmatizers require significantly more information about the design of a language, it's a substantially more escalated process than simply attempting to set up a heuristic stemming calculation.

#### Prediction Naïve Bayes:

It is a classification method built on the Bayes Theorem with the assumption of predictor independence. A Naive Bayes classifier, to put it simply, believes that the presence of one feature in a class has nothing to do with the presence of any other feature. The Naive Bayes algorithm is a supervised learning method for classification issues that is based on the Bayes theorem. It is mostly employed in text categorization with a large training set. The Naive Bayes Classifier is one of the most straightforward and efficient classification algorithms available today.



Fig. 7. Naïve Bayes algorithm

### Support Vector Machine:

A deep learning system known as a support vector machine (SVM) uses supervised learning to classify or predict the behaviour of groupings of data.

Supervised learning systems in AI and machine learning give input and intended output data that are labelled for classification



### Random Forest:

Leo Breiman and Adele Cutler are the creators of the widely used machine learning technique known as random forest, which mixes the output of various decision trees to produce a single outcome. Its widespread use is motivated by its adaptability and usability because it can solve classification and regression issues.

#### Remote patient monitoring:

Remote patient monitoring (RPM) is a technology that enables patient monitoring outside of typical clinical settings, such as at home or in a remote location. This could improve access to care and lower the cost of providing healthcare.

#### 3. Results and Discussions

AI in healthcare can improve patient outcomes overall, improve preventative care and quality of life, and create more precise diagnosis and treatment strategies. By examining data from the public sector, the healthcare industry, and other sources, AI can help forecast and monitor the development of contagious diseases.

Early disease identification, more reliable medical data analysis, and improved access to care, especially for underprivileged people, are all advantages of this process. Large data sets from many sources can be analysed by AI algorithms to find patterns that could point to improved treatment options for individual cases depending on certain symptoms. Medical professionals will be able to recognise different disease types and gauge their severity with the use of artificial intelligence in medical equipment.

Supervised algorithm are planned to predict disease and diet monitoring system. Dataset are collected from kaggle. Disease prediction and diet monitoring are implemented. The outcome of the project is software. Our project is to give user friendly website to the people who can take-care of themselves and gives self-monitoring without help of others. Our website contains three features like daily monitoring, general health and disease diagnosis.

Daily monitoring monitors the users medicine consumption and their treatments like when they are taking insulin, and hemo -therapy etc. general health predicted the disease by symptoms given by the user. Disease diagnosis classify the disease as minor and major. If the disease is minor, common advices and diet plans are provided to the user. if the disease classified as major, they are advised to visit doctors or experts.



Fig. 9. Predicted output

# 4. Conclusion

This paper presented the implementation of artificial intelligence in health sector.

#### References

- Oxford Medical Simulation Brings VR Training System to Oxford University Students in New Partnership. [Online]. Available: <u>https://www.mobihealthnews.com/news/emea/oxford-medical-</u> simulation-brings-vr-training-system-oxford-university-students-new
- [2] F. Pennic. Medtronic Acquires Ai-Powered Surgical Simulation Platform Digital Surgery. Accessed: May 14, 2022. [Online]. Available: <u>https://hitconsultant.net/2020/02/17/medtronic-acquires-digitalsurgery/#.YfzWHb1ByUk</u>
- [3] T. Miki, T. Iwai, K. Kotani, J. Dang, H. Sawada, and M. Miyake, "Development of a virtual reality training system for endoscope-assisted submandibular gland removal," J. Cranio-Maxillofacial Surgery, vol. 44, no. 11, pp. 1800-1805, Nov. 2016.
- [4] C. G. Correa, M. A. D. A. M. Machado, E. Ranzini, R. Tori, and F. D. L. S. Nunes, "Virtual reality simulator for dental anesthesia training in the inferior alveolar nerve block," J. Appl. Oral Sci., vol. 25, no. 4, pp. 357–366, Aug. 2017.
- [5] R. Khelemsky, B. Hill, and D. Buchbinder, "Validation of a novel cognitive simulator for orbital floor reconstruction," J. Oral Maxillofacial Surgery, vol. 75, no. 4, pp. 775–785, Apr. 2017.
- [6] J. Hooper, E. Tsiridis, J. E. Feng, R. Schwarzkopf, D. Waren, W. J. Long, L. Poultsides, W. Macaulay, G. Papagiannakis, E. Kenanidis, E. D. Rodriguez, J. Slover, K. A. Egol, D. P. Phillips, S. Friedlander, and M. Collins, "Virtual reality simulation facilitates resident training in total hip arthroplasty: A randomized controlled trial," J. Arthroplasty, vol. 34, no. 10, pp. 2278–2283, Oct. 2019.