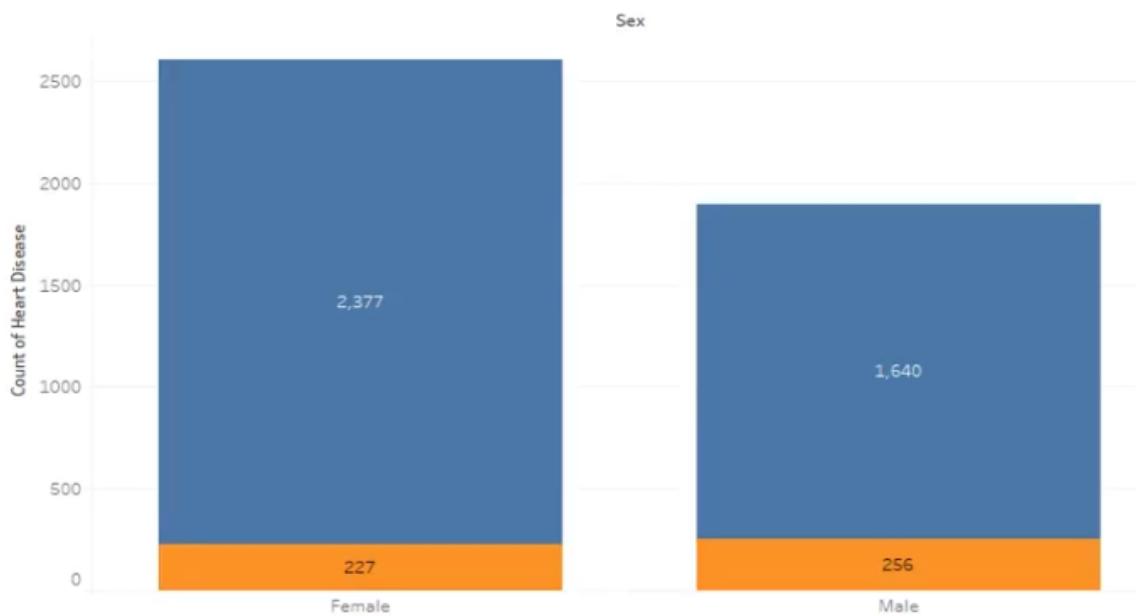


Gender versus Heart Disease

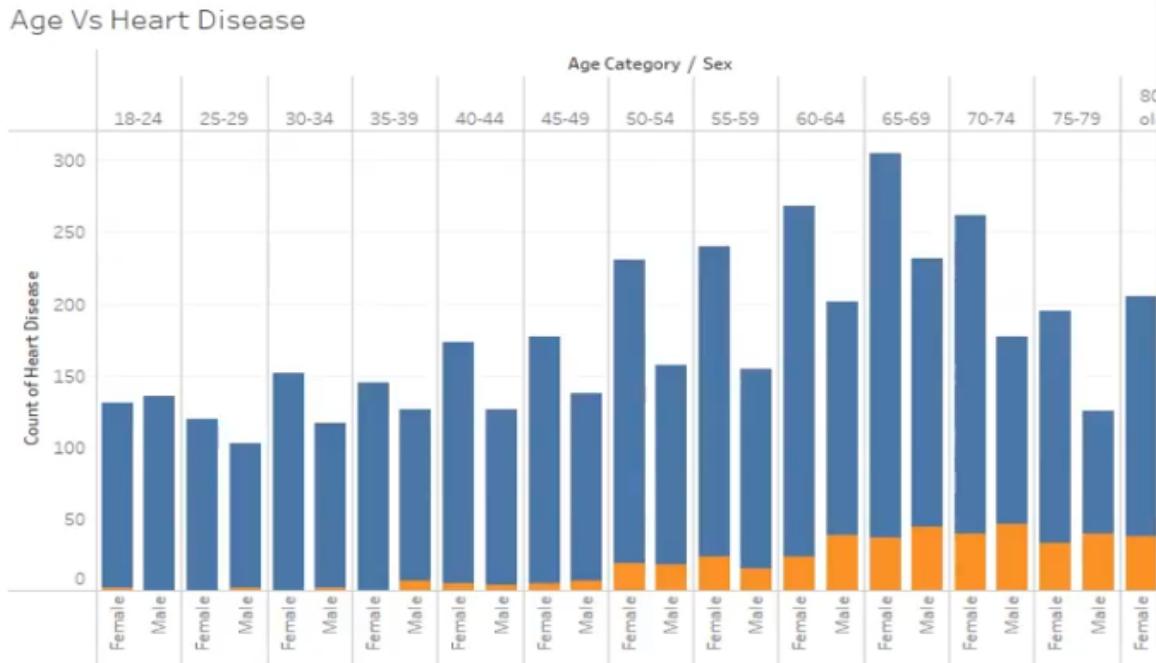
Gender vs Heart disease



This graph presents the distribution of heart disease cases among males and females. It clearly indicates that both genders are affected by cardiovascular conditions. The variation in counts suggests that biological and lifestyle differences may influence heart disease prevalence. Gender based hormonal differences, stress levels, and healthcare awareness can contribute to the observed pattern. This visualization helps in identifying whether targeted preventive strategies are required for specific groups.

Although one gender may show slightly higher counts, heart disease remains a serious concern for both males and females. Regular screening, healthy diet, and physical activity are essential preventive measures. Public health campaigns must focus on inclusive awareness rather than assuming that heart disease affects only one group. Overall, this graph emphasizes equal importance of cardiovascular care for everyone.

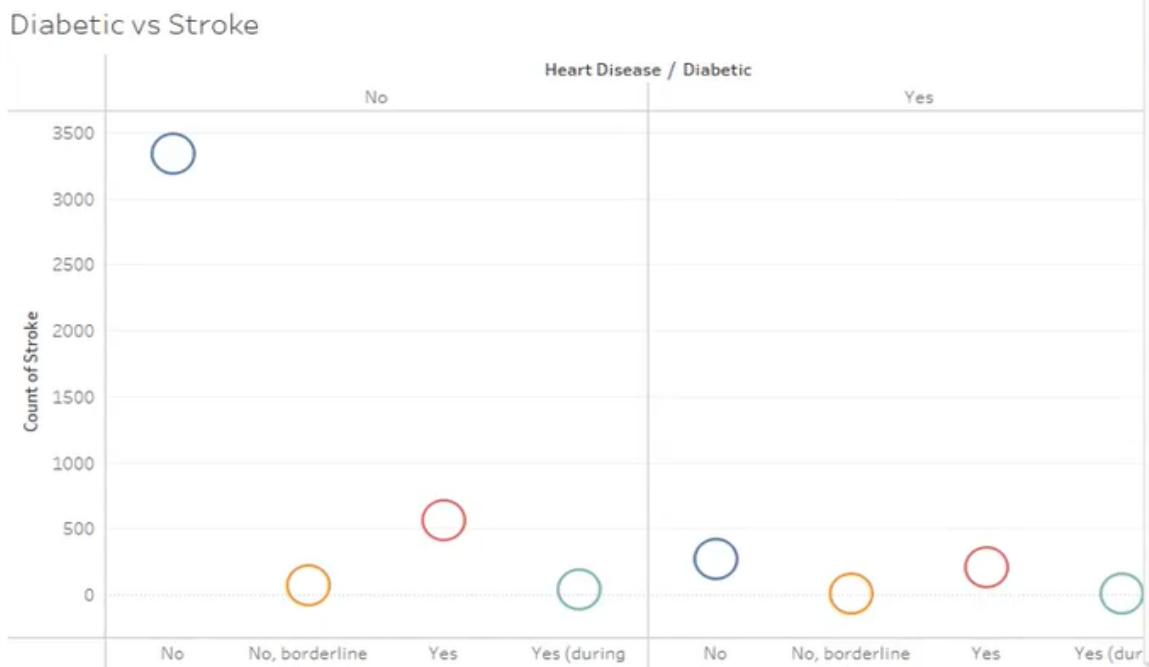
Age versus Heart Disease



The age based chart shows that heart disease cases increase progressively with age. Younger age groups show comparatively lower counts, while middle aged and elderly populations demonstrate a higher number of cases. This pattern reflects the natural aging process where arteries lose elasticity and risk factors accumulate over time. The data supports the medical understanding that age is a primary non modifiable risk factor.

As individuals grow older, exposure to unhealthy habits, stress, and metabolic changes increases the likelihood of cardiovascular problems. Therefore, age specific health monitoring becomes crucial. Preventive checkups and early detection strategies should be prioritized especially for people above middle age. This visualization strongly supports the importance of preventive cardiology in older populations.

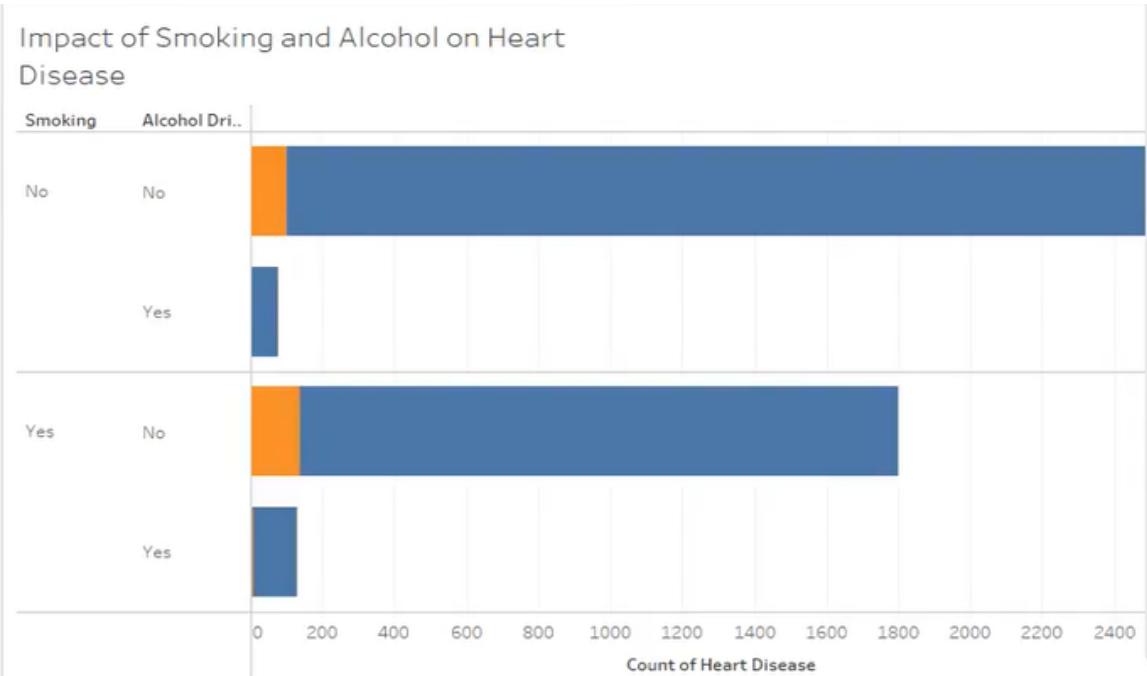
Diabetic versus Stroke



The relationship between diabetes and stroke is illustrated in this visualization. Diabetic individuals appear to have a stronger association with stroke cases compared to non diabetic individuals. High blood sugar levels can damage blood vessels and increase clot formation risk, which directly impacts stroke probability. This confirms the strong medical link between metabolic disorders and cardiovascular complications.

Effective diabetes management through medication, diet control, and lifestyle changes can significantly reduce stroke risk. Early detection of both diabetes and heart disease is essential to prevent severe outcomes. This graph highlights the importance of integrated care approaches where multiple chronic conditions are treated together rather than independently.

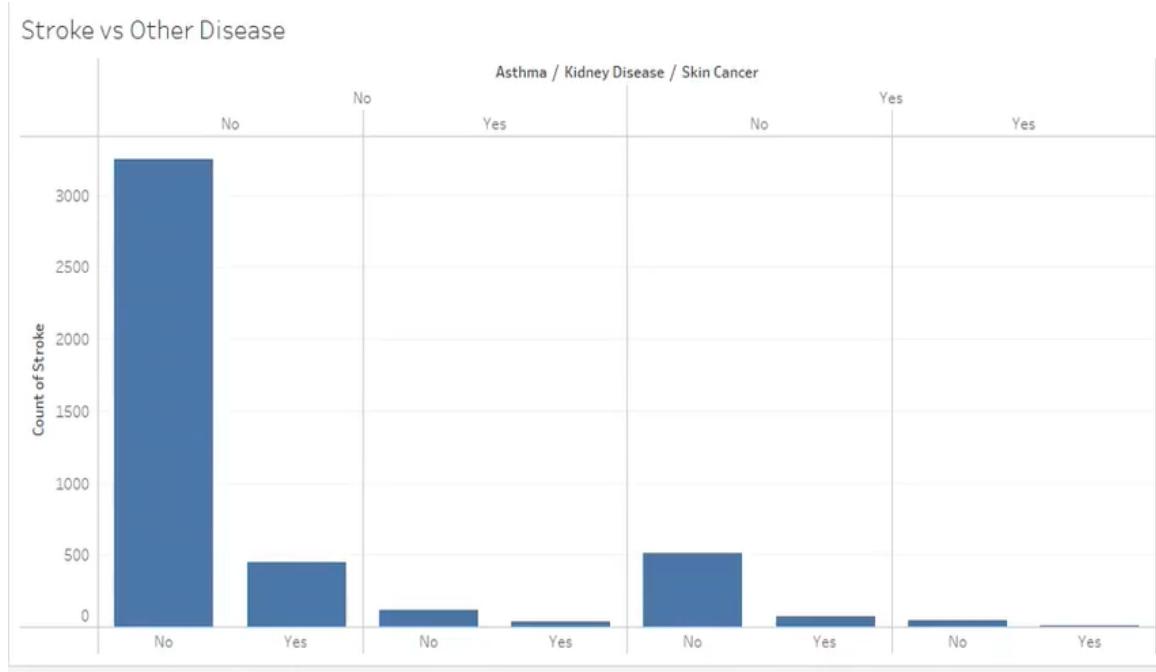
Impact of Smoking and Alcohol on Heart Disease



The chart analyzing smoking and alcohol consumption reveals a noticeable impact on heart disease occurrence. Individuals engaging in smoking or frequent alcohol intake show elevated counts compared to non users. Smoking damages blood vessels and reduces oxygen supply, while excessive alcohol consumption increases blood pressure and cholesterol levels.

Lifestyle modification plays a vital role in reducing cardiovascular risk. Awareness programs encouraging individuals to quit smoking and limit alcohol intake can significantly improve heart health. This visualization reinforces the concept that heart disease is largely preventable through healthier daily habits and responsible lifestyle choices.

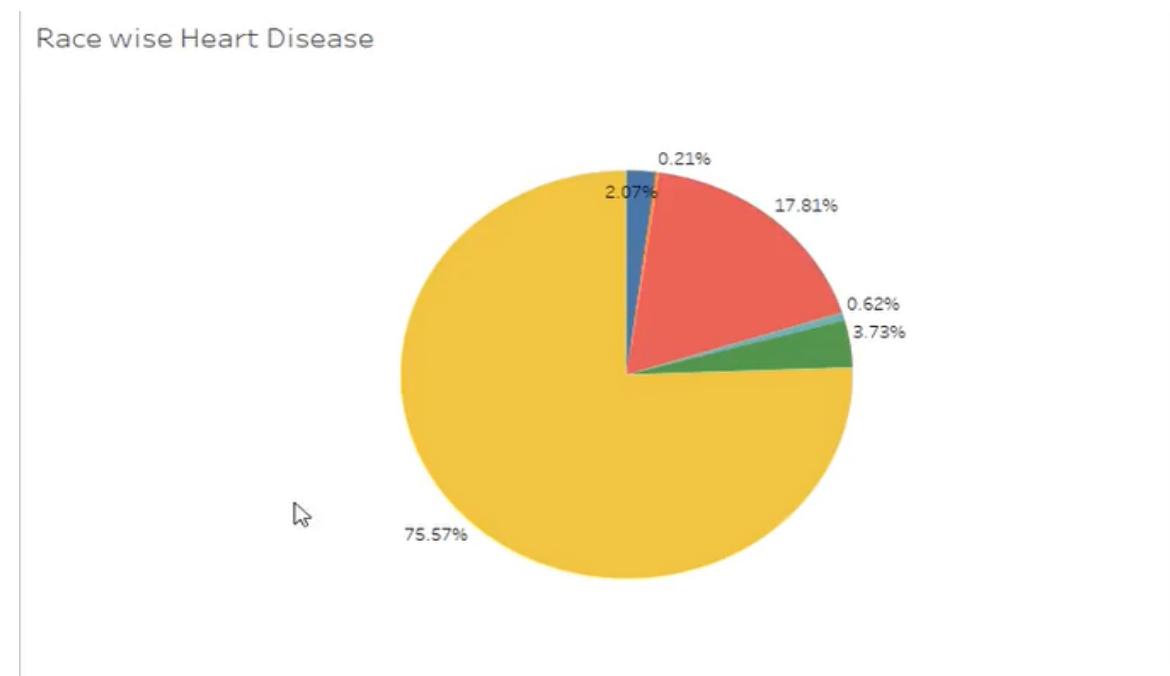
Stroke versus Other Disease



This comparison between stroke and other chronic diseases such as asthma and kidney disease highlights comorbidity patterns. Stroke cases appear more frequent among individuals already suffering from certain long term illnesses. Chronic inflammation and organ dysfunction can increase cardiovascular strain and raise stroke probability.

Patients with multiple health conditions require continuous medical supervision and coordinated treatment plans. Preventive healthcare should focus on managing overall health rather than treating isolated symptoms. This graph emphasizes the interconnected nature of chronic diseases and cardiovascular complications.

Race wise Heart Disease

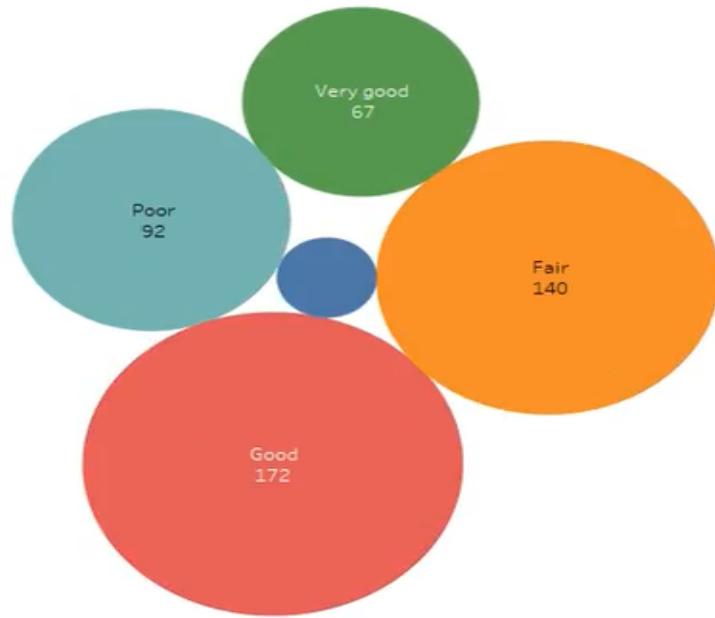


The pie chart presents heart disease distribution among different racial groups. One group represents a larger proportion, possibly reflecting demographic representation within the dataset. Socio economic factors, access to healthcare, and lifestyle variations may influence these differences.

Despite variations in proportion, heart disease remains a universal health challenge. Preventive strategies must address all communities equally. Culturally sensitive awareness programs and equitable healthcare access are essential to reduce disparities in cardiovascular outcomes.

General Health versus Heart Disease

General Health vs Heart Disease

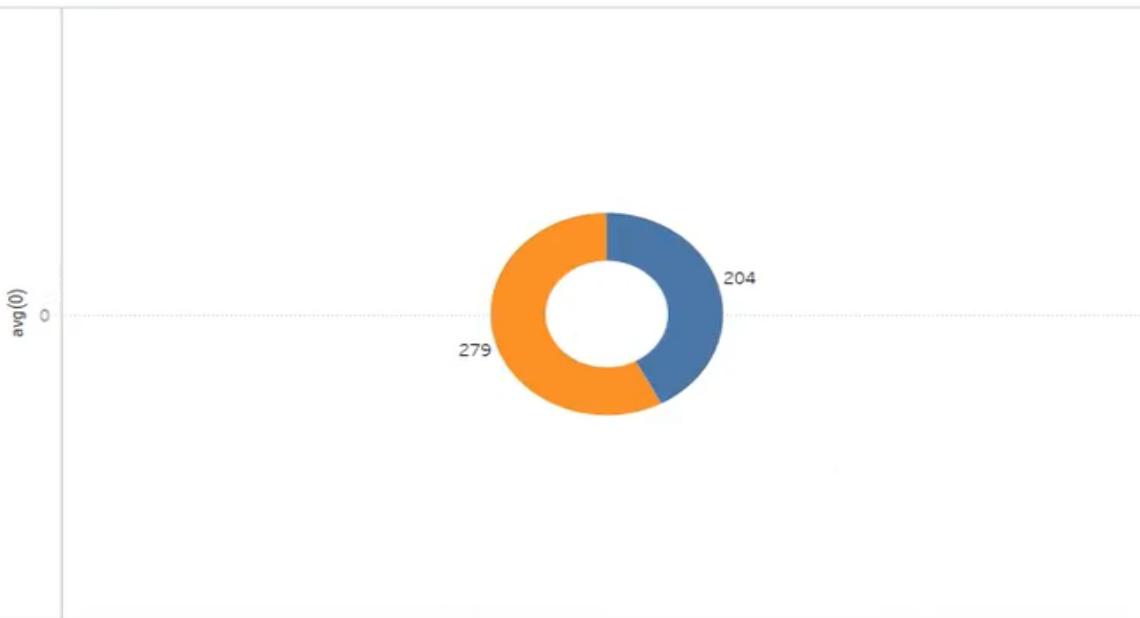


This bubble chart links general health condition with heart disease prevalence. Individuals reporting poor or fair health show higher counts compared to those reporting very good health. Self reported health status often reflects underlying chronic conditions and lifestyle habits.

Maintaining balanced nutrition, physical activity, and mental well being contributes significantly to cardiovascular protection. The visualization suggests that improving overall health perception may correlate with lower heart disease risk. Preventive health education should therefore focus on holistic well being.

Physical Activity versus Heart Disease

Physical Activity Vs Heart Disease

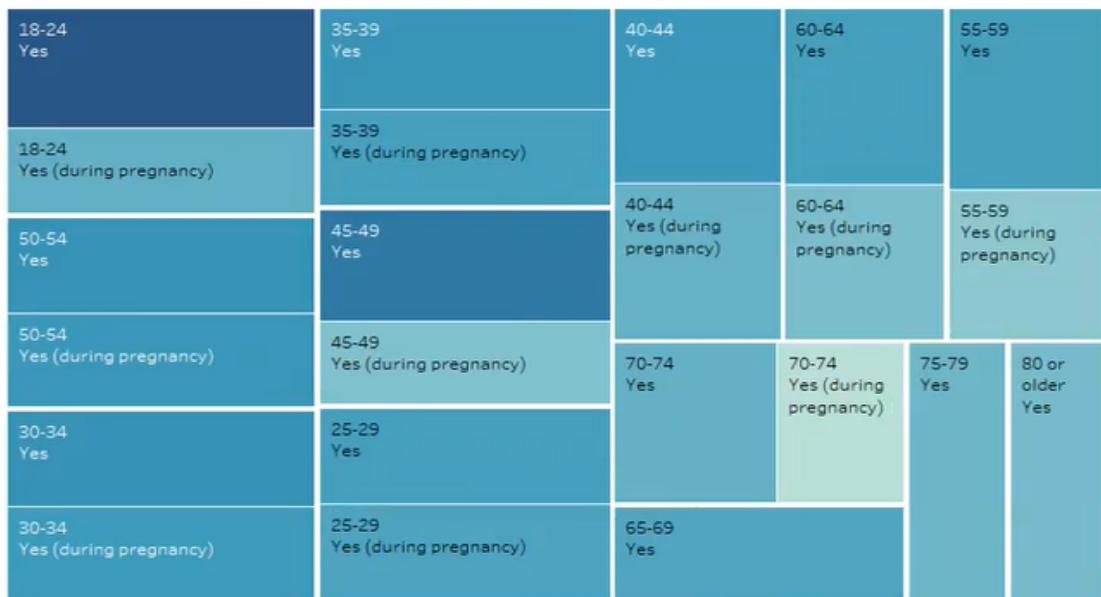


The donut chart comparing physical activity levels demonstrates that inactive individuals have a greater representation of heart disease cases. Physical inactivity contributes to obesity, high blood pressure, and poor circulation, all of which increase cardiovascular risk.

Regular exercise improves heart efficiency, controls weight, and enhances metabolic balance. Encouraging daily movement and structured workouts can significantly reduce heart disease incidence. This visualization clearly supports physical activity as a protective factor against cardiovascular disorders.

Age versus BMI versus Diabetic

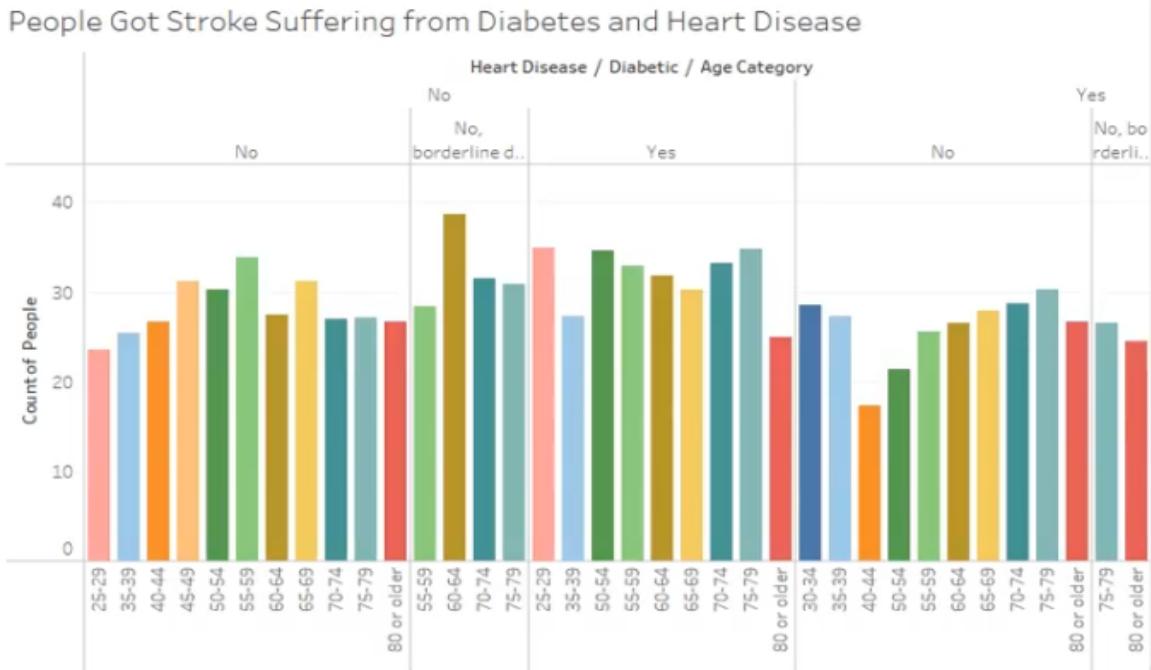
Age vs BMI vs Diabetic



The treemap showing interaction between age, BMI, and diabetes highlights that older individuals with higher body mass index and diabetes form a larger group. Excess body weight combined with metabolic disorders places additional strain on the cardiovascular system.

Weight control and proper diabetic management are essential strategies in reducing heart disease risk. Preventive interventions such as dietary counseling and regular health monitoring can help control these modifiable risk factors. This graph underlines the combined effect of multiple risk determinants.

Stroke among Diabetic and Heart Disease Patients



The bar chart representing stroke cases among individuals suffering from both diabetes and heart disease shows increased counts in older age groups. The coexistence of these conditions significantly elevates the likelihood of severe cardiovascular events.

Early medical intervention, lifestyle correction, and continuous monitoring are critical to prevent complications. Integrated treatment models that address diabetes and heart disease together can reduce stroke incidence. This final visualization emphasizes the importance of comprehensive healthcare management.