

ECG SIGNAL ANALYSIS AND SECURITY

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Submitted by

P. Sahitya(AP20110010318)

S. Poojasree(AP201100307)

R. Pooja sri(AP20110010327)

M. Dimple Sai chowdary(AP20110010496)



Under the Guidance of

(Dr. Sanjay kumar)

SRM University-AP

Neerukonda, Mangalagiri,

Guntur Andhra Pradesh – 522 240

[December, 2022]

Certificate

Date: 12-Dec-22

This is to certify that the work present in this Project entitled “**ECG SIGNAL ANALYSIS AND SECURITY**” has been carried out by [**P.Sahitya, R.Pooja sri, S.Pooja sree, M.Dimple sai**] under my/our supervision. The work is genuine, original, and suitable for submission to the SRM University – AP for the award of Bachelor of Technology/Master of Technology in **School of Engineering and Sciences**.

Supervisor

(Signature)

Dr.[Sanjay Kumar]

Assistant

Professor,

Affiliation.

Co-supervisor

(Signature)

Prof. / Dr.

[Name]

Designation,

Affiliation.

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Abstract

Electrocardiogram (ECG) is the transthoracic interpretation of the electric pastime of the coronary heart over a length of time. Analysis of ECG sign gives facts concerning the condition of coronary heart. Various techniques like Fast Fourier Transforms, Wavelet Transform, etc. had been used for detection of cardiac illnesses In this paper we've given a r view at the paintings carried out in the region of ECG sign evaluation in past few years[1].

The blood flow machine in a human frame gives a unique and herbal accept as true with sector for stable facts communications in wi-fi healthcare structures inclusive of frame place networks. Unfortunately, biometric sign authentication and the usage of physiological attributes in wi-fi healthcare has now no longer been drastically studied. In this paper, we recommend a fact authentication method utilizing electrocardiography (ECG) sign styles for decreasing key alternate overhead[6].

With the help of an ECG analysis machine we can find the heartbeat and heart rate with the help of waves and these will detect the diseases in the human body.

Abbreviations

ECG	Electrocardiogram
GA	Genetic Algorithm
SVM	Support vector machine

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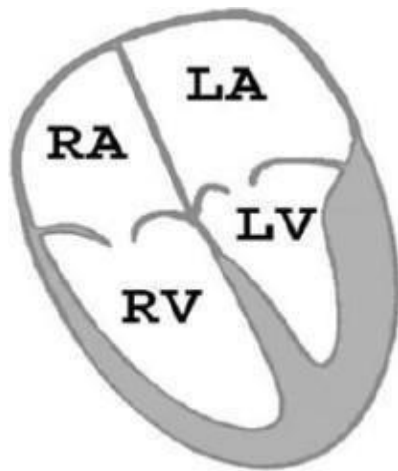
1.Introduction

ECG:-

Electrocardiogram

The ECG signals are the recordings of the bioelectrical activities of cardiac system and the changes in this recordings are used in determining the heart condition and any diseases based on various observations[7].

- ECG is represented in the form of a voltage vs time of electrical activity graph[5].
- There are 3 types of ECG leads



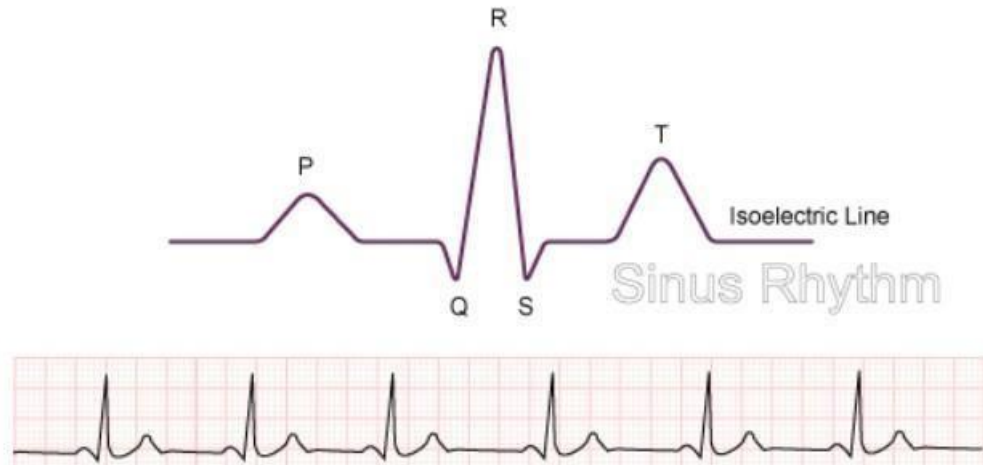
HUMAN HEART

1. Limb leads(Bipolar)
 2. Augmented limb leads(Unipolar)
 3. Chest leads(Unipolar)
- This test detects heart disease, heart attack, an enlarged heart or abnormal rhythms which can motive heart failure
 - An ECG can recognize the signs of blocked Arteries but for further accuracy ACT(Coronary Angiogram) can reveal plaque build up & identify blockages in the arteries[2].
 - ECG is painless and takes around 5-10 minutes to perform.
 - Three main components of an ECG Graph

About p,q,r,s,t and EKG

Regular EKG rhythm

Image: P, QRS & T Wave



P wave: -

Atrial Contraction

It originates within the pacemaker of the heart which beats at 60 to a hundred beats in line with minute in so dysrhythmias you whenever you even examine a wave you need to examine your p wave this is in which you begin due to the fact a few p waves may be tousled they may have a long PR c program language period and it tells you lots approximately how your patients doing so there may be your p wave once more it represents atrial contraction it's the ones atriums[4]

In the heart contracting which is like wise the flowery time period referred to as depolarization they are contracting

QRS complex: -

It is also called as **ventricle contraction** which they call ventricle depolarization this is when your ventricles are contracting, they are pumping that blood so the ventricles are just so big that they produce this huge complex

T wave: -

Ventricles repolarizing

They are resting again ventricles are so big whenever they contract, they make the huge QRS complex that whenever they rest you can see the repolarization because they are so big

- In some cases, we will see U waves and it is not very common

U wave: -

- It is produced by the resting of the PNG fibers

QRS Detection: -

Electrocardiography, or ECG, is a technique for gathering the electrical signals produced by the heart. This helps us comprehend a person's level of physiological arousal and can also be applied to comprehend a person's psychological state.

An ECG signal will be acquired using a **biopotential amplifier** and then displayed using instrument software, where again control will be created to adjust its amplitude. Finally, the recorded ECG will be analyzed[10].

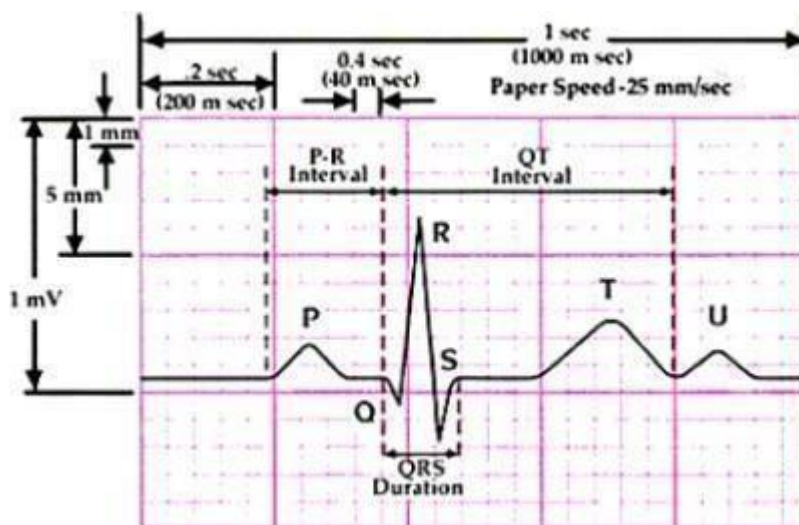


Figure2. A typical Cardiac Waveform [4]

Table 1. Abnormalities

ABNORMALITY	CHARACTERISTICS
Bradycardia	R-R interval>1s
Tachycardia	R-R interval<0.6s
Hypercalcaemia	QRS interval<0.1s

Dextrocardia	Inverted P-wave
Hyperkalemia	Tall T-wave and absence of P-wave
Sudden cardiac death	Irregular ECG
Sinoatrial block	Complete drop out of a cardiac cycle
Myocardial ischemia	Inverted T-wave

ECG Feature extraction Techniques: -

ECG function extraction plays a significant role in the diagnosis of the majority of heart disorders. The P-QRS-T waves in an ECG signal represent one cardiac cycle. The amplitudes and intervals in the ECG signal are determined by this characteristic extraction method for further investigation. The P-QRS-T segment's amplitude and interval value demonstrate how each human heart beats. For analysing the ECG signal, numerous studies and methodologies have recently been created[8].

. The suggested schemas were mostly based on signal analysis approaches such as Fuzzy Logic, Artificial Neural Networks, Genetic Algorithms (GA), Support Vector Machines (SVM), and others.

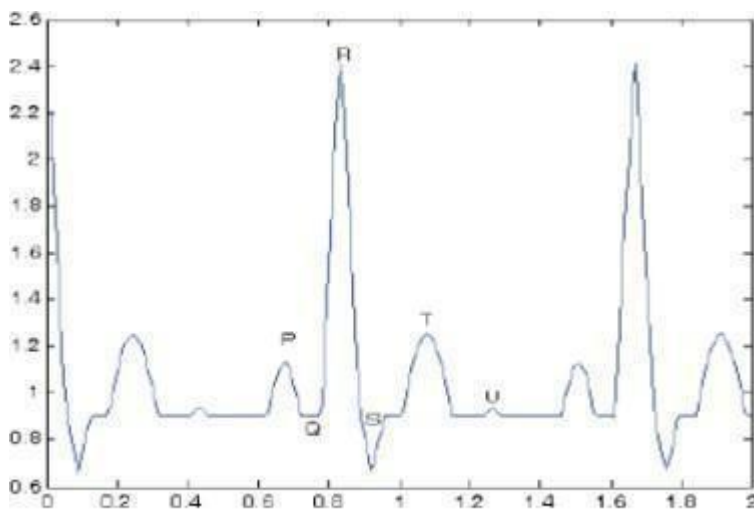


Figure3. Normal sinus rhythm [6]

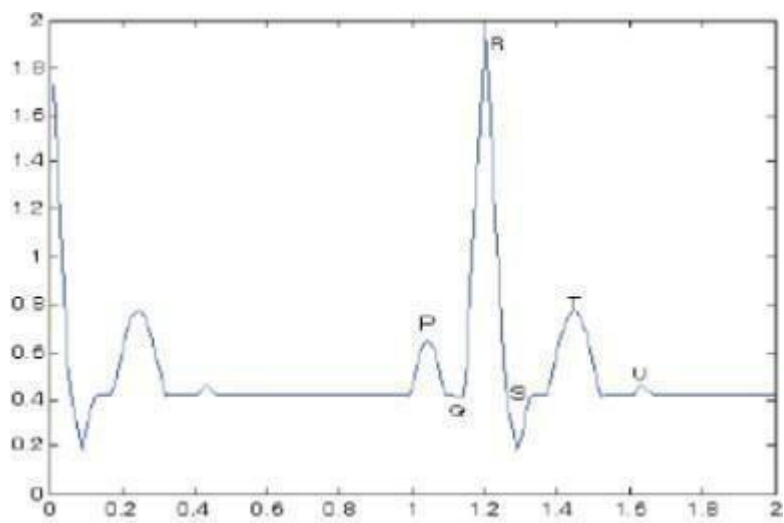


Figure 4. Sinus Bradycardia [6]

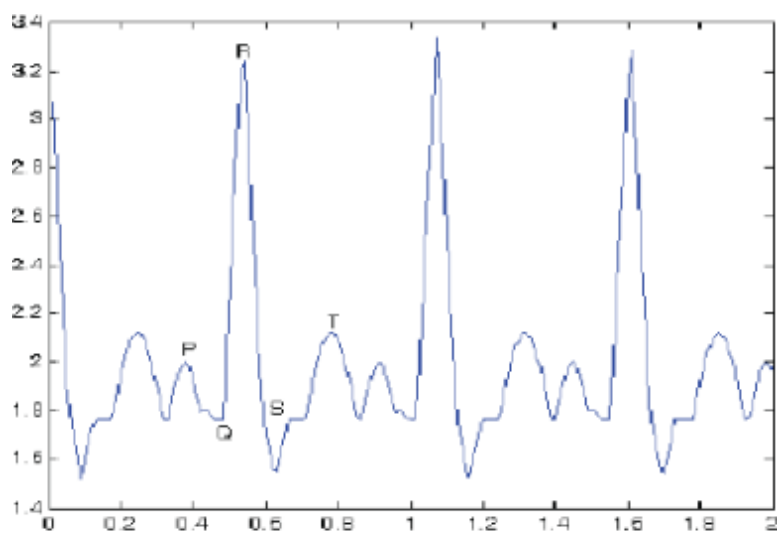


Figure 5. Sinus Tachycardia [6]

ML Techniques:

- Supervised:

It implies to keep track of and oversee the performance of (a task, project or activity)

How will we supervise a machine learning version?

By coaching the version that is, we load the version with information in order that we can have it are expecting destiny instances

Model: -

In general, the model used to predict the results of sample data is one that has been trained on a labelled dataset.

Rows are called attributes

Columns are called features which include data.

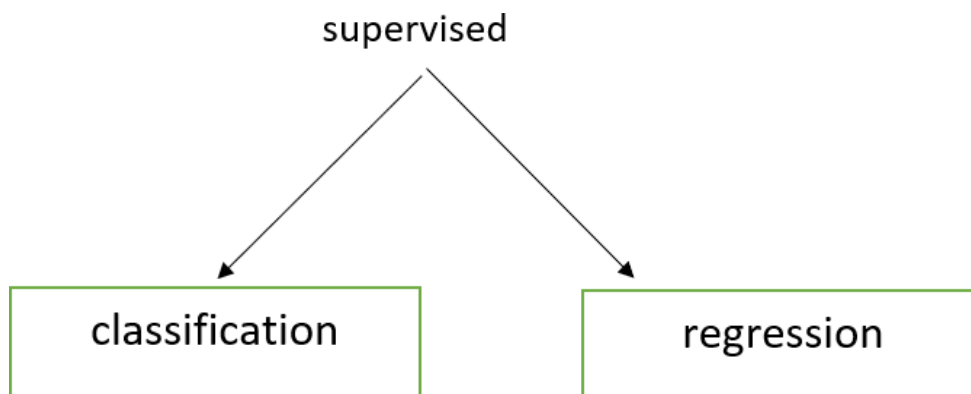


Figure 6.supervised

Unsupervised: -

The model is left to function alone in order to find information that might not be visible to the human eye.

It applies machine learning techniques to make judgments about UNLABELED.

- Groups/clusters
- Perform density estimation
- Dimensionality reduction

DIFFERENCE: -

Unsupervised data learning uses unlabeled data while supervised data learning uses labelled data.

We have machine learning algorithms for classification and regression in supervised learning.

Supervised:

Classification: - classifying labeled data.

Regression: - pretending trends using previous labeled data.

Unsupervised:

Clustering: - Finding and grouping from unlabeled data.

Coronary artery sickness: -

- Damage or sickness withinside the coronary heart's main vessels.

High blood pressure: -

- A circumstance wherein the pressure of the blood in opposition to the artery partitions is simply too high.

Cardiac arrest: -

- Sudden, surprising lack of coronary heart function, breathing & consciousness.

Congestive coronary heart failure: -

- A persistent circumstance wherein the coronary heart would not pump blood as properly because it should.

Arrhythmia: -

- Improper beating of the coronary heart, whether. irregular, too rapid or too slow.

Stroke: -

- Damage to the mind from interruption of its blood supply.

Congenital heart disease: -

- An abnormality in the heart that develops: before the baby was born.

Peripheral artery disease: -

- A circulatory condition in which is limited. blood vessels reduces the blood flow through, the limbs.

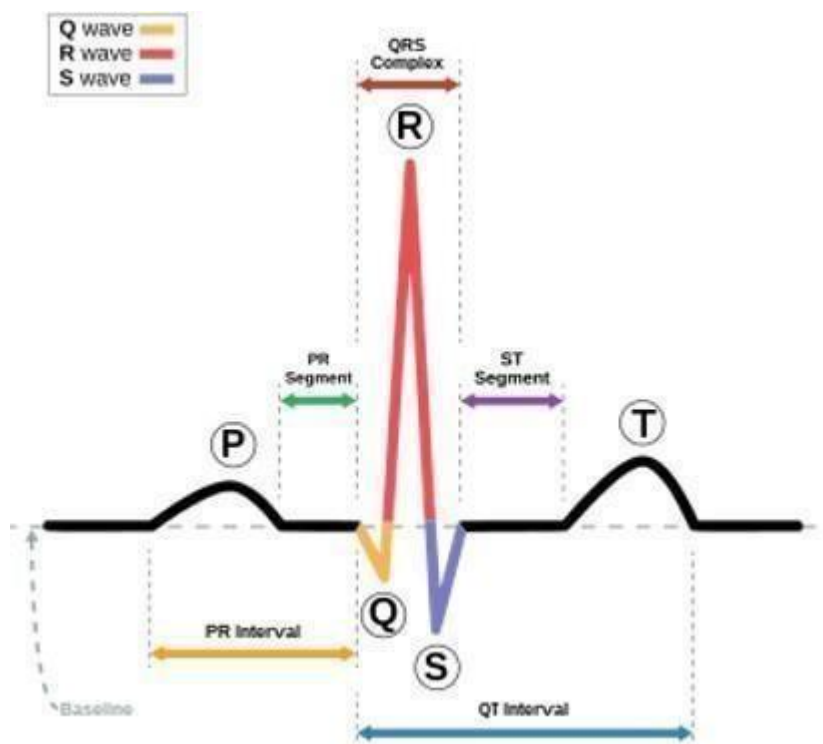
ECG Signal application in heart diseases Prediction: -

- The early detection of ordinary coronary heart Conditions is critical to pick out heart problems and keep away from unexpected cardiac death.
- The human beings with comparable coronary heart situations nearly have comparable ECG alerts. By analyzing the ECG sign styles you possibly can expect arrhythmia. Since the conventional strategies of arrhythmia detection depend on staring at morphological features of the ECG Signals which might be tedious and really time Consuming, the automatic detection of arrhythmia is extra preferable[3].
- In order to automate detection of coronary heart illnesses a good enough set of rules is required which Could classify the ECG alerts with unknown capabilities according to the similarities among them and the ECG alerts with acknowledged capabilities. If this classifier can discover the Similarities exactly the chance of arrhythmia detection is improved and this set of rules can turn out to be a beneficial way in Laboratories[9].

1. Methodology

Pan Thompkins algorithm

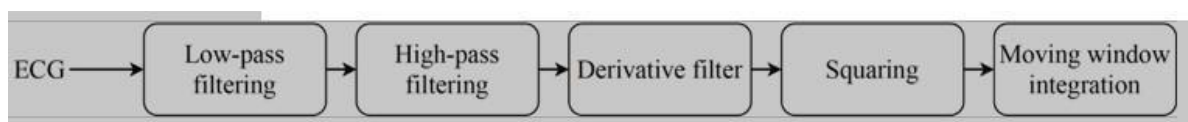
The Pan-Tompkins method employs a series of filters to draw attention to the frequency content of this quick cardiac depolarization and eliminate background noise.



The QRS complex is easier to identify once the signal is squared to magnify the QRS contribution.

An annotated arrhythmia database was used to test the method's effectiveness, and noise levels were taken into consideration as well. According to Pan and Tompkins, 99.3 percent of QRS complexes were accurately identified[1].

Pre-processing:



1) Noise cancellation

2) Derivative step

3) Squaring and integration

Decision rules:

1) Fiducial mark

2) Thresholds

3) Search back for missed QRS complexes

4) T wave discrimination

Application:

The heart rate is calculated once the QRS complex has been successfully identified as a function of the time in seconds that passes between two successive QRS complexes (or R peaks), where bpm stands for beats per minute. Heart rate variability (HRV), a measurement of the variability of the time interval between heartbeats, is frequently calculated using the heart rate (HR). In addition to being utilized frequently in affective computing research to examine new approaches to determining a person's emotional state, HRV is also frequently employed in the therapeutic area to diagnose and track the treatment of pathological diseases[5].

Code: -

```

1  real_time_QRS_detection
2  #include <stdio.h>
3  #include <stdlib.h>
4
5
6  typedef int boolean;
7  #define true 1
8  #define false 0
9
10 #define M          5
11 #define N          30
12 #define winSize    250
13 #define HP_CONSTANT ((float) 1 / (float) M)
14
15 void detect(float* ecg, int* result, int len);
16
17 int main(int argc, char** argv){
18     float new_pt;
19     float ecg[1000000] = {0};
20     int result[1000000] = {0};
21     int i, j;
22
23     // read in ECG data
24     FILE *fid = NULL;
25
26     if(argc > 1){
27         fid = fopen(argv[1], "r");
28     }
29     else{
30         fid = fopen("data.csv", "r");
31     }
32

```

Project Execute Tools AStyle Window Help

TDM-GCC 4.9.2 64-bit Release

[*] Untitled1

```
31     }
32
33
34     while( EOF != fscanf(fid, "%f\n", &new_pt) ){
35         ecg[i++] = new_pt;
36
37         //     printf("%f\n", new_pt);
38     }
39
40     fclose(fid);
41
42     // perform realtime QRS detection
43     detect(ecg, result, i);
44
45     // save detection results
46     fid = fopen("QRS.csv", "w");
47
48     for(j = 0; j < i; j++){
49         fprintf(fid, "%d\n", result[j]);
50     }
51
52     fclose(fid);
53
54     return 0;
55 }
56
57 void detect(float* ecg, int* result, int len) {
58     // circular buffer for input ecg signal
59     // we need to keep a history of M + 1 samples for HP filter
60     float ecg_buff[M + 1] = {0};
61     int ecg_buff_WR_idx = 0;
62     int ecg_buff_RD_idx = 0;
```


[*] Untitled1

```
61     int ecg_buff_WR_idx = 0;
62     int ecg_buff_RD_idx = 0;
63
64     // circular buffer for input ecg signal
65     // we need to keep a history of N+1 samples for LP filter
66     float hp_buff[N + 1] = {0};
67     int hp_buff_WR_idx = 0;
68     int hp_buff_RD_idx = 0;
69
70     // LP filter outputs a single point for every input point
71     // This goes straight to adaptive filtering for eval
72     float next_eval_pt = 0;
73
74     // running sums for HP and LP filters, values shifted in FILO
75     float hp_sum = 0;
76     float lp_sum = 0;
77
78     // parameters for adaptive thresholding
79     double treshold = 0;
80     boolean triggered = false;
81     int trig_time = 0;
82     float win_max = 0;
83     int win_idx = 0;
84
85     int i = 0;
86
87     for(i = 0; i < len; i++){
88         ecg_buff[ecg_buff_WR_idx++] = ecg[i];
89         ecg_buff_WR_idx %= (M+1);
90
91         //printf("i - %d\n", i);
92     }
```

[*] Untitled1

```
91 //printf("i - %d\n", i);
92
93 /* High pass filtering */
94 if(i < M){
95     // first fill buffer with enough points for HP filter
96     hp_sum += ecg_buff[ecg_buff_RD_idx];
97     hp_buff[hp_buff_WR_idx] = 0;
98
99     //printf("hp_buff[hp_buff_WR_idx] - %f\n", hp_buff[hp_buff_WR_idx]);
100 }
101 else{
102     hp_sum += ecg_buff[ecg_buff_RD_idx];
103
104     int tmp = ecg_buff_RD_idx - M;
105     if(tmp < 0) tmp += M + 1;
106
107     hp_sum -= ecg_buff[tmp];
108
109     float y1 = 0;
110     float y2 = 0;
111
112     tmp = (ecg_buff_RD_idx - ((M+1)/2));
113     if(tmp < 0) tmp += M + 1;
114
115     y2 = ecg_buff[tmp];
116
117     y1 = HP_CONSTANT * hp_sum;
118
119     hp_buff[hp_buff_WR_idx] = y2 - y1;
120
121     //printf("hp_buff[hp_buff_WR_idx] - %f\n", hp_buff[hp_buff_WR_idx]);
122 }
```

[*] Untitled1

```
121     //printf("hp_buff[hp_buff_WR_idx] - %f\n", hp_buff[hp_buff_WR_idx]);
122 }
123
124 // done reading ECG buffer, increment position
125 ecg_buff_RD_idx++;
126 ecg_buff_RD_idx %= (M+1);
127
128 // done writing to HP buffer, increment position
129 hp_buff_WR_idx++;
130 hp_buff_WR_idx %= (N+1);
131
132 /* Low pass filtering */
133
134 // shift in new sample from high pass filter
135 lp_sum += hp_buff[hp_buff_RD_idx] * hp_buff[hp_buff_RD_idx];
136
137 if(i < N){
138     // first fill buffer with enough points for LP filter
139     next_eval_pt = 0;
140
141 }
142 else{
143     // shift out oldest data point
144     int tmp = hp_buff_RD_idx - N;
145     if(tmp < 0) tmp += N+1;
146
147     lp_sum -= hp_buff[tmp] * hp_buff[tmp];
148
149     next_eval_pt = lp_sum;
150 }
151
152 // done reading HP buffer, increment position
```

[*] Untitled1

```
154     hp_buff_RD_idx %= (N+1);
155
156     /* Adaptive thresholding beat detection */
157     // set initial threshold
158     if(i < winSize) {
159         if(next_eval_pt > treshhold) {
160             treshhold = next_eval_pt;
161         }
162     }
163
164     // check if detection hold off period has passed
165     if(triggered){
166         trig_time++;
167
168         if(trig_time >= 100){
169             triggered = false;
170             trig_time = 0;
171         }
172     }
173
174     // find if we have a new max
175     if(next_eval_pt > win_max) win_max = next_eval_pt;
176
177     // find if we are above adaptive threshold
178     if(next_eval_pt > treshhold && !triggered) {
179         result[i] = 1;
180
181         triggered = true;
182     }
183     else {
184         result[i] = 0;
185     }
```

[*] Untitled1

```
154     hp_buff_RD_idx %= (N+1);
155
156     /* Adaptive thresholding beat detection */
157     // set initial threshold
158     if(i < winSize) {
159         if(next_eval_pt > treshhold) {
160             treshhold = next_eval_pt;
161         }
162     }
163
164     // check if detection hold off period has passed
165     if(triggered){
166         trig_time++;
167
168         if(trig_time >= 100){
169             triggered = false;
170             trig_time = 0;
171         }
172     }
173
174     // find if we have a new max
175     if(next_eval_pt > win_max) win_max = next_eval_pt;
176
177     // find if we are above adaptive threshold
178     if(next_eval_pt > treshhold && !triggered) {
179         result[i] = 1;
180
181         triggered = true;
182     }
183     else {
184         result[i] = 0;
185     }
```

Literature Survey

Author	ECG	Software/ Technology	Technique
M.H. Vafaie	Signal Analysis	Windows	Fuzzy classifier
Adyasha Rath, Debahuti Mishra	Deep Learning	Linux	RBFN, AE, SOM, RBM
Rajini, Inderbir Kaur	abnormalities	Windows	Fast Fourier transform, Short time Fourier trans form, Wavelet Transform
H.R. Koofigar, M. Ataei	Control processing	MatLab	Dynamic model Genetic Algorithm
Dimitris Bertsimas, Luca Mingardi	Spot Anomalies, Machine Learning	Jupyter Notebook	Novel methodology
Ganapati Panda, Suresh Chandra Satapathy	Sustainable Computing	Linux	DL based CAD Classification

1.Concluding Remarks

In this we will use machine learning techniques and we will know about the ECG Electrocardiogram and how it works and more about the Electro waves P,Q,R,S,T waves in monitors what are their roles and how it used we will learn about the different types of heart diseases by using the ECG we will know about our heart condition whether it is in good condition or in bad condition and we can be safe by knowing it

we used Pan Thompkins algorithm in it ,it is used to know about the frequency whether it is low in frequency or high in frequency when it process the filters

1. Future Work

In this we used Pan Thompkins algorithm by that algorithm we can say that the frequency Is low or high in the electro waves.

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