

# CODEZEN 2026

**Project Title : SamjhoDawai**

**Team Name : The\_Sustainer**

**Team Members** (*Name + Roles Briefly*) :

**Adrika Gaur +Full-Stack Lead & AI  
Researcher.**

**Tracks Chosen** (*Healthcare , AI/ML , Web3,  
Development, Sustainability, Internet of things , Open  
Innovation etc..* ) : **Healthcare, AI.ML**

# PRoBLEM STATEMENT & TARgET AuDIENcE

## Problem We're Solving

### **The Issue:**

- Handwritten prescriptions are often hard to read.
- Medical terms are difficult for elderly and non-English-speaking patients to understand.

### **Real-life stats:**

- 34% of patients in Indian hospitals experience medication errors
- 40% of prescription errors are due to poor handwriting
- Only 12% of prescriptions are fully legible
- This leads to ~5.2 million medication errors every year in India

## Target Users

- Age group : 50+
- Sector: Rural areas
- Business model: B2C

### **Impacted audience (who faces this issue?) :**

- Elderly citizens
- Rural populations
- Speakers of regional languages (B2C)

# Our UNIQUE SOLUTION

## Key Features

- Handwriting OCR: Converts messy doctor handwriting into structured medicine data.
- Regional Language Simplifier: Explains medicines in simple Hindi and other Indian languages
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- Safety Checks: Flags dosage risks using age and weight
- Medical Chatbot: Answers basic questions in the user's language

## Any USPs (what makes it new or better ?)

- Prescription → Action, not just text: Converts handwritten prescriptions into a clear, time-based daily schedule.
- Built for Indian patients: Explains medicines in simple regional languages, not medical English.
- Safety-first by design: Uses patient details (age, weight) to flag risky dosages that generic OCR apps ignore.

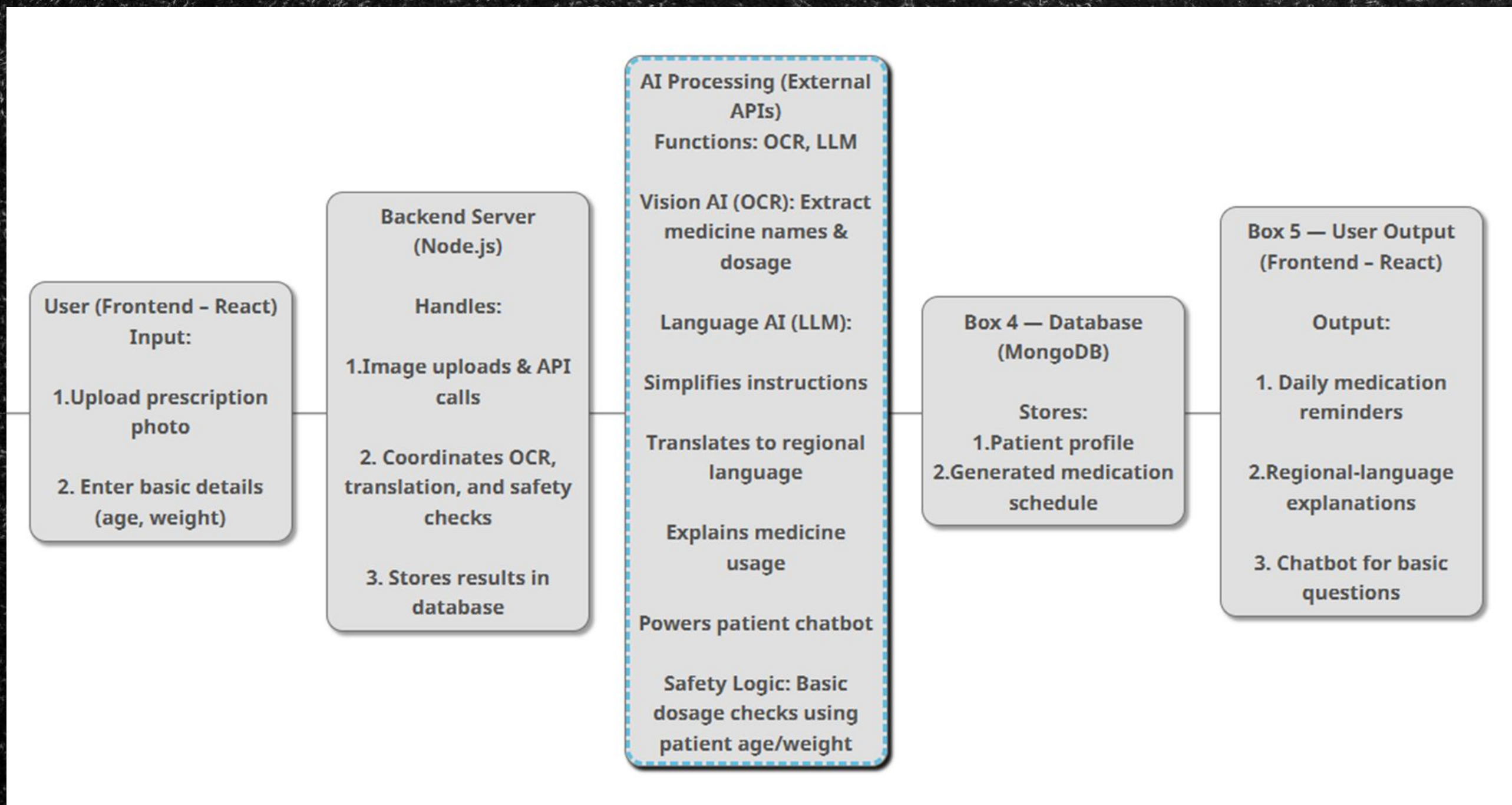
## Why It's Different

- Built specifically for **medical prescriptions**, not
  - general translation.
- Converts prescriptions into a **time-based daily schedule**, not just text in your **regional language**.
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- Focuses on **understanding and safety**, not word-for-word translation.

## How it directly solves the problem:

- It bridges the "Prescription Gap" by converting illegible doctor's notes into a clear, time-based digital schedule that the elderly can read, UNDERSTAND and follow independently.

# TECH STACK + ARcHITEcTuRE



## Tech Stack

- **Frontend:** **React** (to build a responsive user interface).
- **Backend:** **Node.js** (to manage logic and handle API requests).
- **Database:** **MongoDB** (to "remember" user biometrics like age and height).
- **APIs:** **Google Vision API** or **OpenAI** (for the OCR handwriting extraction and translation)

# FEASIBILITY AND SHOWSTOPPERS

## Feasibility

### Hackathon-scale build:

- Built within a 36-hour window using pre-trained OCR and LLM APIs, avoiding custom model training.

### Modular tech stack:

- React + Node.js enables rapid prototyping and smooth integration with external AI services.

### No dataset dependency:

- The prototype works on user-uploaded prescription images, removing the need for large pre-collected datasets.

## Showstoppers

### Illegible handwriting Risk:

- OCR confidence drops on messy or low-light handwriting.
- Mitigation: Low-confidence outputs are flagged and require user confirmation or re-upload.

### Loss of meaning during translation Risk:

- Medical instructions may lose clarity in regional languages.
- Mitigation: The system prioritizes clear dosing instructions (e.g., “after breakfast”) over complex terminology.

### Data privacy concerns Risk:

- Handling age/weight data is sensitive.
- Mitigation: Minimal biometric storage, encrypted at rest, used only for session-level safety checks.

# USP & BUSINESS MODEL

## USP

- **Prescription-Aware OCR:**

Uses OCR APIs with medical-specific processing to read doctor prescriptions more accurately

- **Language + Clarity First:**

Explains medicines in simple regional languages, not just translated text

- **Safety Checks Built-In:**

Flags possible dosage risks using basic patient details (age, weight)  
**Actionable Output:** Converts prescriptions into a clear, time-based daily schedule

## Business Model

- **Direct-to-User (B2C):**

Elderly users and caregivers access the platform directly

- **Free to Use:**

Designed as an accessibility-first healthcare support tool

- **Scalable Impact:**

Can be adopted widely without financial barriers

- **Future Scope:**

Potential partnerships with healthcare organizations or government programs