

# MediChain

Decentralized & Encrypted Medical Records

*“Empowering Patients. Securing Data. Saving Lives.”*

## TEAM QUARKS

Aryan Dandotiya	Backend, Frontend, API Development
Saidul H. Chaudhary	Backend, Blockchain Architecture
Divyam K. Choubey	API Integration
Bittu Shah	Deployment & DevOps

## SUBMISSION RESOURCES

Round 1: Concept Video

[View Design Mockups \(Figma\)](#)

---

## Contents

---

<b>1</b>	<b>The Problem Landscape</b>	<b>2</b>
1.1	Problem Statement . . . . .	2
1.2	Target Audience . . . . .	2
<b>2</b>	<b>Proposed Solution &amp; USP</b>	<b>2</b>
2.1	Solution Overview . . . . .	2
2.2	Unique Selling Proposition . . . . .	3
<b>3</b>	<b>Technical Architecture &amp; Stack</b>	<b>4</b>
3.1	System Workflow . . . . .	4
3.2	Technology Stack . . . . .	5
<b>4</b>	<b>Key Features &amp; Functionalities</b>	<b>5</b>
<b>5</b>	<b>Implementation Roadmap</b>	<b>7</b>
<b>6</b>	<b>Impact &amp; Sustainability</b>	<b>7</b>
6.1	Social Impact . . . . .	7
6.2	Scalability . . . . .	7
<b>7</b>	<b>Future Scope: AI Integration</b>	<b>7</b>
<b>8</b>	<b>References</b>	<b>7</b>

## 1 The Problem Landscape

### 1.1 Problem

### Statement

The modern healthcare system suffers from **Data Silos**. A patient's medical history is fragmented across different hospitals, clinics, and labs. This fragmentation leads to three critical failures:

1. **Lack of Ownership:** Patients do not own their data; centralized institutions do.
2. **Interoperability Issues:** Transferring records between hospitals is manual, slow, and error-prone.
3. **Security Vulnerabilities:** Centralized databases are prime targets for ransomware attacks.

### 1.2 Target

### Audience

- **Primary:** Patients requiring chronic care or ownership of their history.
- **Secondary:** Doctors requiring instant, verifiable patient history.

## 2 Proposed Solution & USP

### 2.1 Solution

### Overview

MediChain is a **Hybrid Decentralized Application (DApp)** utilizing a secure "Lock-and-Key" architecture:

#### The Vault (Storage)

Encrypted medical files are stored on **IPFS (Pinata)**.

#### The Lock (Encryption)

Files are encrypted via **AES-256** before upload.

#### The Key (Access)

The Ethereum Blockchain acts as the access manager. Only the patient's private key can authorize a doctor to decrypt the file.



**Figure 1 – Current State: Fragmented Data & Zero Patient Control**

## 2.2 Unique

## Selling

## Proposition

### Why MediChain?

- **Patient Sovereignty:** Access is granted and revoked solely via smart contracts.
- **Tamper-Proof Verification:** Files are hashed upon upload. If a single byte changes, the hash mismatches, flagging the file as compromised.



*Figure 2 – Comparison: Centralized Vulnerability vs. Decentralized Security*

### 3 Technical Architecture & Stack

#### 3.1 System

#### Workflow

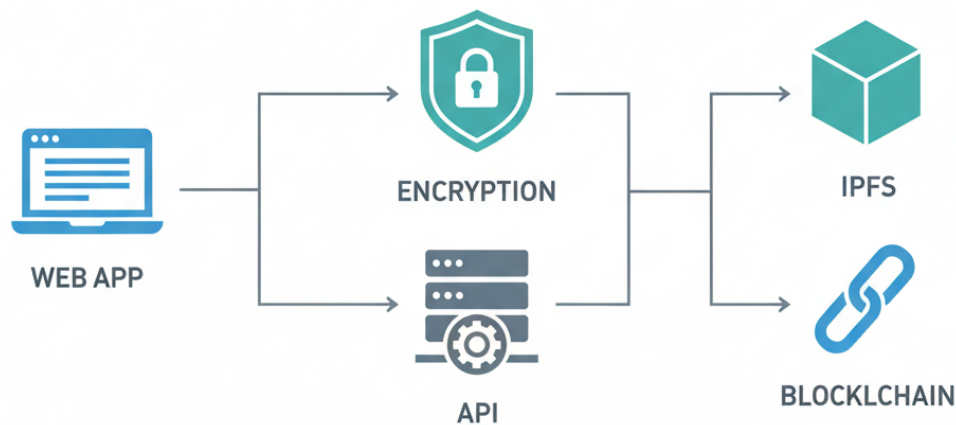
The data flow ensures privacy by design:

- Step 1: Input:** User selects a file (PDF/Image).
- Step 2: Processing:** Python Service encrypts file (AES-256).
- Step 3: Storage:** Encrypted blob uploaded to IPFS. CID Returned.
- Step 4: Blockchain:** CID and File Hash stored on Sepolia Smart Contract.
- Step 5: Output:** System verifies on-chain hash before decryption.

### 3.2 Technology

### Stack

- **Frontend:** React.js, Vite, Tailwind CSS, Ethers.js.
- **Backend:** Django REST Framework, Python FastAPI (Encryption).
- **Blockchain:** Solidity, Hardhat, Sepolia Testnet.
- **Storage:** IPFS (Pinata Cloud).



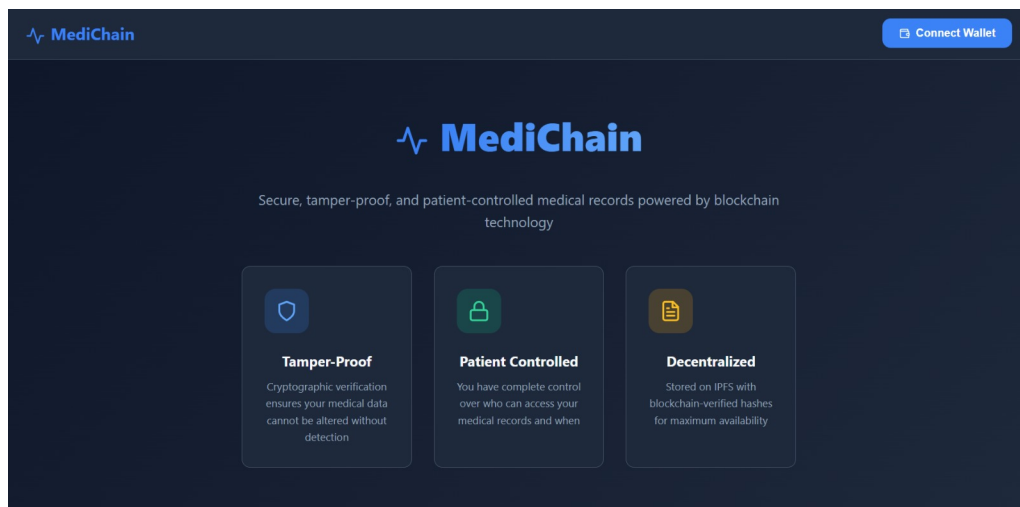
**Figure 3** – *System Architecture: Frontend → Encryption → IPFS → Blockchain*

## 4 Key Features & Functionalities

**Feature 1: Cryptographic Integrity Check** The “Verify” button fetches the file, re-hashes it locally, and compares it with the immutable blockchain record.

**Feature 2: Role-Based Dashboards** Distinct User Interfaces for Patients (Grant/Revoke Access) and Doctors (Upload/Verify).

**Feature 3: Zero-Knowledge Privacy** The platform admins cannot view user data; only the private key holder can.



**Figure 4** – *Working Prototype: Dashboard, Verification Success, and MetaMask Integration.*

## 5 Implementation

## Roadmap

**Phase 5: Qualifying Round (Feb 11–17):** Core Architecture setup, Smart Contract deployment (Local), AES Encryption logic.

**Phase 5: Final Excellence Round (Feb 19–25):** Sepolia Testnet deployment, Frontend Wallet integration, UI Polish, Final Demo.

## 6 Impact

## &

## Sustainability

### 6.1 Social

### Impact

Reduces medical errors caused by missing history and eliminates redundant testing costs for patients.

### 6.2 Scalability

High scalability due to off-chain storage (IPFS). Blockchain is used only for lightweight pointers, keeping gas costs minimal.

## 7 Future

## Scope:

## AI

## Integration

*Transforming MediChain from a storage solution to an intelligent assistant.*

1. **“Vital-Sync” Summarizer:** In emergencies, doctors cannot read 50 pages. We will integrate GenAI to scan decrypted records and generate a **one-page summary** (Allergies, Blood Type, Conditions).
2. **“Medi-Bot” Assistant:** A RAG-based chatbot allowing patients to ask, “Can I take Ibuprofen?” The AI checks history for interactions (e.g., “No, you are on blood thinners”).

## 8 References

- [1] **Ethereum Documentation** (ERC Standards).  
<https://ethereum.org/developers/docs/>
- [2] **Pinata API Documentation** (IPFS).  
<https://docs.pinata.cloud/api-reference/introduction>
- [3] **PyCryptodome** (AES-256 Implementation).  
<https://pycryptodome.readthedocs.io/en/latest/src/cipher/aes.html>



[4] **Hardhat Development Environment.**

<https://hardhat.org/docs/getting-started>