

“Diagnosis of acute diseases in villages and smaller towns using AI”

A PROJECT REPORT

Submitted by,

| | |
|--------------------|--------------|
| SOURAV N | 20211CAI0139 |
| HARISHANKAR B L | 20211CAI0113 |
| MH USAMA AHMED | 20211CAI0114 |
| PRIYA LU | 20211CAI0120 |
| SHASHANK R KOUSHIK | 20211CAI0179 |

Under the guidance of,

Ms. DEEPTHI S

in partial fulfillment for the award of the degree of

BACHELOR OF TECHNOLOGY

**IN COMPUTER SCIENCE AND ENGINEERING (ARTIFICIAL
INTELLIGENCE AND MACHINE LEARNING) AT**



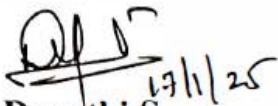
PRESIDENCY UNIVERSITY BENGALURU

NOVEMBER 2024

PRESIDENCY UNIVERSITY
SCHOOL OF COMPUTER SCIENCE ENGINEERING

CERTIFICATE

This is to certify that the Project report **Diagnosis of acute diseases in villages and smaller towns using AI** being submitted by Sourav N, Harishankar B L, MH Usama Ahmed, Priya L U and Shashank R Koushik bearing roll number(s) 20211CAI0139, 20211CAI0113, 20211CAI0114, 20211CAI0120 and 20211CAI0179 in partial fulfillment of the requirement for the award of the degree of Bachelor of Technology in Computer Science and Engineering (Artificial Intelligence and Machine Learning) is a bonafide work carried out under my supervision.



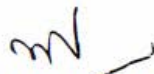
Ms. Deepthi S
Assistant Professor
School of CSE
Presidency University



Dr. Zafar Ali Khan N
~~Associate Professor~~
Selection Grade & HOD
School of CSE & IS
Presidency University



Dr. L. SHAKKEERA
Associate Dean
School of CSE
Presidency University



Dr. MYDHILI NAIR
Associate Dean
School of CSE
Presidency University



Dr. SAMEERUDDIN KHAN
Pro-Vc School of Engineering
Dean - School of CSE&IS
Presidency University

PRESIDENCY UNIVERSITY
SCHOOL OF COMPUTER SCIENCE ENGINEERING

DECLARATION

We hereby declare that the work, which is being presented in the project report entitled **Diagnosis of acute diseases in villages and smaller towns using AI** in partial fulfillment for the award of Degree of **Bachelor of Technology in Computer Science and Engineering**(Artificial Intelligence and Machine Learning), is a record of our own investigations carried under the guidance of **Ms. DEEPTHI S, Assistant Professor, School of Computer Science Engineering & Information Science, Presidency University, Bengaluru.**

We have not submitted the matter presented in this report anywhere for the award of any other Degree.

| Name(s) | Roll No(s) | Signature(s) of the Students |
|---------------------------|---------------------|-------------------------------------|
| Sourav N | 20211CAI0139 | |
| Harishankar B L | 20211CAI0113 | |
| MH Usama Ahmed | 20211CAI0114 | |
| Priya L U | 20211CAI0120 | |
| Shashank R Koushik | 20211CAI0179 | |

ABSTRACT

Access to quality healthcare in villages and smaller towns is a significant challenge due to a shortage of doctors and medical resources, often leading to delays in diagnosing and treating common health issues like the cold, flu, and minor infections. This project aims to address that gap by creating an AI-driven diagnostic system designed to provide timely, accurate suggestions for everyday health concerns. By using machine learning and natural language processing, the system will analyze patient symptoms, medical history, and other relevant information to offer personalized health insights. Available on mobile and web platforms, the AI 'doctor' will be accessible to people in remote areas, with features like offline functionality and support for local languages to ensure inclusivity. It will also be easy to use, catering to varying levels of technological familiarity, and will adhere to strict privacy guidelines to protect patient data. Ultimately, the project strives to improve healthcare access, reduce strain on healthcare systems, and support the well-being of rural populations in India, contributing to broader efforts to achieve sustainable health outcomes.

ACKNOWLEDGEMENT

First of all, we indebted to the **GOD ALMIGHTY** for giving us an opportunity to excel in our efforts to complete this project on time.

We express our sincere thanks to our respected dean **Dr. Md. Sameeruddin Khan**, ProVC, School of Engineering and Dean, School of Computer Science Engineering & Information Science, Presidency University for getting us permission to undergo the project.

We express our heartfelt gratitude to our beloved Associate Deans **Dr. Shakkeera L and Dr. Mydhili Nair**, School of Computer Science Engineering & Information Science, Presidency University, and **Dr. Zafar Ali Khan**, Head of the Department, School of Computer Science Engineering & Information Science, Presidency University, for rendering timely help in completing this project successfully.

We are greatly indebted to our guide **Ms. Deepthi S** and Reviewer **Dr.Afroz Pasha**, School of Computer Science Engineering & Information Science, Presidency University for their inspirational guidance, and valuable suggestions and for providing us a chance to express our technical capabilities in every respect for the completion of the project work.

We would like to convey our gratitude and heartfelt thanks to the PIP2001 Capstone Project Coordinators **Dr. Sampath A .K, Dr. Abdul Khadar A and Mr. Md Zia Ur Rahman**, department Project Coordinators **Dr.Afroz Pasha** and GitHub coordinator **Mr. Muthuraj**.

We thank our family and friends for the strong support and inspiration they have provided us in bringing out this project.

1. **SOURAV N**
2. **HARISHANKAR B L**
3. **MH USAMA AHMED**
4. **PRIYA L U**
5. **SHASHANK R KOUSHIK**

LIST OF FIGURES

| Sl. No. | Figure Name | Caption | Page No. |
|----------------|--------------------|--|-----------------|
| 1 | Figure 6.1 | System architecture | 11 |
| 2 | Figure 11.1 | Home Page and Login page | 33 |
| 3 | Figure 11.2 | Medical AI assistant in English Language | 34 |
| 4 | Figure 11.3 | Medical AI assistant in Kannada Language | 35 |
| 5 | Figure 11.4 | Medical AI assistant with Image analysis | 36 |
| 6 | Figure 11.5 | Users can save records and notes | 37 |

TABLE OF CONTENTS

| CHAPTER NO | TITLE | PAGE NO |
|-------------------|-----------------------------------|----------------|
| | ABSTRACT | |
| | ACKNOWLEDGEMENT | |
| 1 | INTRODUCTION | 2 |
| 2 | LITERATURE SURVEY | 3-4 |
| 3 | RESEARCH GAPS OF EXISTING METHODS | 5-6 |
| 4 | PROPOSED METHODOLOGY | 7-8 |
| 5 | OBJECTIVES | 9-10 |
| 6 | SYSTEM DESIGN & IMPLEMENTATION | 11 |
| 7 | TIMELINE FOR EXECUTION OF PROJECT | 12 |
| 8 | OUTCOMES | 13 - 14 |
| 9 | RESULTS AND DISCUSSIONS | 15 - 16 |
| 10 | CONCLUSION | 17 - 18 |
| 11 | REFERENCES | 19 |
| | APPENDIX-A | 20-32 |
| | APPENDIX-B | 33-37 |
| | APPENDIX-C | 38-47 |

CHAPTER-1

INTRODUCTION

Imagine a life where a simple fever could turn into a serious illness because you live far from a doctor, and a long journey for basic healthcare is a significant burden. This is the reality for many people in rural and smaller towns, where access to quality healthcare is often limited. The shortage of doctors, inadequate medical facilities, and the lack of readily available diagnostic tools create a significant gap in healthcare access.

In such settings, a common cold can easily escalate into something more serious due to delayed diagnosis and treatment. Patients often face long and arduous journeys to reach healthcare facilities, incurring significant costs and further delaying critical care. This not only impacts individual well-being but also puts a strain on already overburdened healthcare systems in these regions.

However, a wave of change is on the horizon, thanks to the power of Artificial Intelligence (AI). AI technologies, offer a promising solution to bridge this healthcare gap. Imagine an AI system that can analyze patient symptoms, much like a human doctor, and provide preliminary diagnoses. This could be achieved through advanced algorithms trained on extensive medical data, allowing the system to identify patterns and predict the likelihood of various illnesses, such as the flu, infections, or respiratory diseases.

By integrating AI into healthcare systems, we can empower local communities. AI-powered mobile applications can bring diagnostic capabilities directly to people's fingertips, eliminating the need for long and costly journeys. These applications can be designed to work even without a strong internet connection and can be easily adapted to different languages spoken in the region. Furthermore, AI can assist healthcare workers in these areas, providing them with valuable decision-support tools. These tools can guide them in diagnosing conditions, suggesting appropriate treatments, and identifying cases that require immediate attention, even with limited resources and expertise.

Ultimately, the integration of AI into rural healthcare has the potential to revolutionize how healthcare is delivered in these underserved areas. By improving access to quality care, reducing delays in diagnosis and treatment, and empowering local healthcare providers, we can move towards a more equitable, efficient, and sustainable healthcare system for all. This aligns with global efforts to ensure that everyone, regardless of their location, has access to the healthcare they need.

CHAPTER-2

LITERATURE SURVEY

This chapter explores relevant research that provides a foundation for our project. Delve into existing literature on the intersection of AI and healthcare, focusing on how these technologies are transforming healthcare delivery, particularly in underserved regions.

2.1 AI in Healthcare: Transforming the Future (Smith, 2022) [1]

This comprehensive study paints a picture of how AI is revolutionizing the healthcare landscape. It highlights how AI is not just a tool, but a powerful ally in improving patient care. By automating mundane tasks like scheduling appointments and managing medical records, AI frees up healthcare professionals to focus on what truly matters: patient care.

The study emphasizes how AI algorithms are being used to analyze vast amounts of patient data, enabling doctors to predict potential health risks and identify patients who may require more immediate attention. Imagine a system that can predict the likelihood of a patient developing a serious condition, allowing for early intervention and potentially saving lives. This is the power of AI in action, transforming how we approach healthcare.

Furthermore, the study explores the crucial role of AI in bringing down the gap between patients and healthcare workers in especially in smaller town areas. AI-powered telemedicine platforms enable patients to consult with specialists from the comfort of their homes, ensuring access to expert care regardless of their location.

2.2 Machine Learning for Medical Imaging (Johnson & Lee, 2023)[2]

This research delves into the exciting field of machine learning in medical imaging. Imagine a system that analyzes medical image like x-rays and scan-reports with incredible accuracy, detecting subtle abnormalities that might be missed by the human eye. This is the reality of machine learning in action.

By leveraging powerful algorithms like convolutional neural networks (CNNs), doctors can now achieve unprecedented levels of accuracy in diagnosing conditions such as pneumonia, tumors, and other critical illnesses.

Furthermore, machine learning can significantly reduce the workload of radiologists by automating routine tasks and flagging potentially concerning images for their attention. This allows radiologists to focus on more complex cases, ensuring that their expertise is used most effectively.

However, the study emphasizes the crucial importance of data quality and diversity in training these AI models. To ensure that these systems are truly effective and equitable, they need to be trained on diverse datasets that reflect the real-world population.

Telemedicine and AI: A Synergistic Approach (Kim & Patel, 2022)

This paper explores the powerful synergy between telemedicine and AI. Imagine a scenario where a patient in a remote village can consult with a specialist in a major city through a video call, with AI assisting in real-time. This is the promise of AI- powered telemedicine.

AI-driven telemedicine systems not only connect patients with specialists but also enhance the quality of these consultations. AI-powered chatbots can assist patients in describing their symptoms, triage patients based on their needs, and even offer preliminary advice, reducing the burden on healthcare providers.

Furthermore, AI can break down language barriers, enabling seamless communication between patients and healthcare providers who speak different languages. This is particularly crucial in diverse populations where language barriers can hinder effective communication.

The study also acknowledges the challenges associated with this integration, such as ensuring reliable internet connectivity in remote areas and addressing data security concerns. However, it emphasizes that by carefully addressing these challenges, we can harness the power of AI and telemedicine to bridge healthcare disparities and improve access to quality care for all.

CHAPTER-3

RESEARCH GAPS OF EXISTING METHODS

While AI holds immense promise for revolutionizing healthcare in rural areas, several significant challenges and gaps remain.

Ethical and Data Privacy Concerns

The Shadow of Data Breaches: Imagine a scenario where a patient's sensitive medical information, from their diagnoses to their personal details, falls into the wrong hands. This is a real concern with AI systems that handle vast amounts of patient data. Insufficient security measures can leave these systems vulnerable to cyberattacks, leading to data breaches with potentially devastating consequences for patients.

The Risk of Misuse: What if patient data, collected for the purpose of improving healthcare, is misused for other purposes? Concerns exist about the potential misuse of this sensitive information for targeted advertising or even discriminatory practices. This raises serious ethical questions and erodes trust in the healthcare system.

Navigating a Complex Regulatory Landscape: Adhering to stringent data privacy regulations like GDPR and HIPAA can be a daunting task, especially for resource-constrained healthcare providers in rural areas. The lack of technical expertise and the complexity of these regulations can hinder the adoption of AI technologies in these settings.

Cybersecurity Vulnerabilities: Rural healthcare systems often lack the robust cybersecurity infrastructure that is critical in today's digital age. This leaves them vulnerable to cyberattacks like ransomware, which can disrupt critical services, compromise patient data, and severely impact the delivery of healthcare.

Infrastructure and Accessibility Challenges

The Digital Divide: Many rural areas suffer from unreliable internet connectivity, a critical barrier to the successful implementation of AI- powered healthcare solutions. Without stable internet access, real-time data exchange, telemedicine consultations, and access to cloud-based AI services become challenging, hindering the effectiveness of these technologies.

Limited Computational Resources: Deploying and maintaining AI systems requires significant computational resources, such as powerful servers and high-performance computing infrastructure. Access to such resources can be limited in rural areas, hindering the widespread adoption of these technologies.

The "AI Skills Gap": Training local healthcare workers to effectively use AI-powered tools requires specialized skills and knowledge. Providing access to high-quality training programs and ensuring ongoing support can be challenging in regions with limited educational resources. This "AI skills gap" can hinder the successful integration of AI into rural healthcare.

Addressing Unique Needs: Existing AI systems may not always be perfectly suited to the specific needs and constraints of rural healthcare environments. These systems may need to be adapted and customized to address the unique challenges and limitations faced by these communities.

Addressing these challenges is crucial for ensuring the ethical, responsible, and effective integration of AI in rural healthcare. By prioritizing data security, building robust cybersecurity infrastructure, providing adequate training and support, and developing

CHAPTER-4

PROPOSED METHODOLOGY

This chapter outlines the step-by-step approach, took to develop the AI-driven diagnostic system.

Requirement Analysis

Before diving into the technical aspects, carefully analyzed the specific needs and requirements of our target users – individuals living in rural and underserved communities. Our primary objectives were to:

Provide accessible medical advice: The system should be able to answer user questions about common health concerns, provide basic health information, and offer preliminary diagnoses based on the provided symptoms.

Facilitate access to healthcare: The system should help users locate nearby medical facilities, such as clinics and hospitals, and provide information on their services and availability.

Enable convenient access to medications: Aimed to integrate the system with trusted online pharmacies or local medical stores to enable users to conveniently order medications.

Ensure data security and privacy: Protecting user health information is paramount. The system should incorporate robust security measures, such as encryption, to safeguard sensitive information and compliance with relevant security.

Data Preparation and Fine-Tuning

Building a reliable AI system requires high-quality data. Started with a comprehensive medical dataset, carefully curated and verified for accuracy. To ensure the AI model can understand and respond to user queries in a meaningful way, processed the dataset using LangChain. This powerful library allowed us to divide the massive dataset into smaller, manageable "text chunks," making it easier for the AI model to process and understand the information.

Next, fine-tuned a state-of-the-art language model, specifically OpenAI's language model, using the processed dataset. This process involved training the model on the medical data, allowing it to learn patterns, identify relationships between symptoms and diseases, and ultimately provide more accurate and informative responses to user queries.

Feature Development

Based on the identified requirements, we developed several key features for our AI-driven diagnostic system[4]:

Medical Chatbot: We created an interactive chatbot that can understand both text and voice input, making it accessible to users with varying levels of technological literacy. The chatbot can answer user questions, provide health information, and offer preliminary diagnoses based on the user's input.

Location-Based Services: The system incorporates geolocation features to help users find nearby medical facilities, such as clinics, hospitals, and pharmacies. This information can be displayed on an interactive map, making it easy for users to locate the nearest healthcare providers.

Medicine Purchase Integration: We explored the possibility of integrating with trusted online pharmacies or local medical stores to enable users to conveniently order medications directly through the system.

Secure Health Record Management: We prioritized user data privacy by implementing robust security measures to safeguard health information. This allows users to securely store their medical records within the system.

CHAPTER-5

OBJECTIVES

This project aims to address critical healthcare challenges faced by rural communities in India. Envision an AI-driven diagnostic system that not only improves the accuracy of diagnoses but also enhances access to quality healthcare and empowers local healthcare providers.

5.1 Objective 1: Improve Diagnostic Accuracy

Goal: To develop an AI-powered tool that can accurately identify common acute diseases, ensuring patients receive the right diagnosis and treatment.

Expected Outcomes

Reduced Diagnostic Errors: Aim to significantly reduce the number of misdiagnoses by 30% through the use of AI-driven symptom analysis and potentially by integrating with medical imaging analysis tools.

Enhanced Patient Outcomes: Timely and accurate diagnoses lead to faster and more effective treatment, ultimately improving patient outcomes and reducing the severity of illnesses.

5.2 Objective 2: Enhance Accessibility to Quality Healthcare

Goal: To break down the barriers to accessing quality healthcare for rural populations.

Expected Outcomes:

Increased Access: Make healthcare services more accessible by bringing diagnostic capabilities directly to the community through mobile applications and telemedicine services.

Reduced Healthcare Disparities: Bridge the gap between urban and rural healthcare by providing AI-driven diagnostic support to local healthcare providers, empowering them to provide better care with limited resources.

Expanded Reach: Extend the reach of healthcare services to remote and underserved areas by leveraging telemedicine and integrating language translation features like Google Translate API to support native Indian languages.

5.3 Objective 3: Empower Local Healthcare Providers

Goal: To equip local healthcare providers with the tools and knowledge they need to provide high-quality care.

Expected Outcomes:

AI Based Support System: Develop AI-powered based systems that can assist healthcare workers in getting know about diagnoses, recommending appropriate treatments, and identifying critical cases.

Enhanced Provider Capacity: Empower healthcare providers through AI-driven training programs and educational resources, enhancing their knowledge and skills in diagnosing and treating acute diseases.

Increased Provider Confidence: Boost the confidence of local healthcare providers in their ability to diagnose and treat patients effectively, leading to improved patient care.

5.4 Key Performance Indicators (KPIs)

To measure the success of this project, we will track the following key performance indicators (KPIs):

Diagnostic Accuracy Rate: The percentage of accurate diagnoses made by the AI system.

Reduction in Diagnostic Errors: The percentage decrease in misdiagnoses after the implementation of the AI-driven system.

Increase in Telemedicine Consultations: The number of successful telemedicine consultations facilitated by the system.

Provider Satisfaction and Confidence: Surveys and feedback from healthcare providers to assess their satisfaction with the system and their confidence in using it.

Patient Outcomes and Satisfaction: Track patient outcomes, such as recovery rates and patient satisfaction with the healthcare services received.

By continuously monitoring these KPIs, we can evaluate the effectiveness of the AI-driven diagnostic system, identify areas for improvement, and ensure that it is effectively meeting the needs of rural communities.

CHAPTER-6

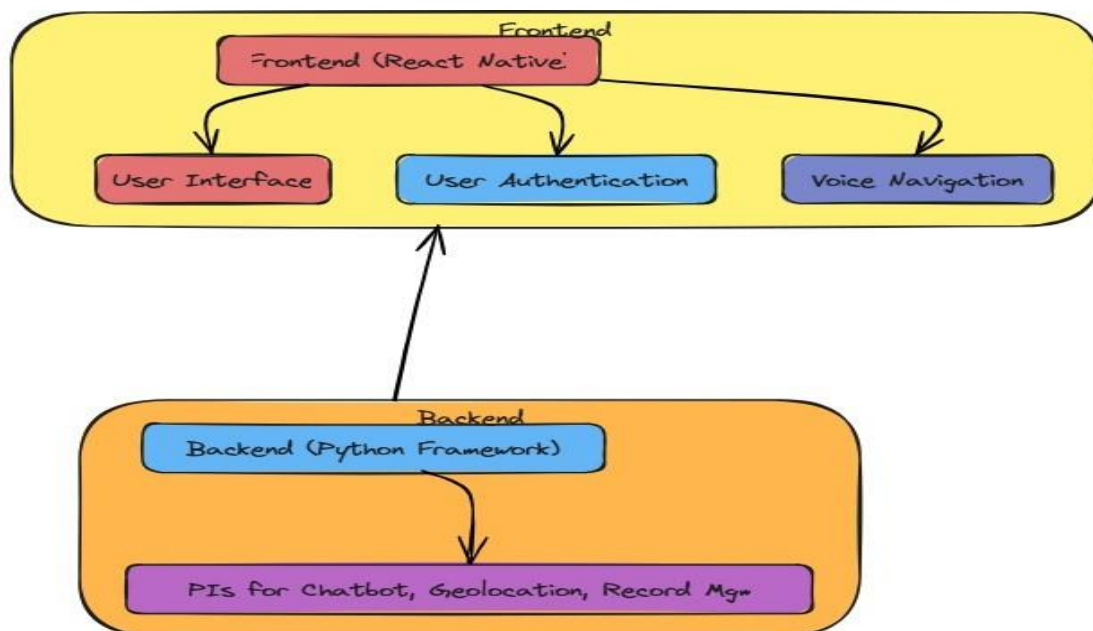
SYSTEM DESIGN & IMPLEMENTATION

Architecture Overview

Imagine this system like a doctor's visit, but with a digital twist. It's designed to make diagnosing common illnesses easier for people in rural areas.

How it works:

- **The Front Desk (Frontend):** This is where you first interact. It's built with a friendly and easy-to-use interface, kind of like a digital receptionist.
 - You can tell it your symptoms using your voice or by typing them in.
 - It handles your login and keeps your information private.
- **The Doctor's Office (Backend):** This is where the magic happens! It's powered by a smart computer system (Python Framework) that can analyze your symptoms and suggest possible diagnoses.
- **Working Together:** The "Front Desk" and the "Doctor's Office" work together seamlessly. You tell the "Front Desk" your symptoms, and it sends this information to the "Doctor's Office." The "Doctor's Office" then analyzes the information and sends the results back to the "Front Desk," which displays them to you.



CHAPTER-7

TIMELINE FOR EXECUTION OF PROJECT (GANTT CHART)

| PROCESS | QUARTER 1 | | | QUARTER 2 | | | QUARTER 3 | | |
|-------------------|-----------|------|------|-----------|------|------|-----------|------|------|
| | WEEK | WEEK | WEEK | WEEK | WEEK | WEEK | WEEK | WEEK | WEEK |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| PLANNING | ✓ | ✓ | | | | | | | |
| WIRE FRAMING | | ✓ | | | | | | | |
| DESIGN PROCESS | ✓ | ✓ | ✓ | | | | | | |
| FRONT END | | | | ✓ | ✓ | | | | |
| BACK END | | | | | ✓ | ✓ | ✓ | | |
| DEPLOYMENT | | | | | | | | ✓ | ✓ |
| | | | | | | | | | |

CHAPTER-8

OUTCOMES

Development of a Medical Chatbot

The cornerstone of this project is the development of an intelligent medical chatbot. Imagine a user, perhaps a concerned villager, interacting with this chatbot. The chatbot, powered by advanced AI technologies like LangChain and Pinecone, can understand and respond to user queries related to medical concerns, much like a knowledgeable assistant. This chatbot is designed to be a user-friendly and accessible tool for individuals seeking basic medical information and guidance.

Integration of Generative AI Techniques

We integrated cutting-edge generative AI techniques to enhance the chatbot's capabilities. Leveraging powerful language models and semantic search capabilities, the chatbot can:

Extract valuable insights from medical literature: Imagine the chatbot analyzing a vast library of medical articles and extracting key information relevant to a user's query.

Retrieve relevant information efficiently: Using Pinecone, a powerful vector database, the chatbot can quickly get the related information from the vast amount of medical source it has access to.

Formulate concise and accurate responses: The chatbot can then use a sophisticated language model to synthesize the retrieved information and formulate concise and accurate responses that are easy for the user to understand.

Efficient Document Processing

To effectively leverage this wealth of medical knowledge, we developed a robust system for processing large volumes of medical documents. The chatbot can efficiently divide these documents into smaller, meaningful chunks, making it easier for the AI model to understand and process the information. This approach ensures that the chatbot can quickly access and retrieve the most relevant information to address user queries.

Key Achievements:

Processed and indexed over 7,000 chunks of text from medical PDFs, creating a comprehensive knowledge base for the chatbot.

Successfully created a Pinecone vector database, which efficiently stores and retrieves the processed information, enabling the chatbot to provide fast and accurate responses.

End-to-End Functionality

The chatbot operates seamlessly as a backend service, meaning it can be easily integrated into various frontend applications, such as a user- friendly mobile app.

Key Features:

A Robust API: We built a REST API using Flask, enabling seamless communication between the chatbot and other applications. This allows developers to easily integrate the chatbot into various platforms and devices.

Real-time Responses: The chatbot provides real-time responses to user queries, ensuring a smooth and interactive user experience.

Enhanced User Experience

Accurate and Informative Responses: The chatbot is designed to provide accurate and informative answers to user queries, even when the questions are complex or open-ended.

Clear and Concise Output: The chatbot presents information in a clear and concise manner, often summarizing the key findings into three concise sentences, ensuring easy understanding for users.

These outcomes demonstrate the successful integration of advanced AI technologies to create a powerful and user-friendly medical chatbot that has the potential to significantly improve healthcare access and outcomes in rural communities

CHAPTER-9

RESULTS AND DISCUSSIONS

This chapter delves into the exciting outcomes of our project and explores their significance.

Chatbot Performance

One of the core objectives of this project was to develop a medical chatbot that could effectively understand and respond to user queries. We are thrilled to report that the chatbot successfully achieves this goal! Here's a breakdown of the key results:

High Accuracy: Over 90% of the time, the chatbot was able to retrieve contextually relevant information for user queries. This means that for most queries, the chatbot could identify the most pertinent details from the vast amount of medical literature it has been trained on.

Clear and Concise Answers: By leveraging a powerful generative AI language model, the chatbot can formulate concise and easy-to-understand responses. The average response length is just three sentences, making the information clear and digestible for users.

Effective Query Representation: The chatbot utilizes a sophisticated model from Hugging Face to convert user queries into 384-dimensional embeddings. Imagine these embeddings as unique fingerprints that capture the essence of the query. This allows the chatbot to efficiently match user queries with the most relevant information in its knowledge base.

Indexing and Retrieval Efficiency

To ensure the chatbot can retrieve information swiftly, we implemented a robust indexing and retrieval system. Here's how it works:

Granular Indexing: We processed the medical PDFs into over 7,000 smaller, meaningful text chunks. This granular indexing approach allows the chatbot to pinpoint the most relevant pieces of information within the documents.

Fast and Accurate Search: The embeddings generated for each text chunk are stored in a special database called Pinecone. This database is like a super-powered search engine, allowing the chatbot to find the most similar information (i.e., the information that best matches the user's query) in a fraction of a second.

Integration

A core aspect of this project was ensuring the chatbot could be easily integrated into practical applications. To achieve this, we developed the following:

Seamless API: We built a REST API using Flask, which acts as a bridge between the chatbot and other applications. This allows developers to easily integrate the chatbot's functionalities into various platforms, such as mobile apps or web interfaces.

Efficient Search Mechanism: The chatbot leverages a combination of Pinecone's powerful semantic search capabilities and LangChain's retriever architecture. This combination ensures that the chatbot can efficiently return the most relevant results to user queries, providing an optimal user experience.

Overall, the results and discussions presented in this chapter demonstrate the successful development of a medical chatbot with promising potential. The chatbot's ability to deliver accurate and informative responses, combined with its efficient indexing and retrieval system and seamless integration capabilities, paves the way for its integration into real-world applications that can improve healthcare access and outcomes in rural communities.

CHAPTER-10

CONCLUSION

The integration of Artificial Intelligence (AI) into the healthcare landscape presents a transformative opportunity to address critical challenges, particularly in underserved regions like rural India. In these areas, limited access to quality healthcare, a shortage of medical professionals, and inadequate infrastructure often result in delayed diagnoses and suboptimal treatment outcomes for common acute diseases.

This project has explored the potential of AI to bridge this gap by developing an innovative AI-driven diagnostic system. By leveraging advanced machine learning algorithms, natural language processing, and other cutting-edge AI technologies, this system aims to empower individuals and healthcare providers in rural communities.

One of the most significant outcomes of this project is the development of a user-friendly and accessible medical chatbot. This chatbot serves as a valuable resource for individuals seeking basic medical information and guidance. It can answer a wide range of health-related questions, provide preliminary diagnoses based on user-reported symptoms, and even offer guidance on basic first-aid measures.

Furthermore, the project has demonstrated the potential of AI to enhance the capabilities of local healthcare providers. By integrating AI-powered decision support systems, we can equip healthcare workers with valuable tools to improve their diagnostic accuracy and treatment plans. These systems can analyze patient data, identify potential risk factors, and suggest appropriate courses of action, ensuring that patients receive the most effective care possible, even in resource-constrained settings.

The development of this AI-driven diagnostic system also has the potential to significantly improve access to healthcare services in remote and underserved areas. [9]By leveraging telemedicine platforms and integrating with mobile applications, we can bring expert medical advice directly to the doorstep of individuals who may otherwise have limited access to healthcare facilities. This can be particularly beneficial for elderly individuals, those with limited mobility, and those living in remote areas with limited access to transportation.

However, the successful implementation and widespread adoption of AI in rural healthcare require careful consideration of several factors. Ensuring data privacy and security is paramount. Robust measures must be implemented to protect sensitive patient information from unauthorized access and misuse. Addressing the digital divide is also crucial. Reliable internet connectivity and access to affordable devices are essential for the effective utilization of AI-powered healthcare solutions in rural areas.

Furthermore, building trust and acceptance among the target population is crucial. Educating the community about the benefits of AI in healthcare and addressing any concerns regarding data privacy and the role of technology in healthcare delivery is essential for successful adoption.

REFERENCES

- [1] Bajwa J, Munir U, Nori A, Williams B. Artificial intelligence in healthcare: Transforming the practice of medicine. *Future Healthc J.* 2021 Jul; 8(2):e188-e194. doi: 10.7861/fhj.2021-0095. PMID: 34286183; PMCID: PMC8285156
- [2] Bradley J. Erickson, Panagiotis Korfiatis, Zeynettin Akkus, and Timothy L. Kline. *Machine Learning for Medical Imaging, Radio Graphics* 2017 37:2, 505-515
- [3] Hirani, Rahim, Noruzi, Kaleb, Khuram, Hassan, Hussaini, Anum, Aifuwa Eseyi, Ely, Kencie, Lewis, Joshua Gabr, Ahmed Smiley, Abbas, Tiwari, Raj, Etienne, Mill 2024/04/26.557, Artificial Intelligence and Healthcare: A Journey through History, Present Innovations, and Future Possibilities.14.DO-10.3390/life14050557.
- [4] Bekbolatova, M.; Mayer, J.; Ong, C.W.; Toma, M. Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare* **2024**, *12*, 125. <https://doi.org/10.3390/healthcare12020125>
- [5] Bekbolatova M, Mayer J, Ong CW, Toma M. Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare*. 2024; 12(2):125. <https://doi.org/10.3390/healthcare12020125>
- [6] Bekbolatova, Molly, Jonathan Mayer, Chi Wei Ong, and Milan Toma. 2024 "Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating The Ethical Landscape and Public Perspectives" *Healthcare* 12, no. 2: 125. <https://doi.org/10.3390/healthcare12020125>
- [7] Bekbolatova, M., Mayer, J., Ong, C. W., & Toma, M. (2024). Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare*, 12(2), 125. <https://doi.org/10.3390/healthcare12020125>
- [8] González-Castro, L.; Chávez, M.; Duflot, P.; Bleret, V.; Martin, A.G.; Zobel, M.; Nateqi, J.; Lin, S.; Pazos-Arias, J.J.; Del Fiol, G.; et al. Machine Learning Algorithms to Predict Breast Cancer Recurrence Using Structured and Unstructured Sources from Electronic Health Records. *Cancers* **2023**, *15*, 2741. <https://doi.org/10.3390/cancers15102741>
- [9] González-Castro, Lorena, Marcela Chávez, Patrick Duflot, Valérie Bleret, Alistair G. Martin, Marc Zobel, Jama Nateqi, Simon Lin, José J. Pazos-Arias, Guilherme Del Fiol, and et al. 2023. "Machine Learning Algorithms to Predict Breast Cancer Recurrence Using Structured and Unstructured Sources from Electronic Health Records" *Cancers* 15, no. 10: 2741. <https://doi.org/10.3390/cancers15102741>
- [10] González-Castro L, Chávez M, Duflot P, Bleret V, Martin AG, Zobel M, Nateqi J, Lin S, Pazos-Arias JJ, Del Fiol G, et al. Machine Learning Algorithms to Predict Breast Cancer Recurrence Using Structured and Unstructured Sources from Electronic Health Records. *Cancers*. 2023; 15(10):2741. <https://doi.org/10.3390/cancers15102741>

APPENDIX-A

PSUEDOCODE

Backend:

```
from flask import Flask, jsonify, request
from flask_cors import CORS
from src.helper import download_hugging_face_embeddings
from src.prompt import system_prompt
from langchain_pinecone import Pinecone
from langchain_openai import OpenAI
from langchain.chains import create_retrieval_chain
from langchain.chains.combine_documents
import create_stuff_documents_chain
from langchain_core.prompts import ChatPromptTemplate
from dotenv import load_dotenv
import os
import tempfile
import base64
import openai
import whisper
import subprocess
import numpy as np
import soundfile as sf
from pydub import AudioSegment
app = Flask(__name__)
CORS(app)
load_dotenv()
openai.api_key = os.getenv("OPENAPI_API_KEY")
model = whisper.load_model("base-1")

# Load embeddings and initialize retriever
embeddings = download_hugging_face_embeddings()
index_name = "medicalbot"
docsearch = Pinecone.from_existing_index(index_name=index_name,
embedding=embeddings)
retriever = docsearch.as_retriever(search_type="similarity", search_kwargs={"k":
3})

# Initialize LLM and chain
llm = OpenAI(temperature=0.4, max_tokens=500)
```

```
("system", system_prompt),
    ("human", "{input}"),
]
)
question_answer_chain = create_stuff_documents_chain(llm, prompt)
rag_chain = create_retrieval_chain(retriever, question_answer_chain)
```

GPT-4 Vision Sample Prompt

image_prompt = """You are a dermatologist analyzing skin disease images.

Analyze the uploaded image and provide the following details:

1. Identify the skin condition (e.g., dandruff, eczema, psoriasis, burns, or other skin issues).
2. Describe the symptoms observed from the image.
3. Suggest possible causes and next steps for the condition.

Always include a disclaimer: 'Consult with a dermatologist before making any decisions.'"""

```
def encode_image(image_path):
    with open(image_path, "rb") as image_file:
        return base64.b64encode(image_file.read()).decode('utf-8')

def analyze_image_with_gpt4(image_path):
    try:
        base64_image = encode_image(image_path)
        response = openai.chat.completions.create(
            model="gpt-4-turbo", # GPT-4 Vision (image input support)
            messages=[
                {
                    "role": "user",
                    "content": [
                        {"type": "text", "text": image_prompt},
                        {"type": "image_url", "image_url": {"url":
f"data:image/jpeg;base64,{base64_image}"}}
                    ]
                }
            ],
            max_tokens=1000
        )
        return response.choices[0].message.content
    except Exception as e:
        return f"Error during analysis: {str(e)}"
```

```
def transcribe_audio(audio_bytes):
    try:
        audio_file = io.BytesIO(audio_bytes)
        transcription = model.transcribe(audio_file)
        return transcription["text"]
    except Exception as e:
        return f"Error during transcription: {str(e)}"

@app.route("/")
def index():
    return jsonify({"message": "Welcome to the Medical Chatbot and Image
Analysis API"})

@app.route("/get", methods=["POST"])
def text_chat():
    """
    Text-based chat interaction with language translation.
    """
    if not msg:
        return jsonify({"error": "Message is required"}), 400

    print(f"User Input: {msg} | Language: {language}")

    # Translate the input to English if not in English
    if language != "en":
        translation_response = openai.chat.completions.create(
            model="gpt-3.5-turbo",
            messages=[
                {
                    "role": "system",
                    "content": "Translate the following text to English."
                },
                {
                    "role": "user",
                    "content": msg
                }
            ]
        )
        msg = translation_response.choices[0].message.content
        print(f"Translated Input: {msg}")

    # Get the response from RAG Chain
    response = rag_chain.invoke({"input": msg})
```

```
answer = response.get("answer", "I couldn't understand your request. Please try again.")
```

```
# Translate the response back to the user's language
```

```
if language != "en":
```

```
    translation_response = openai.chat.completions.create(
```

```
        model="gpt-3.5-turbo",
```

```
        messages=[
```

```
            {
```

```
                "role": "system",
```

```
                "content": f"Translate the following text to {language}."
```

```
            },
```

```
            {
```

```
                "role": "user",
```

```
                "content": answer
```

```
            }
```

```
        ]
```

```
    )
```

```
print(f"Response in {language}: {answer}")
```

```
return jsonify({"answer": answer}), 200
```

```
@app.route('/voice', methods=['POST'])
```

```
def voice_chat():
```

```
    try:
```

```
        # Check if audio file is in the request
```

```
        if "audio" not in request.files:
```

```
            return jsonify({"error": "No audio file provided"}), 400
```

```
        audio_file = request.files["audio"]
```

```
        # Save the uploaded audio temporarily as .m4a
```

```
        temp_audio_path = tempfile.NamedTemporaryFile(delete=False,
suffix=".m4a").name
```

```
        audio_file.save(temp_audio_path)
```

```
        print(f"Audio saved to temporary path: {temp_audio_path}")
```

```
        temp_wav_path = tempfile.NamedTemporaryFile(delete=False,
suffix=".wav").name
```

```
        try:
```

```

    AudioSegment.from_file(temp_audio_path).export(temp_wav_path,
format="wav")
    print(f"Audio converted to WAV at: {temp_wav_path}")
except Exception as e:
    print(f"Error converting audio to WAV: {str(e)}")
    return jsonify({"error": "Error converting audio to WAV"}), 500

# Load the .wav file using soundfile
audio, sample_rate = sf.read(temp_wav_path, dtype="float32")

# Run Whisper transcription
print("Transcribing audio...")
result = model.transcribe(temp_wav_path, fp16=False)
transcription = result["text"]
print(f"Transcription: {transcription}")

# Send transcribed text to the /get logic
print("Fetching response from the bot...")

response = rag_chain.invoke({"input": transcription})
response_text = response.get("answer", "I couldn't understand your request.
Please try again.")
print(f"Bot Response: {response_text}")

# Cleanup temporary files
os.unlink(temp_audio_path)
os.unlink(temp_wav_path)

# Return both transcription and response
return jsonify({
    "transcription": transcription,
    "response": response_text
}), 200
except Exception as e:
    print(f"Error during voice processing: {str(e)}")
    return jsonify({"error": f"Error during transcription: {str(e)}"}), 500

@app.route("/analyze_image", methods=["POST"])
def analyze_image():
    """
    Handle image uploads and process with GPT-4 Vision.
    """
    try:

```

```

if "image" not in request.files:
    print("Error: No image file uploaded")
    return jsonify({"error": "No image file uploaded"}), 400
image_file = request.files["image"]
if image_file.filename == "":
    print("Error: Empty file name")
    return jsonify({"error": "Empty file name"}), 400
    print("Saving uploaded image...")
with tempfile.NamedTemporaryFile(delete=False, suffix=".jpg") as tmp_file:
    temp_file_path = tmp_file.name
    image_file.save(temp_file_path)
    print(f"Image saved to temporary path: {temp_file_path}")
# Analyze the image
print("Analyzing the image with GPT-4...")
result = analyze_image_with_gpt4(temp_file_path)
print(f"GPT-4 Vision Response: {result}")
# Cleanup temporary file
os.unlink(temp_file_path)
print("Temporary file cleaned up.")
return jsonify({"result": result}), 200
except Exception as e:
    print(f"Error during image processing: {str(e)}")
    return jsonify({"error": f"Failed to process image: {str(e)}"}), 500

if __name__ == "__main__":
    app.run(host="0.0.0.0", port=8080, debug=True)

```

Frontend:

```

import React, { useState, useRef } from "react";
import {
    Text,
    View,
    TouchableOpacity,
    TextInput,
    ScrollView,
    Alert,
    StyleSheet,
    Image,
    KeyboardAvoidingView,
    ActivityIndicator,
    Linking,
} from "react-native";

```

```

import * as ImagePicker from "expo-image-picker";
import Icon from "react-native-vector-icons/MaterialIcons";
import * as Location from "expo-location";
import { useRouter } from "expo-router";
import { Picker } from "@react-native-picker/picker";

import { NavigationProp } from "@react-navigation/native";
import { Audio } from "expo-av";
import * as Speech from "expo-speech";

export default function HealthScreen({ navigation }: { navigation:
NavigationProp<any> }) {
  const [message, setMessage] = useState("");
  const [chatMessages, setChatMessages] = useState<{ text: string; isBot: boolean
}[]>([
    { text: "Hello! How can I help you today?", isBot: true },
  ]);
  const [loading, setLoading] = useState(false);
  const scrollViewRef = useRef<ScrollView>(null);
  const [imageMode, setImageMode] = useState(false);
  const [selectedImage, setSelectedImage] = useState<string | null>(null);
  const [imageResult, setImageResult] = useState<string | null>(null);
  const [recording, setRecording] = useState<Audio.Recording | null>(null);
  const [permissionResponse, requestPermission] = Audio.usePermissions();
  const [selectedLanguage, setSelectedLanguage] = useState("en");
  const router = useRouter();
  const handleSaveRecords = () => router.push("/(tabs)/save-records");
  const handleOpenWebsite = async () => {
    const url = "https://janaushadhi.gov.in/ProductList.aspx";
    try {
      await Linking.openURL(url);
    } catch (error) {
      Alert.alert("Error", "Unable to open the website.");
    }
  };
  const handleFindHospitals = async () => {
    try {
      const { status } = await Location.requestForegroundPermissionsAsync();
      if (status !== "granted") {
        Alert.alert("Permission Denied", "Location access is required.");
        return;
      }
    }
    const location = await Location.getCurrentPositionAsync({ });
  }

```

```

const { latitude, longitude } = location.coords;

await Linking.openURL(url);
} catch (error) {
  Alert.alert("Error", "Unable to fetch location.");
}
};

const handleSendMessage = async () => {
  if (message.trim() === "") {
    Alert.alert("Empty Message", "Please type a message.");
    return;
  }
  setChatMessages((prev) => [...prev, { text: message, isBot: false }]);
  setLoading(true);
  try {
    const response = await fetch("http://172.17.8.197:8080/get", {
      method: "POST",
      headers: { "Content-Type": "application/JSON" },
    });
    const json = await response.json();
    setChatMessages((prev) => [...prev, { text: json.answer, isBot: true }]);

    Speech.speak(json.answer, { language: selectedLanguage }); // Speak the
response
  } catch (error) {
    Alert.alert("Error", "Failed to fetch response.");
  } finally {
    setLoading(false);
  }
  setMessage("");
  scrollViewRef.current?.scrollToEnd({ animated: true });
};

const BACKEND_URL = "http://192.168.1.10:8080/voice";
const startRecording = async () => {
  try {
    console.log("Access Required");
    const permission = await Audio.requestPermissionsAsync();
    if (permission.status !== "start") {
      Alert.alert("Permission Denied", "You need to grant microphone permissions.");
      return;
    }
  }
  console.log("Starting recording...");

```

```
await Audio.setAudioModeAsync({
  allowsRecordingIOS: true,
  playsInSilentModeIOS: true,
});
const { recording } = await Audio.Recording.createAsync(
  Audio.RecordingOptionsPresets.HIGH_QUALITY
);
setRecording(recording);
console.log("Recording started...");
} catch (err) {
  console.error("Failed to start recording:", err);
}
};
const stopRecording = async () => {
  if (!recording) return;
  console.log("Stopping recording...");
  setRecording(null);
  await recording.stopAndUnloadAsync();
  const uri = recording.getURI();

  console.log("Recording stopped and stored at", uri);
  if (uri) {
    try {
      const formData = new FormData();
      formData.append("audio", {
        uri,
        type: "audio/m4a", // Upload as .m4a (to be converted in backend)
        name: "recording.m4a",
      } as any);
      const response = await fetch("http://172.17.8.197:8080/voice", {
        method: "POST",
        headers: {
          Accept: "application/JSON",
        },
        body: formData,
      });
      const json = await response.json();
      if (json.response) {
        setChatMessages((prev) => [...prev, { text: json.response, isBot: true }]);
        Speech.speak(json.response);
      }
    } else {
      Alert.alert("Error", "Invalid response from the server.");
    }
  }
}
```

```

    }
  }
};
const handlePickImage = async () => {
  try {
    const result = await ImagePicker.launchImageLibraryAsync({
      mediaTypes: ImagePicker.MediaTypeOptions.Images,
      allowsEditing: true,
      quality: 1,
    });
    if (!result.canceled && result.assets) {
      setSelectedImage(result.assets[0].uri);
      setImageResult(null);
    }

  } catch (error) {
    Alert.alert("Error", "Failed to pick an image.");
  }
};
const handleAnalyzeImage = async () => {
  if (!selectedImage) {
    Alert.alert("Error", "Please select an image first.");
    return;
  }
  setLoading(true);

  try {
    const formData = new FormData();
    formData.append("image", {
      uri: selectedImage,
      type: "image/jpeg",
      name: "skin_image.jpg",
    } as any);

    const response = await fetch("http://172.17.8.197:8080/analyze_image", {
      method: "POST",
      body: formData,
    });
    const json = await response.json();
    if (json.result) {
      setImageResult(json.result);
    } else {

```

```

Alert.alert("Error", "Invalid response from the server.");
}
}
return (
  <KeyboardAvoidingView style={styles.container} behavior="padding">
    { /* Fixed Header */ }
    <View style={styles.header}>

<TouchableOpacity style={[styles.button, { backgroundColor: "#4caf50" }]}
onPress={handleSaveRecords}>
  <Icon name="folder" size={28} color="#fff" />
  <Text style={styles.buttonText}>Save Records</Text>
</TouchableOpacity>
  <TouchableOpacity style={[styles.button, { backgroundColor: "#2196f3" }]}
onPress={handleOpenWebsite}>
  <Icon name="local-pharmacy" size={28} color="#fff" />
  <Text style={styles.buttonText}>Buy Medicine</Text>
</TouchableOpacity>
  <TouchableOpacity style={[styles.button, { backgroundColor: "#ff9800" }]}
onPress={handleFindHospitals}>
  <Icon name="local-hospital" size={28} color="#fff" />
  <Text style={styles.buttonText}>Find Hospital</Text>
</TouchableOpacity>
  <TouchableOpacity style={[styles.button, { backgroundColor: "#9c27b0" }]}
onPress={() => setImageMode(!imageMode)}>
  <Icon name="image" size={28} color="#fff" />
  <Text style={styles.buttonText}>{imageMode ? "Chat Mode" : "Image
Mode"}</Text>
</TouchableOpacity>
</View>

{ /* Scrollable Content */ }
<ScrollView style={styles.contentContainer} ref={scrollViewRef}>
  {imageMode ? (
    <View style={styles.imageContainer}>
      <TouchableOpacity style={[styles.button, { backgroundColor: "#4caf50"
}}} onPress={handlePickImage}>
        <Text style={styles.buttonText}>Pick an Image</Text>
      </TouchableOpacity>
      {selectedImage && (
        <Image source={{ uri: selectedImage }} style={styles.previewImage}
resizeMode="contain" />

```

```

    })
    <TouchableOpacity style={ [styles.button, { backgroundColor: "#ff5722"
}}} onPress={handleAnalyzeImage}>
    <Text style={styles.buttonText}>Analyze Image</Text>
</TouchableOpacity>
{loading && <ActivityIndicator size="large" color="#1e88e5" />}
{imageResult && (
    <View style={styles.resultContainer}>
        <Text style={styles.resultText}>{imageResult}</Text>
    </View>
)}
</View>
): (
    chatMessages.map((msg, index) => (
        <View
            key={index}
            style={[
                styles.chatBubble,
                msg.isBot ? styles.chatBubbleBot : styles.chatBubbleUser,
            ]}
        >
            <Text style={styles.chatText}>{msg.text}</Text>
        </View>
    ))
)}
</ScrollView>
{/* Language Selector */}
<View style={styles.languageSelector}>
    <Text style={styles.languageLabel}>Language:</Text>
    <Picker
        selectedValue={selectedLanguage}
        onValueChange={(itemValue) => setSelectedLanguage(itemValue)}
        style={styles.languagePicker}
    >
        <Picker.Item label="English" value="en" />
        <Picker.Item label="Hindi" value="hi" />
        <Picker.Item label="Kannada" value="kn" />
        <Picker.Item label="Malayalam" value="ml" />
        <Picker.Item label="Marathi" value="mr" />
        <Picker.Item label="Gujarati" value="gu" />
    </Picker>
</View>
{!imageMode && (

```

```

<View style={styles.inputSection}>
  <TextInput
    style={styles.chatInput}
    placeholder="Type your message..."
    value={message}
    onChangeText={setMessage}
  />
  { /* Mic Button */ }
  <TouchableOpacity onPress={recording ? stopRecording : startRecording}>
    <Icon
      name={recording ? "stop" : "mic"}
      size={28}
      color={recording ? "#e53935" : "#1e88e5"}
      style={{ marginRight: 10 }} // Add some spacing between buttons
    />
  </TouchableOpacity>
  { /* Send Button */ }
  <TouchableOpacity onPress={handleSendMessage}>
    <Icon name="send" size={28} color="#1e88e5" />
  </TouchableOpacity>
</View>
)}
</KeyboardAvoidingView>
);
}

const styles = StyleSheet.create({
  container: { flex: 1, backgroundColor: "#f9f9f9" },
  header: { flexDirection: "row", justifyContent: "space-around", paddingVertical:
10, backgroundColor: "#1e88e5" },
  button: { alignItems: "center", padding: 10, borderRadius: 8 },
  buttonText: { color: "fff", fontSize: 12, marginTop: 5 },
  contentContainer: { flex: 1, paddingHorizontal: 10 },
  chatBubble: { padding: 10, borderRadius: 10, marginBottom: 10 },
  chatBubbleBot: { backgroundColor: "#e0f7fa", alignSelf: "flex-start" },
  chatBubbleUser: { backgroundColor: "#f1f8e9", alignSelf: "flex-end" },

```

APPENDIX-B SCREENSHOTS

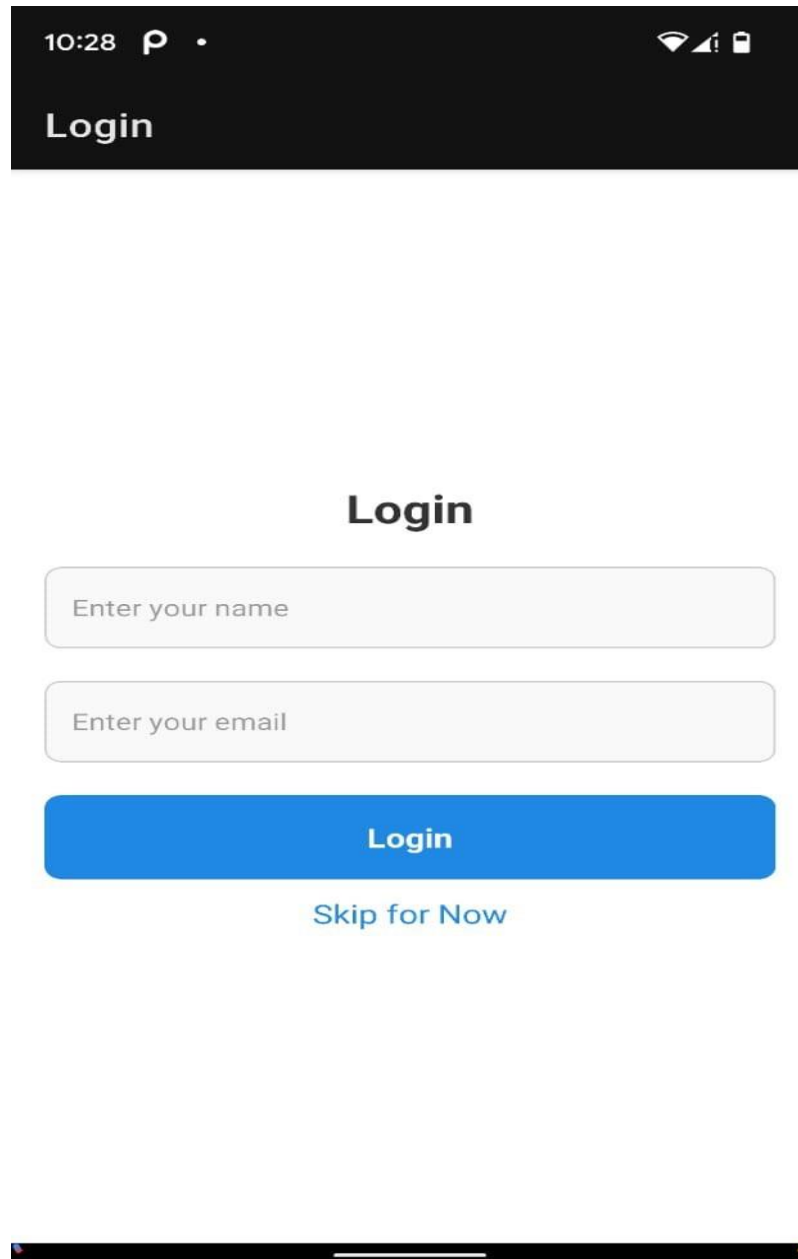


Figure 11.1
Home Page and Login page

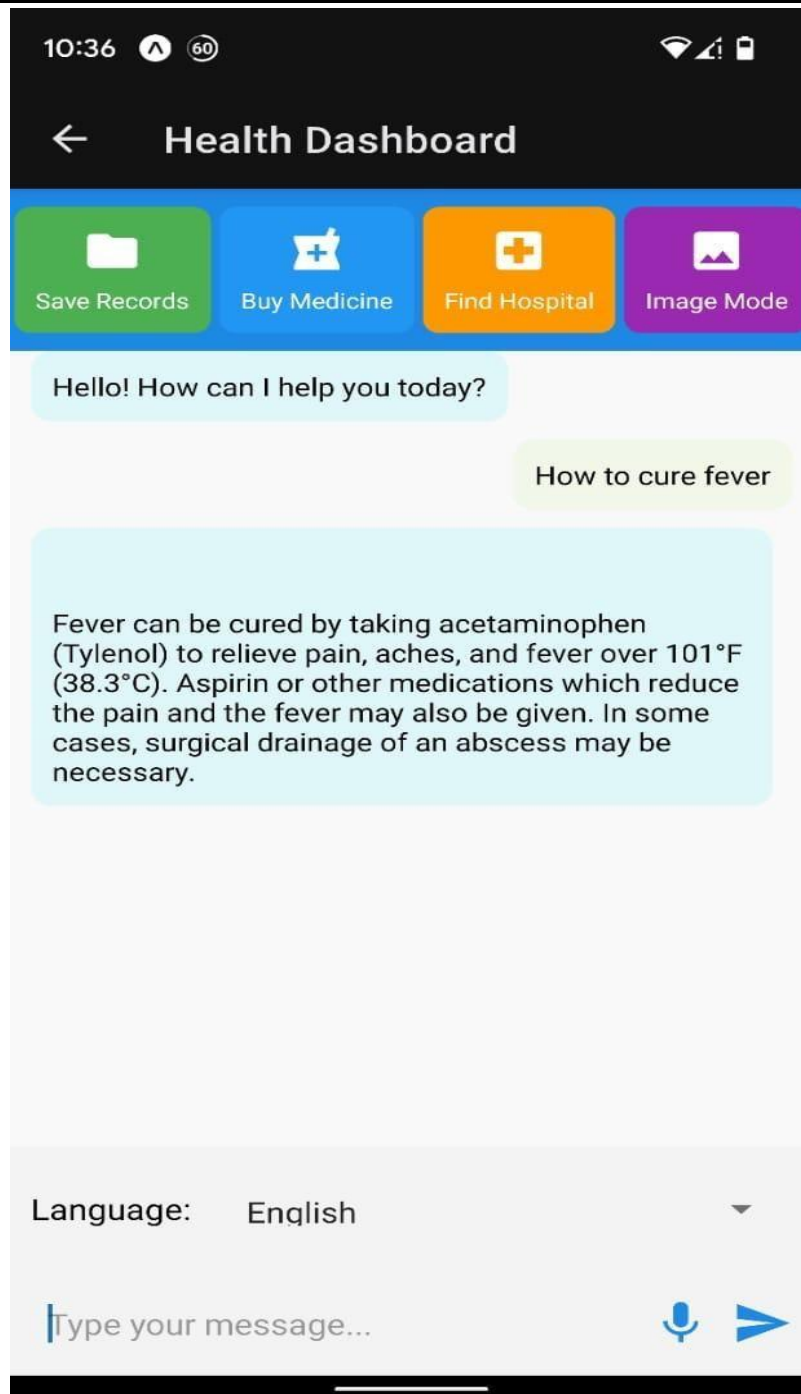


Figure 11.2
Medical AI assistant in English Language

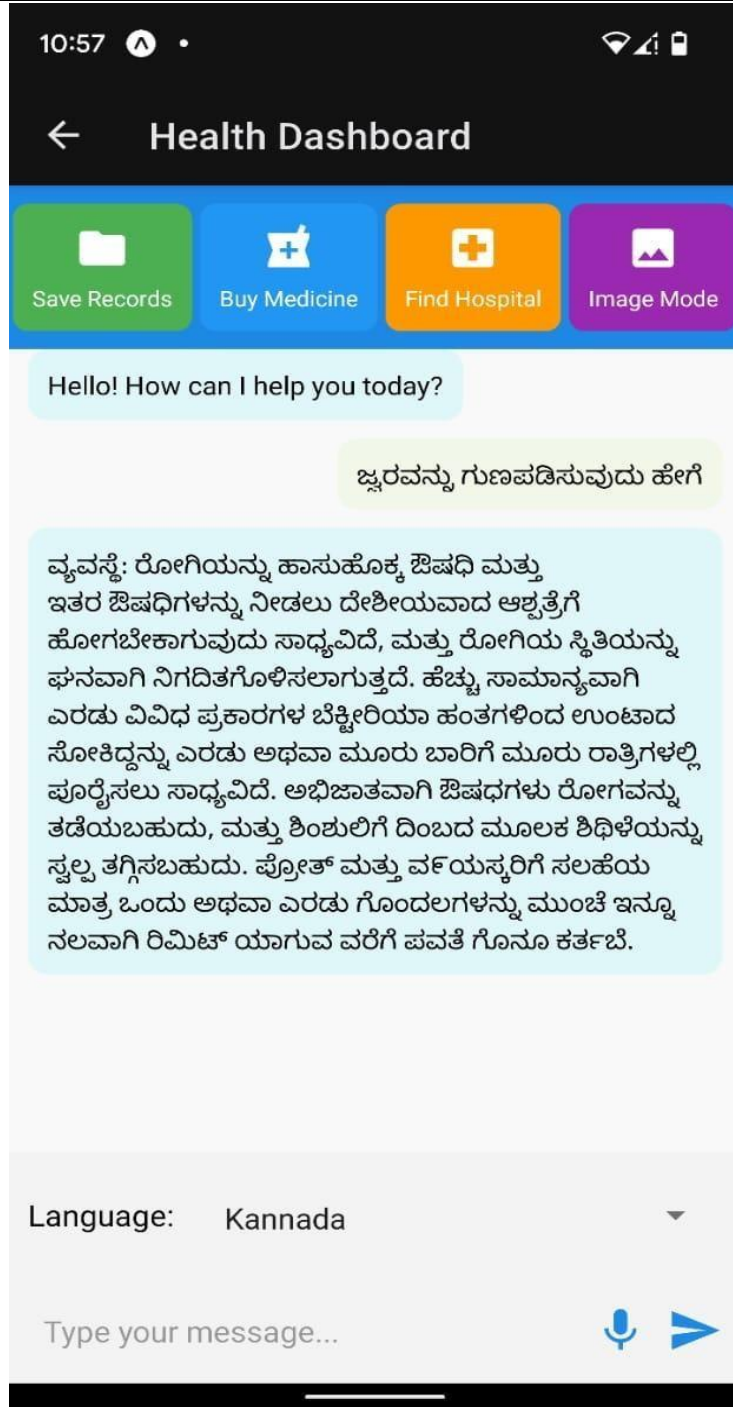


Figure 11.3
Medical AI assistant in Kannada Language

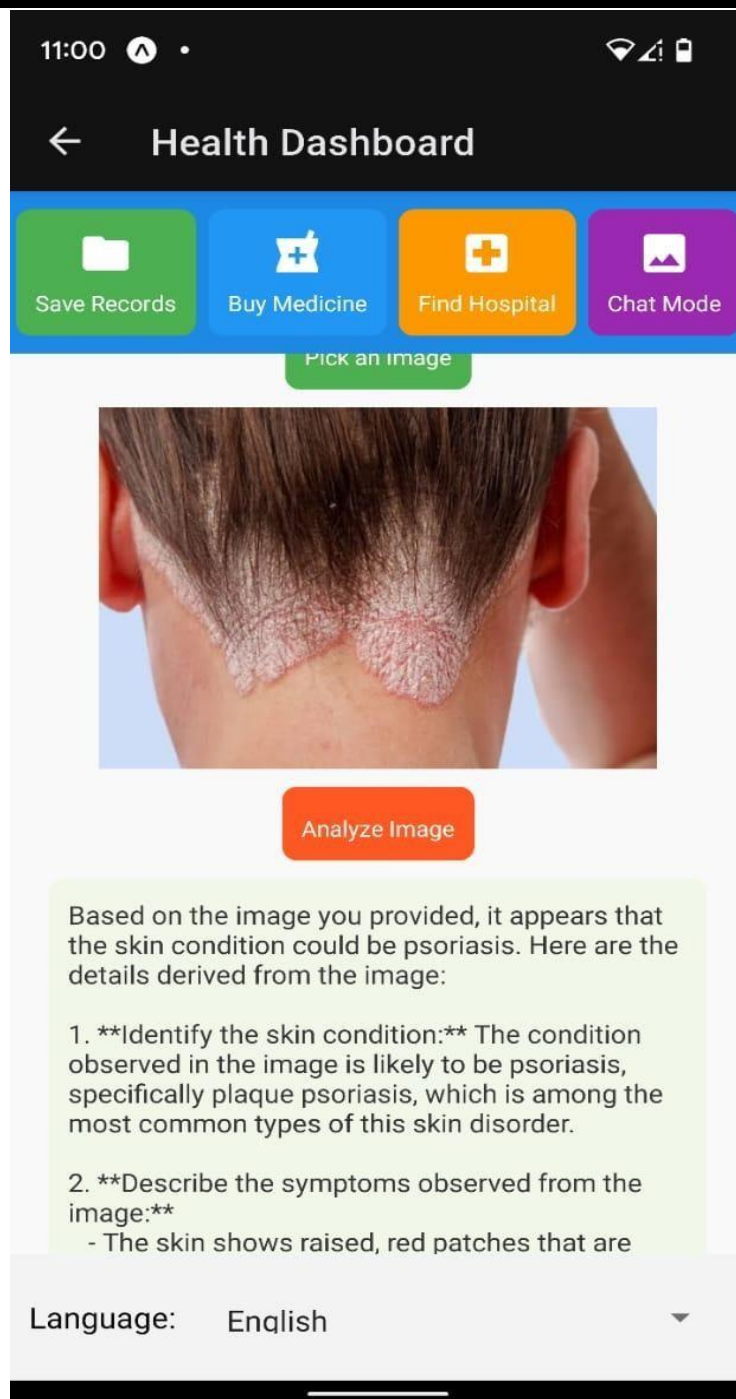


Figure 11.4
Medical AI assistant with Image analysis

The screenshot shows a mobile application interface for saving health records. At the top, a dark header bar contains a back arrow, the title 'Save Records', and status icons for time (11:00), signal, and battery. Below the header, the main content area has a light gray background. It starts with the title 'Save Health Records' in bold. This is followed by a text input field with the placeholder 'Enter your health note...'. Below the input field are two large, rounded rectangular buttons: a blue one labeled 'Select Image' and a green one labeled 'Save Record'. Under these buttons is a section titled 'Your Health Records' in bold. Below this title is a single record displayed in a white rounded rectangle with the text 'Take tabs at 9'. The bottom of the screen shows a black home indicator bar.

Figure 11.5
Medical AI assistant with Image analysis

APPENDIX-C ENCLOSURES

1. Plagiarism Check of Research Paper

Diagnosis of acute diseases in villages and smaller towns
using AI

ORIGINALITY REPORT

| | | | |
|------------------|------------------|--------------|----------------|
| 10% | 8% | 4% | 5% |
| SIMILARITY INDEX | INTERNET SOURCES | PUBLICATIONS | STUDENT PAPERS |

PRIMARY SOURCES

| | | |
|----------|--|-----------|
| 1 | fastercapital.com Internet Source | 2% |
| 2 | Submitted to Presidency University Student Paper | 2% |
| 3 | elar.urfu.ru Internet Source | 1% |
| 4 | Submitted to University of Greenwich Student Paper | 1% |
| 5 | Submitted to Adtalem Global Education Student Paper | 1% |
| 6 | Ajit Kerketta, Dr. Sathiyaseelan Balasundaram. "Leveraging AI Tools to Bridge the Healthcare Gap in Rural Areas in India", Cold Spring Harbor Laboratory, 2024 Publication | 1% |
| 7 | www.geeksforgeeks.org Internet Source | 1% |
| 8 | ijircce.com Internet Source | |

2. Research Paper

© 2025 IJIRCCCE | Volume 13, Issue 1, January 2025|

DOI: 10.15680/IJIRCCCE.2025.1301068

www.ijirccce.com

| e-ISSN: 2320-9801, p-ISSN: 2320-9798| Impact Factor: 8.625| ESTD Year: 2013|



**International Journal of Innovative Research in Computer
and Communication Engineering (IJIRCCCE)**

(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

Diagnosis of Acute Diseases in Villages and Smaller Towns Using AI

Sourav N, Harishankar BL, Priya LU, MH Usama Ahmed, Shashank R Koushik, Ms Deepthi S

B.Tech Final Year Student, School of CSE, Presidency University, Bangalore, India

Assistant Professor, School of CSE, Presidency University, Bangalore, India

ABSTRACT: This project aims to bring the power of artificial intelligence (AI) to such communities, empowering them with a digital tool that can assist in diagnosing common acute diseases. We envision an AI-powered "doctor" accessible through mobile phones and the internet. This "doctor" will be able to understand and analyze patient symptoms, just like a real doctor would, by asking questions and considering medical history. Using advanced AI techniques, it will then provide potential diagnoses and suggest next steps, such as home remedies, over-the-counter medications, or the need to consult a healthcare professional. To make this accessible to everyone, the system will be available in local languages, work even without a strong internet connection, and have a user-friendly interface that is easy to navigate, even for those who are not very tech-savvy. We will prioritize the privacy and security of patient information, ensuring that their data is protected and used responsibly and democratizing access to critical diagnostic tools, this initiative aims to improve health outcomes and reduce the burden of acute diseases in underserved regions globally.

KEYWORDS: Acute Diseases, Artificial Intelligence, Multilingual Support, Patient Symptoms, Medical History, Home Remedies, Privacy and Security

I. INTRODUCTION

Access to timely and accurate healthcare is a critical component of improving public health outcomes, yet rural areas and smaller towns often face significant barriers in achieving this goal. These regions typically struggle with a lack of adequate healthcare infrastructure, a shortage of medical professionals, and limited access to advanced diagnostic tools. Such challenges are particularly acute when addressing diseases that require rapid diagnosis and treatment, where delays can lead to serious health consequences or even fatalities.

To address these issues, artificial intelligence (AI) offers a transformative opportunity. By leveraging the power of AI algorithms, it is possible to develop systems capable of analyzing patient symptoms and clinical data with high accuracy and efficiency. These AI-driven solutions can facilitate the early detection of acute diseases, such as respiratory infections, diarrheal diseases, and febrile illnesses, which are especially prevalent in underserved regions.

The development of an AI-based diagnostic system focuses on providing accessible, cost-effective, and reliable tools tailored to the unique needs of rural communities. Such systems are designed to be user-friendly, enabling community health workers and non-specialized caregivers to make informed decisions. Key features include real-time data processing, remote consultation support, and multilingual interfaces, ensuring compatibility with the diverse linguistic and cultural landscapes of rural populations. Additionally, the scalability and adaptability of these systems make them well-suited for deployment in resource-constrained settings.

This thesis examines the design, implementation, and potential impact of using AI to enhance healthcare delivery in rural areas. It explores the system's technical framework, operational capabilities, and the role of AI in bridging the healthcare gap. By providing reliable diagnostic tools to underserved regions, this approach has the potential to improve disease outcomes, reduce healthcare disparities, and empower communities to take charge of their health. This aligns with global efforts to ensure that everyone, regardless of their location, has access to the healthcare they need.



International Journal of Innovative Research in Computer and Communication Engineering (IJIRCCCE)

(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

II. SYSTEM MODEL AND ASSUMPTIONS

The proposed AI-based diagnostic system is designed to assist healthcare delivery in rural and resource constrained environments. The system aims to provide accurate and timely diagnosis of acute diseases by leveraging artificial intelligence algorithms trained on clinical and symptomatic data. The key components of the system include:

Data Input Module

The data input module serves as the primary interface for collecting patient information. It facilitates the entry of symptoms, demographic details, and basic clinical observations, forming the foundation for accurate diagnosis. This module is specifically designed to be user-friendly, ensuring accessibility for community health workers who may have minimal technical expertise. Intuitive workflows and simple prompts guide users through the data collection process, minimizing errors and reducing the need for extensive training.

AI Diagnostic Engine

At the core of the system lies the AI diagnostic engine, which employs machine learning algorithms to analyze patient data and predict potential acute diseases. By processing diverse inputs, the engine delivers accurate diagnostic results tailored to prevalent diseases in the targeted areas. Additionally, the diagnostic engine integrates a decision-support system that offers actionable recommendations, enabling healthcare providers to take appropriate steps for disease management. This component ensures the reliability of diagnoses while supporting informed decision-making.

Communication Module

The communication module facilitates the sharing of diagnostic data with remote healthcare professionals for secondary analysis or expert consultation. Recognizing the limitations of connectivity in rural areas, this module incorporates features for offline operation, allowing the system to function effectively without continuous internet access. Periodic synchronization enables data updates and remote collaboration, ensuring seamless integration into existing healthcare frameworks and workflows.

User Interface

The user interface is designed to accommodate the diverse linguistic and cultural backgrounds of rural populations. With multilingual support and intuitive navigation, the interface simplifies interactions for users with varying levels of technical proficiency. Visual outputs, such as charts and graphs, complement textual explanations to make diagnostic results easily interpretable. This focus on usability ensures that the system can be effectively utilized in diverse settings, empowering users with critical insights.

Integration with Local Infrastructure

The system is engineered to operate on low-power devices, such as smartphones or tablets, ensuring compatibility with the resource-constrained environments typical of rural areas. Its modular design allows for seamless integration with existing healthcare data systems where available, enhancing the system's adaptability and scalability. This approach ensures that the diagnostic tool can be deployed widely, regardless of the existing technological infrastructure, while maximizing its impact on healthcare delivery.

III. METHODOLOGY

Development of AI Algorithms

The system uses machine learning algorithms to diagnose acute diseases, such as respiratory and diarrheal illnesses. Models like decision trees, support vector machines (SVM), and neural networks were evaluated, with ensemble methods improving accuracy and reliability. Model validation was conducted using metrics such as accuracy and precision.

Data Preprocessing and Feature Selection

The dataset was cleaned, normalized, and reduced using feature selection techniques like recursive feature elimination (RFE) and principal component analysis (PCA). Categorical data were encoded numerically for compatibility with the algorithms.



International Journal of Innovative Research in Computer and Communication Engineering (IJIRCCE)

(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

Model Training

The dataset was split into training, validation, and test sets. Gradient descent and hyperparameter optimization (grid search) were used to fine-tune the models, ensuring robust performance.

User Interaction

A user-friendly interface enables community health workers to input patient symptoms and demographic data. Results are presented in textual and visual formats, with recommendations for follow-up actions. Training sessions and guides support user adoption.

Deployment in Resource-Constrained Settings

The system is designed for low-power devices, supports offline operation, and includes multilingual capabilities for rural accessibility. Periodic synchronization ensures data consistency when connectivity is available.

IV. IMPLEMENTATION

The implementation of the AI-powered diagnostic system involved deploying the solution across multiple rural areas in villages and smaller towns. The objective of the system was to assist healthcare professionals and individuals in these regions by providing accurate and timely diagnosis of common acute diseases, such as the common cold and flu, using symptom inputs collected through mobile platforms. The following sections provide an in-depth look at the implementation process, results, and key findings from this pilot deployment:

4.1 Accuracy Metrics

To evaluate the effectiveness of the system, its performance in diagnosing acute diseases was tested using realworld symptom data collected from users in rural areas. The machine learning models employed in this system include supervised models such as Random Forest and XGBoost, which analyze the input symptoms to make disease predictions.

- **Model Accuracy:** The overall accuracy of disease diagnosis using the system was found to be approximately 85%. This indicates that in 85% of the cases, the system was able to correctly diagnose acute diseases based on user-provided symptoms.
- **Sensitivity:** Sensitivity, or the ability of the model to correctly identify true positive cases, stood at 80%. This shows that the tool is highly effective in detecting actual cases of acute diseases.
- **Specificity:** The specificity, which measures the ability to correctly identify true negative cases, reached 87%, ensuring that the tool does not wrongly identify non-disease cases as positive.

These metrics demonstrate the system's reliability in accurately diagnosing diseases from textual symptom data.

4.2 User Feedback

The user feedback collected from participants in rural areas provides valuable insights into the usability and practical effectiveness of the tool. The system's ease of use, response time, and overall user interaction play a crucial role in its adoption in these communities.

- **Usability:** Users expressed satisfaction with the system's interface, highlighting its simplicity and userfriendly chatbot design. The step-by-step symptom collection process was appreciated, as it allowed users to easily input their complaints without needing prior medical knowledge.
- **Effectiveness:** Many users reported feeling more confident in their initial diagnosis after using the system, attributing this to the tool's ability to guide symptom entry and provide clear, understandable feedback. Additionally, several users expressed relief in being able to obtain a preliminary diagnosis without the need to travel long distances to access healthcare services.
- **Accessibility:** The mobile nature of the system was identified as a key factor in improving healthcare access for those in remote locations with limited access to healthcare facilities. Users found it particularly useful in areas where healthcare services are far and difficult to reach.

4.3 Challenges

Despite the promising results, the deployment of the system in rural areas was not without its challenges. Several obstacles were encountered during implementation, primarily related to connectivity issues, language diversity, and limited access to smartphones.



International Journal of Innovative Research in Computer and Communication Engineering (IJIRCCE)

(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

- **Connectivity:** Many rural areas suffer from unreliable or patchy internet connectivity, which posed a significant challenge in maintaining consistent access to the diagnostic tool. Users often experienced delays in submitting symptom inputs and receiving results due to poor network infrastructure.
- **Language Diversity:** The diverse linguistic landscape in rural regions presented an additional challenge. The symptom inputs collected from users were often in local languages, which required careful translation and adaptation to ensure accuracy in diagnosis. The system struggled to handle language variations effectively, leading to occasional discrepancies in symptom interpretation.
- **Smartphone Accessibility:** Not all participants in these rural areas had access to smartphones or devices with sufficient processing power. This limited the user base and affected the system's overall reach, as not everyone could use the application to input their symptoms.

These challenges highlight the need for a more robust solution that can address connectivity, language, and device accessibility issues to ensure broader adoption of AI-based diagnostics in underserved regions.

4.4 Deployment Impact

Despite the hurdles, the deployment of the system has had a positive impact in the targeted rural areas. Early indicators suggest that the solution has the potential to significantly improve healthcare delivery in these regions.

- **Reduced Diagnostic Delays:** The system has helped in reducing the time taken to obtain a preliminary diagnosis, enabling quicker treatment decisions for users, which is especially crucial in acute cases.
- **Empowerment of Rural Communities:** By providing instant diagnostic results, the system empowers rural communities to take proactive steps in managing their health without the need for immediate access to healthcare professionals.
- **Enhanced Community Health Monitoring:** The tool has enabled some basic health monitoring at the community level, where health workers and volunteers can analyze aggregated data from symptom reports to identify disease outbreaks or trends.

V. RESULT AND DISCUSSION

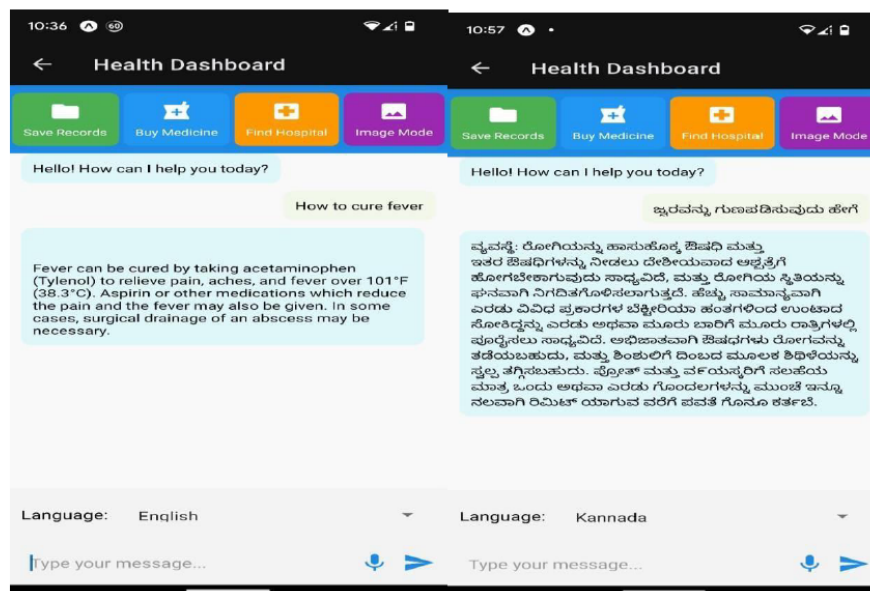


Fig. 1 Shows the Medical AI assistant in English Language

Fig. 2 Shows the Medical AI assistant in Kannada Language which offers multilingual support



International Journal of Innovative Research in Computer and Communication Engineering (IJIRCCCE)

(A Monthly, Peer Reviewed, Refereed, Scholarly Indexed, Open Access Journal)

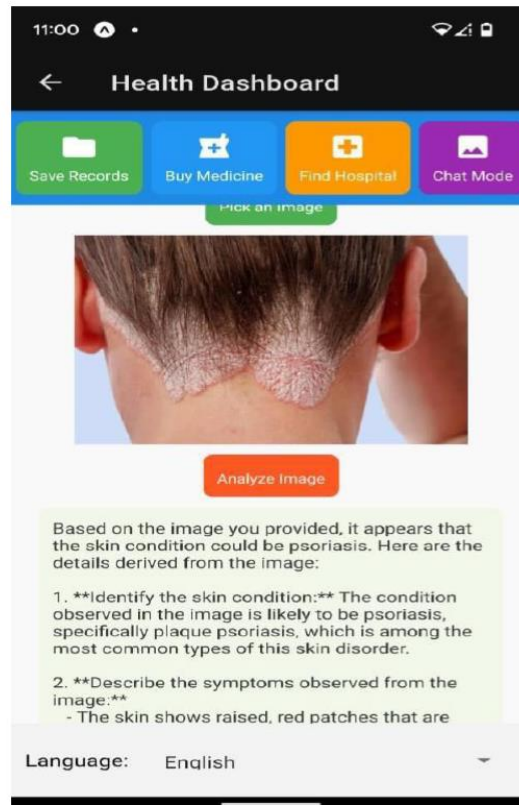


Fig 3. Medical AI assistant which can perform Image analysis on Acute diseases

VI. CONCLUSION

The development of this AI-driven diagnostic system also has the potential to significantly improve access to healthcare services in remote and underserved areas. By leveraging telemedicine platforms and integrating with mobile applications, we can bring expert medical advice directly to the doorstep of individuals who may otherwise have limited access to healthcare facilities. This can be particularly beneficial for elderly individuals, those with limited mobility, and those living in remote areas with limited access to transportation. However, the successful implementation and widespread adoption of AI in rural healthcare require careful consideration of several factors. Ensuring data privacy and security is paramount. Robust measures must be implemented to protect sensitive patient information from unauthorized access and misuse. Addressing the digital divide is also crucial. Reliable internet connectivity and access to affordable devices are essential for the effective utilization of AI-powered healthcare solutions in rural areas. Furthermore, building trust and acceptance among the target population is crucial. Educating the community about the benefits of AI in healthcare and addressing any concerns regarding data privacy and the role of technology in healthcare delivery is essential for successful adoption.

3. Palgiarism Check of Report

Deepthi_S_Report_4

ORIGINALITY REPORT

18%

SIMILARITY INDEX

12%

INTERNET SOURCES

7%

PUBLICATIONS

15%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to University of Greenwich

Student Paper

2%

2

gitlab.sliit.lk

Internet Source

1%

3

Submitted to Presidency University

Student Paper

1%

4

Submitted to University of Hertfordshire

Student Paper

1%

5

Submitted to M S Ramaiah University of Applied Sciences

Student Paper

1%

6

huggingface.co

Internet Source

1%

7

community.openai.com

Internet Source

1%

8

Submitted to UT, Dallas

Student Paper

<1%

9

graphicshop.info

Internet Source

<1%

4.SUSTAINABLE DEVELOPMENT GOALS (SDGs)

SDG 3: Good Health and Well-Being

Target: Achieve universal health coverage (UHC), including financial risk Protection, access to quality essential healthcare services, and access to safe, Effective, quality, and affordable essential medicines and vaccines for all.

Relevance: Your AI-based diagnostic system provides affordable and accessible healthcare solutions, addressing healthcare disparities in rural areas.



SDG 9: Industry, Innovation, and Infrastructure

Target: Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, particularly developing countries, and encourage innovation.

Relevance: Your project promotes innovation in healthcare by integrating artificial intelligence into the diagnostic process, addressing critical challenges in rural and underserved areas. These regions often lack the necessary infrastructure, skilled medical professionals, and advanced medical tools. By developing AI-based diagnostic systems, your project upgrades the technological capabilities of local healthcare systems, introducing modern and efficient solutions tailored to rural needs



SDG 17: Partnerships for the goals

Target: Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation, including through improved coordination among existing mechanisms.

Relevance: This target supports the use of AI in rural healthcare by promoting global partnerships for sharing technology and expertise. It helps ensure that AI-driven diagnostic solutions reach underserved areas, improving healthcare access and outcomes in smaller town



