International Research Journal of Engineering and Technology (IRJET) Volume: 06 Issue: 09 | Sep 2019 www.irjet.net

CHRONIC KIDNEY DISEASE PREDICTION BASED ON NAIVE BAYES TECHNIQUE

Amogh Babu K A¹, Priyanka K², Raghavendra Babu T M³

¹B.E. in Computer Science & Engineering, Mandya, Karnataka, India. ²Asst. Professor, Dept. of CSE, Nagarjuna College of Engineering & Technology, Bangalore, Karnataka, India. ³Asst.Professor, Dept. of CSE, P.E.S. College of Engineering, Mandya, Karnataka, India. ***

Abstract – Data Mining has been a recent trend for obtaining a diagnostic result. Huge amount of unmined data is collected by the healthcare department in order to discover the hidden facts for effective diagnosis and also decision making. Data mining is defined as the process of extracting the huge hidden data from a large dataset, categorizing valid and unique patterns in data. There are lot of DM techniques like clustering, classification, association, analysis, regression etc. The main aim of this paper is to predict a YES or NO for Chronic Kidney Disease (CKD) using the classification technique i.e. Naïve Bayes.

Key Words: Naive Bayes, Clustering, User Interface (UI), Data Mining (DM), Chronic Kidney Disease (CKD).

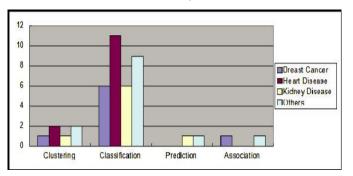
1. INTRODUCTION

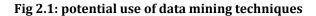
Data Mining is one among the foremost encouraging areas of analysis with the aim of finding helpful information from voluminous knowledge of datasets. It's been employed in several domains like image mining, opinion mining, web mining, text mining, graph mining etc. Its applications embody anomaly detection, money knowledge analysis, medical knowledge analysis, social network analysis, marketing research etc. It's become common in health department as there's a demand of analytical methodology for predicting and finding unknown patterns obtaining info in health data. It plays a and significant role for locating new trends in aid business.

Data Mining is especially helpful in medical field once no handiness of proof favouring a treatment choice is found. Great deal of advanced knowledge is being generated by aid business regarding patients, diseases, hospitals, medical equipments, claims, treatment price etc. That needs process and analysis for information extraction. Data processing comes up with a group of tools and techniques that once applied to the present processed knowledge, provides information to aid professionals for creating acceptable choices and enhancing the performance of patient management tasks. Patients with similar health problems is sorted along and effective treatment plans may well be recommended supported patient's history, physical examination, designation and former treatment patterns. Chronic Kidney Disease (CKD) has become a world health issue and is a locality of concern. It's a condition wherever kidneys become broken and can't filter nephrotoxic wastes within the body. Our work preponderantly focuses on police work life threatening diseases like chronic nephrosis (CKD) victimization Classification algorithms like Naive Bayes.

2. LITERATURE SURVEY

At present, health care industry is providing several benefits like fraud detection in health insurance, availability of medical facilities to patients at inexpensive prices, identification of smarter treatment methodologies, and construction of effective healthcare policies, effective hospital resource management, better customer relation. improved patient care and hospital infection control. Disease detection is also one of the significant areas of research in medical. Data mining approaches have become essential for healthcare industry in making decisions based on the analysis of the massive clinical data. Data mining is the process of extracting hidden information from massive dataset. Techniques like classification, clustering, regression and association have been used by in medical field to detect and predict disease progression and to make decision regarding patient's treatment. Classification is a supervised learning approach that assigns objects in a collection to target classes. It is the process which classifies the objects or data into groups, the members of which have one or more characteristic in common. The techniques of classification are SVM, decision tree, Naive Bayes, ANN etc.





The feasibleness study of employing a distributed approach for the management of alarms from chronic renal disorder patients. The key problems relating to alarm definition, classification and prioritization consistent with on the market standardization efforts area



unit analyzed for the most situations addressed in dialysis. Then, the middleware projected for alarm management is represented, that follows the publish/subscribe pattern, and supports the OMG DDS (Data Distribution Service) customary. This customary facilitates the period of time observation of the changed info, furthermore because the quantifiability and ability of the answer developed relating to the various stakeholders and resources concerned [1].

The study was to work out the connection between the frequency spectrum of the irregular pulses associated with the stages of the CKD particularly from the chi space Information of the irregular pulse were classified into six stages i.e. 1, 2, 3a, 3b, 4, and five of the CKD patients. The information was collected by the activity pressure throughout beat periods or once blood vessels were in relaxed state. During this amount, the instrumentation records reflections of the heartbeat together with info concerning the amplitudes, frequencies, and pulse wave patterns. Observations were targeted on the part of the signal between amplitude from low to high on pulse patterns i.e. systolic period [3].

3. EXISITNG SYSTEM

Nowadays, health care industries are providing several benefits like fraud detection in health insurance, availability of medical facilities to patients at inexpensive prices, identification of smarter treatment methodologies, and construction of effective healthcare policies, effective hospital resource management, better customer relation, improved patient care and hospital infection control. Disease detection is also one of the significant areas of research in medical. There is no automation for chronic kidney disease prediction.

Limitations of Existing System

- Manual Approach
- Requires Medical Equipments
- ➢ More Expensive
- Lack of user satisfaction
- ➢ Less Efficient
- Less Accurate

4. PROPOSED SYSTEM

Our Aim is to predict the chronic kidney disease using the machine learning algorithm. Chronic kidney disease (CKD) means your kidneys are damaged and can't filter blood the way they should. The disease is called "chronic" because the damage to your kidneys happens slowly over a long period of time. This damage can cause wastes to build up in your body. CKD can also cause other health problems.10% of the population worldwide is affected by chronic kidney disease (CKD), and millions die each year because the doctors are unable diagnose the disease. The system is automation for predicting the CKD. The system is a Real-world web-based application that can be used by many hospitals. Naive Bayes is a probabilistic classifier based on Bayes theorem. It assumes variables are independent of each other. The algorithm is easy to build and works well with huge data sets. It has been used because it makes use of small training data to estimate the parameters important for classification. It performs well in multiple class prediction. When assumption of independence holds a Naive Bayes classifier perform better compare to other models like logistic regression and you need less training data.

5. METHODOLOGIES

Data Mining is one of the most significant stages of the Knowledge Data Discovery process. The process involves data collection from various sources with pre-processing of the chosen data. The data is then transformed into suitable format for further processing. Data mining technique is applied on the data to extract valuable information and evaluation is done at the end.

A. Data Collection

The clinical data of 400 records considered for analysis has been taken from UCI Machine Learning Repository. The data obtained after cleaning and removing missing values is 220. There are 25 attributes in the dataset. The numerical attributes include age, blood pressure, blood glucose random, blood urea, serum creatinine, sodium, potassium, hemoglobin, packaged cell volume, WBC count, RBC count. The nominal attributes include specific gravity, albumin and sugar. It also includes RBC, pus cell and pus cell clumps, bacteria, hypertension, diabetes mellitus, coronary artery disease, appetite, pedal edema, anemia and class.

Number of Instances: 400

Number of Attributes: 25

Class: {CKD, NOTCKD}

Missing Attribute Values: yes

Class Distribution: [63% for CKD] [37% for NOTCKD]

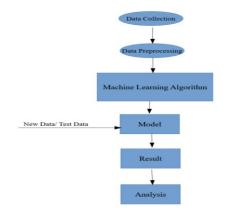


Fig 5.1: Stages of the Knowledge Data Discovery process.

International Research Journal of Engineering and Technology (IRJET) e-ISSN: 23

T Volume: 06 Issue: 09 | Sep 2019

B. Data Pre-processing

Data pre-processing is a data mining technique that involves transforming raw data into an understandable format. The Real-world data is often incomplete, inconsistent, and/or lacking in certain behaviors or trends, and is likely to contain many errors. Data pre-processing is a proven method of resolving such issues. Data reprocessing prepares raw data for further processing. The data from UCI Repository is Preprocessed by removing the noisy data.

C. Machine Learning Algorithm

The machine learning algorithm a basic algorithm that we are using is the naïve Bayes algorithm to predict higher accuracy results and classification will always be accurate.

D. Dataset

Attribute Name	Value Range	Description				
age	2,, 90	age				
bp	50,, 180	blood pressure				
sg	1.005,1.010,1.015,1.020,1.025	specific gravity				
al	0,1,2,3,4,5	albumin				
su	0,1,2,3,4,5	sugar				
rbc	2.1,, 8	red blood cells				
pc	normal,abnormal	pus cell				
pcc	present,notpresent	pus cell clumps				
ba	present,notpresent	bacteria				
bgr	22,, 490	blood glucose random				
bu	1.5,, 391	blood urea				
SC	0.4,, 76	serum creatinine				
sod	4.5,, 163	sodium				
pot	2.5,, 47	potassium				
hemo	3.1,, 17.8	hemoglobin				
pev	9,, 54	packed cell volume				
wc	2200,, 26400	white blood cell count				
rc	2.1,, 8	red blood cell count				
htn	yes, no	hypertension				
dm	yes, no	diabetes mellitus				
cad	yes, no	coronary artery disease				
appet	good,poor	appetite				
pe	yes, no	pedal edema				
ane	yes, no	anemia				
class	ckd,notckd	class				

Fig: Table Represents the used Data Set.

6. WORKING OF THE SYSTEM

Coming to the working of the proposed system, our main aim is to predict the chronic disease but here we build a web-based application that can be used by hospitals. We have built an application that can be accessed by Admin, Receptionist, Doctor and even the patients. The admin is the person who maintains the entire application and the admin is responsible to add the new parameters or modify the existing parameters for the model. And the receptionist is responsible to add new patients' details and add the data for the new records of new patients and hence helps it to increase the dataset by adding new patient's data. If today we have 400 datasets to train our model next, we will dynamically increase the number of records in the training dataset to train our model; these new datasets of new patients are handled by the receptionist. Next, we have the main aim of our project that is to predict the chronic kidney disease using the naïve Bayes algorithm. Here, the model is trained using the training dataset and the Naïve Bayes algorithm is executed as follows.

Step 1: Scan the dataset (storage servers)

retrieval of required data for mining from the servers such as database, cloud, excel sheet etc.

Step 2: Calculate the probability of each attribute value. [n, n_c, m, p]

Here for each attribute we calculate the probability of occurrence using the following formula. (mentioned in the next step). For each class(disease) we should apply the formulae.

Step 3: Apply the formulae

P(attributevalue(ai)/subjectvaluevj)=(n_c + mp)/(n+m)

Where:

n = the number of training examples for which v = vj

 $n_c = number of examples for which v = vj and a = ai$

p = a prior estimate for P(aijvj)

m = the equivalent sample size

Step 4: Multiply the probabilities by p

for each class, here we multiple the results of each attribute with p and results are used for classification.

Step 5: Compare the values and classify the attribute values to one of the predefined sets of class.

Fig 6.1: Implementation steps of naïve Bayes

Query Module- We can add the query module as a future enhancement to the application where doctor, receptionist and admin of the application can interact with each other.

Server Deployment- We can deploy this onto the servers for online chronic kidney disease prediction and even create a wellness application for the users for curing or taking care of the disease.

We tested using other algorithms such as KNN (K-Nearest Neighbor Algorithm), SVM (Support Vector Machines), Decision tree and ANN (Artificial Neural Network) but surprisingly Naïve Bayes gave us amazing results and higher accurate results when compared to other algorithms. But using the J48 algorithm we can get similar accuracy rates like that of the Naïve Bayes itself. In future we can even test J48 algorithm to almost similar results. In future we can provide graphical analysis too, which is user friendly to understand.



International Research Journal of Engineering and Technology (IRJET) e-

IRJET Volume: 06 Issue: 09 | Sep 2019

www.irjet.net

Patient Name	AGE	GENDER.	BP	Disease (subject)
Anil	25	м	110	CKD
Anu	25	F	112	CKD
Shilpa	30	F	120	NOT CKD
Kumar	35	м	105	CKD
Chaitra	35	F	120	NOT CKD
New Patient	data – Nilaja Para	meter (AGE-25, G	ENDER - Female	e, BP-112)
Disease – CH	D / NOT CKD			
P≡[n_c + (n	n*p)]/(n+m)			
CKD	NO	I CKD		
n=2, n c p=[2+(3*	=2.m=3,p=0.5 (0.5)]/(2+3)	$P = [n_c + (m^*p)]/(n_{m=2, n_c} - (m^*p)]/(n_{m=3, p}) = p = [0+(3^*0.5)]/(2+3) = 0.3$	0.5	
p=0.7 Female	Fem	ale		
Female P≡[n_c + n=2, n c	Fem (m*p)]/(n+m) P = <u>2.m</u> =3,p=0.5 *0.5)]/(2+3)		0.5	
Female $P \equiv [n_c c + n_c c +$	Fem - (m*p)]/(n+m) P =2.m=3.p=0.5 *0.5)]/(2+3) 112 - (m*p)]/(n+m) 1 =1.m=3.p=0.5 112 - (m*p)]/(2+3) 1	ale ≡[n_c + (m*p)]/(n+ n=2, n c=2.m=3,p= p=[2+(3*0.5)]/(2+3	+m) 0.5	
Female P=[n_c+ n=2, n_c p=[2+3] p=0.7 112 P=[n_c+ n=2, n_c p=[1+(3) p=0.5	Fem - (m*p)]/(n+m) P =2.m=3.p=0.5 *0.5)]/(2+3) 112 - (m*p)]/(n+m) 1 =1.m=3.p=0.5 112 - (m*p)]/(2+3) 1		+m) 0.5	3 * 0.5 * 0.5 (p)
Female P=[n_c+ n=2, n_c p=[2+3] p=0.7 112 P=[n_c+ n=2, n_c p=[1+(3) p=0.5	- (m*p)]/(n+m) P =2.m=3.p=0.5 i =0.5)]/(2+3) 112 - (m*p)]/(n+m) 1 =1.m=3.p=0.5 i =0.5)]/(2+3) 1		0.5 +m) 0.5) T CKD - 0.3 * 0.3	3 * 0.5 * 0.5 (p)

Fig 6.2: Explanation of Naïve Bayes algorithm

7. EXPECTED RESULTS

It is successfully accomplished by applying the Naïve Bayes algorithm for classification. This classification technique comes under data mining technology.



Fig 7.1: Home Page of the CKD Prediction



winders Winders Basilie Submit View Existing Staffs Initial View View Initial Transmit And	Warding Warding Warding Warding Burding Stormet Constrained and anticometer anticometer and anticometer anticometer and anticometer anticomet
winders Winders Winders Winders Winders Winders	winders Winders Winders Winders Some Some Cional Statistical Statister Statis Statistical Statister Statistical Statis Statistical St
Parameter Balance Balance Subtract	Image: Sector
Interview View Existing Staffs Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview In	Summinication
View Existing Staffs Intercemental Interview In	Sum Existing Staffs Imited in the initial ini
interceptional 2 tari 1d Passwood Konsuld Edit Desity 1 Doctor 1 1/23 Analigynal.com Edit/Desity 2 Incerditional 2 1/23 Analigynal.com Edit/Desity 3 1/23 Machinghynal.com Edit/Desity 4 Doctor 1/23 Machinghynal.com Edit/Desity 4 Doctor 1/23 Machinghynal.com Edit/Desity 6 Proceeditional 2 1/23 Machinghynal.com Edit/Desity 6 Proceeditional 2 1/23 Machinghynal.com Edit/Desity 6 Proceeditional 2 1/23 Machinghynal.com Edit/Desity Fig 7.3: Admin Dashboard Octor Using ML Techiques Addmin Menu Add Parameters!!! Mens Parametr	Image: State of the content of the
1 1 123 Antridgemail com EditOperation 2 2 2 Antridgemail com EditOperation 2 2 2 Antridgemail com EditOperation 2 2 Antridgemail com EditOperation EditOperation 3 Doctor 4 123 Antridgemail com EditOperation 5 Doctor 6 123 Mathridgemail com EditOperation 6 Doctor 6 123 Mathridgemail com EditOperation 7 Toxis 7 123 Adigemail com EditOperation Fig 7.3: Admin Dashboard CKD Prediction Using ML Techiques	Image: Decision of the constraints
2 Heregenouslik 23 Anardigmaticom EditiOaster 4 Doctor 1 23 Makridgmaticom EditOaster 4 Doctor 1 23 Makridgmaticom EditOaster 0 Pacceptionation 123 Makridgmaticom EditOaster 0 Pacceptionation 123 Makridgmaticom EditOaster 7 Poccet 123 Makridgmaticom EditOaster 7 Poccet 123 Makridgmaticom EditOaster CKD Prediction Account Signot	2 Increasessity 22 Ausridgmail.com EditOrese 4 Doctor 1 23 Makridgmail.com EditOrese 4 Doctor 1 23 Makridgmail.com EditOrese 6 Receptionel(0) 23 Makridgmail.com EditOrese 7 Procedure 7 23 Makridgmail.com EditOrese 7 Procedure 7 23 Makridgmail.com EditOrese Using T.3: Admin Dashboard CKD Prediction Account Signot Admin Menu Add Parameters!!! More Marine Parameter Parameters Rote View Existing Constraints
a Dector b 23 Machadjagmati com Edit/Dector b Dector b 23 Machadjagmati com Edit/Dector b Dector b 23 Machadjagmati com Edit/Dector b Dector b 23 Machadjagmati com Edit/Dector c Dector p 23 Machadjagmati com Edit/Dector g Doctor p 23 Machadjagmati com Edit/Dector CKD Prediction Account Signor	a Determ b 23 Materialignment com Edit/Determine b Determ b 23 Materialignment com Edit/Determine b Determ b 23 Materialignment com Edit/Determine c Determ b 23 Materialignment com Edit/Determine Fig 7.3: Admin Dashboard Adgreend com Edit/Determine Edit/Determine Using ML Techiques Account Signet Admin Menu Add Parameters!!! Materialignment com Edit/Determine Name Parameter Signet Signet Parameters Signet Signet Signet
4 Doctor 6 22 Medvadgenaticon EditOpere 0 Processional 6 22 Adartiggmaticon EditOpere 0 Processional 6 23 Adartiggmaticon EditOpere 7 Poort 7 23 Adartiggmaticon EditOpere GENERAL Constraints Fig 7.3: Admin Dashboard CKD Prediction Account Signow Using ML Techiques Addynaticon EditOpere Addynaticon	i i
B Determine B C23 Merguagenation Enlipsees Fig 7.3: Admin Dashboard CKD Prediction Vacuum Enlipsees CKD Prediction Vacuum Signor Vacuum Adgenation Enlipsees Adgenation Enlipsees CKD Prediction Account Signor Using ML Techiques Add Parameters!!! News Parameter	Image: product of the second secon
a Paceptionation Bail Objects 7 Poocets P P23 Fig 7.3: Admin Dashboard CKD Prediction Using ML Techiques Add Parameters!!! Hems Parameter	<u>Percentioned() 7 7 </u>
Fig 7.3: Admin Dashboard CKD Prediction Account Signow Using ML Techliques Add Parameters!!! Home Parameter	Fig 7.3: Admin Dashboard CKD Prediction Using ML Techlques Admin Menu Add Parameters!!! Parameters Parameters View Existing Constraints
CKD Prediction Account Signor Using ML Techiques Add Parameters!!! Home Parameter Home Parameter	CKD Prediction Account Signout Using ML Techiques Add Parameters!!! Image: Compared and the signout Home Parameters Parameters Parameters Sadomit View Existing Constraints
Parameter	Parameters Bademet View Existing Constraints
	Parameters Submit
rarameters Submit	View Existing Constraints
View Existing Constraints	SerialNo Parameter Edit Delete
SerialNo Parameter Edit Delete	
1. Age Edit Delete	1. Age Edit Delete
2. BP Edit Delete	2. BP Edit Delete
3. Specific Gravity Edit Delete	3. SpecificGravity Edit Delete
Specific Genity Edit Delete A Abumin Edit Delete	3. Specific Gravity Edit Dates 4. Albumin Edit Dates
3. Specific/Growty Edit Deleter 4. Albumin Edit Deleter 5. Sugar Edit Deleter	3. Specific/Gravity Edit Deleter 4. Albumin Edit Deleter 5. Sugar Edit Deleter
3 Specific Gronity Edit Defense 4 Albumin Edit Defense 5 Sugar Edit Defense 8 RedBloodCellis Edit Defense	Specific/Gravity Edit/Defante Alburnin Edit/Defante Sugar Edit/Defante RedBloodCells Edit/Defante
3 Specific/Gravity Edit Delate 4 Albumin Edit/Delate 5 Sugar Edit Delate 6 PedBloot/Cells Edit/Delate 7 PutCell Edit Delate	3. Specific/Servity Edit Delate 4. Alturnin Edit Delate 5. Sugar Edit Delate 6. RedBootColts Edit Delate 7. PusCell Edit Delate
3 Specific/Centry Edit/Delate 4 Albumin Edit/Delate 5 Sugar Edit/Delate 6 PeeBootCells Edit/Delate 7 Pus/Del Edit/Delate 8 Pus/Del Edit/Delate	3 Specific Gravity Edit Delate 4 Athuma Edit Delate 5 Sugar Edit Delate 6 ResBootCells Edit Delate 7 PacGell Edit Delate 8 FunCellClumps Edit Delate
3 Specific Gravity Edit Determ 4 Albumin Edit Determ 5 Sugar Edit Determ 6 RedBloodCells Edit Determ 7 PunCell Edit Determ 8 RedBloodCells Edit Determ 9 Sactoria Edit Determ 9 Bacteria Edit Determ	3 Specific/Gravity Edit Determ 4 Alburnin Edit Determ 5 Stogar Edit Determ 6 RedBloadCells Edit Determ 7 PusCell Edit Determ 8 PasCell Edit Determ 9 Bacteria Edit Determ
3 Specific Gravity Edit Delate 4 Alburnin Edit Delate 5 Sugar Edit Delate 6 RedBload Cells Edit Delate 7 PusCell Edit Delate 8 PusCell Edit Delate 9 Sactoria Edit Delate 18 BloadOlucceeRandom Edit Delate	3 Specific/Gravity Edit Delate 4 Alburnin Edit/Delate 5 Sugar Edit/Delate 6 RedBlood/Delis Edit/Delate 7 Pus/Cell Edit/Delate 8 Pus/Cell Edit/Delate 9 Bacteria Edit/Delate 10 Blood/GlucceeRandom Edit/Delate
3 Specific Gravity Edit Determ 4 Albumin Edit Determ 5 Sugar Edit Determ 6 RedBloodCells Edit Determ 7 PunCell Edit Determ 8 RedBloodCells Edit Determ 9 Sactoria Edit Determ 9 Bacteria Edit Determ	3 Specific/Genity Edit/Delate 4 Atburnin Edit/Delate 5 Stogar Edit/Delate 6 RedBoot/Cels Edit/Delate 7 Puc/Cel/Lumps Edit/Delate 8 Puc/Cel/Lumps Edit/Delate 9 Bacteria Edit/Delate 10 Bloot/Succe/Random Edit/Delate 11 Bloot/Succe/Random Edit/Delate
1. Age Edit Delete	1. Age Edit Delete
	2 DD Edit Delate
2 BP Edit Delete	2 BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delate
2. BP Edit Delete	2. BP Edit Delete
2. BP Edit Delete	2. BP Edit Delete
2 BP Edit Delete	2 BP Edit Delete
	2 PD Edit Palate
2 BP Edit Delate	2 BP Filt Delete
2. BP Edit Delete	2. BP Edit Delete

17 White/isouCalCourt Edit/Deters 18. RedBlood/calCourt Edit/Deters 19. RedBlood/calCourt Edit/Deters 10. Diadeterskellins Edit/Deters 21. Diadeterskellins Edit/Deters 21. CorrorsyNder/Osceane Edit/Deters 22. Aprotife 23. Pedaforma Edit/Deters 24. doesna Edit/Deters 24. doesna

Fig 7.4: Admin Module- Parameter Addition



Fig 7.5: Receptionist Login Page of CKD Prediction



International Research Journal of Engineering and Technology (IRJET) e-I

Volume: 06 Issue: 09 | Sep 2019

www.irjet.net

e-ISSN: 2395-0056 p-ISSN: 2395-0072

Name			
Age			
BP			
SpecificGravity			
Albumin			
Sugar			
RedBloodCells			
PusCell			
PusCellClumps			
Bacteria			
BloodGlucoseRandom			
BloodUrea			
SerumCreatinine			
Sodium			
Potassium			
Hemoglobin			
PackedCel/Volume			
WhiteBloodCellCount			
RedBloodCellCount			
Hypertension			
DiabetesMeillitus			
Coronary Artery Disease			
Appetite PedalEdema			
Anemia			
Result			

		Prediction	Hanse	Account	Signout	
Doctor Menu	Add Testing Dat	aset!!!				
Home	Name					
Single Patient Prediction	Age					
Mutiple Patients	EP					
	Specific/Gravity Albumin					
Stage Detection	Sugar					
Upload Treatment	RedBloodCalls					
	PusCell					
	PusCellClumps					
	Bacteria					
	BloodGlucoseRandom					
	BloodUrea					
	SerumCreatinine					
	Sodium					
	Petassium					
	Hemoglobin					
	PackedCelNolume					
	WhiteBloodCellCount					
	RedBloodCelBCount Hypertension					
	Pypertension					
	CoronaryArteryDisesse					
	Appetite					
	Perialfidena					
	Anemia					

Fig 7.9: Uploading Testing Dataset from Doctor

Fig 7.6: Training Dataset submission from Receptionist

View Training Dataset

Name	Age		SpecificGravity	Albumir	Suga	RedBloodCells	PusCell	PusCellClumps	Bacteria	BloodGlucoseRandom	BloodUrea	SerumCreatinine	Sodium	Potassium	Hemoglobin	PackedCellVolume	WhiteBlood
/anjappa	48	80	1.02	1	0	1	0	0	0	121	36	1.2	111	2.5	15.4	44	7800
Vishwanath		50	1.02	4	0		0	0	0	121	18	0.8	111	2.5	11.3	38	6000
/shwas	62	8)	1.01	2	3	0	0	0	0	423	53	1.8	111	25	9.6	31	7500
lagadish	48	70	1.005	4	0	0	1	1	0	117	56	3.8	111	2.5	11.2	32	6700
/ahesh	51	8)	1.01	2	0	0	0	0	0	106	26	1.4	111	5.2	11.6	35	7300
Prathibha	60	9)	1.015		0	1	0	0	0	74	25	1.1	142	32	12.2	39	7800
Shivaprakash	68	70	1.01	0	0		0	0	0	100	54	24	104	4	12.4	36	11300
/nod	24	6)	1.015	2	4	0	1	0	0	410	31	1.1	111	5.2	12.4	44	6900
Raju	52	100	1.015		0	0	1	1	0	138	60	1.9	111	52	10.8	33	9600
Gayathri	53	90	1.02	2	0				0	70	107	7.2	114		9.5	29	12100
/alika	50	6)	1.01	2	4			1	0	490	55	4	111	5.2	9.4	28	11300
-lariptasad	63	70	1.01	3	0		1	1	0	380	60	2.7	131	4.2	10.8	32	4500
/ahadevappa	68	70	1.015	3			0		0	208	72	2.1	138	5.8	9.7	28	12200
larish	68	70	1.015	1	1		0	0	0	98	86	4.6	135	3.4	9.8	28	11300
.okesh	68	8)	1.01	3	2	0	1	1	1	157	90	4.1	130	6.4	5.6	16	11000
/shwaprakash	40	8)	1.015	3	0	0	0	0	0	76	162	9.6	141	4.9	7.6	24	3800
Ashwatha	47	70	1.015	2	0	0	0	0	0	99	46	2.2	138	4.1	12.6	24	11300
Basappa	47	80	1.015	0	1		0	0	0	114	87	5.2	139		12.1	24	11300
Shivamallappa	60	100	1.025	0	3		0	0	0	263	27	1.3	135	4.3	12.7	37	11400
Padmini	62	6)	1.015	1	0	1	1	1	0	100	31	1.6	111	52	10.3	30	5300
	01	0.5	1.016		0			0	0	(75	1/0	10	195	E 1		24	0000



Fig 7.7: Sample View of Training Dataset



Fig 7.8: Doctor Login Page of CKD Prediction

Fig 7.10: Single Patient CKD Prediction from Doctor

me	Result Analysis	
gle Patient Prediction	Constraint	Naive Bayes
tiple Patients	Accuracy	93 %
	Time (milli secs)	4247
ge Detection	Correctly Classifie	d 93 %
load Treatment	InCorrectly Classif	ied 7 %
	PatientName	Predicti
	Gnanesh	CKD
	Shivakumar	CKD
	Jayesh	CKD
	Ajaya	CKD
	shashi	CKD
	Savithri	CKD
	Siddarama	CKD
	Ganganna	CKD
	Leela	CKD
	Hemantha	CKD
	Jayadeva	CKD
	Pushpalatha	CKD
	Vijayamma	CKD
	Shivappa	CKD
	Shivemurthy	CKD
	Ravi Manjunatha	CKD
	Siddesha	CKD
	Channamma	CKD
	Vignesha	CKD
	Laitha	CKD
	Goureesha	CKD
	sathish	CKD
	Leeladevi	CKD
	Swarny	CKD
	Gurusiddamma	CKD
	ganesh	CKD
	Sreekala	CKD
	Mandanna	CKD
	Premaleela	CKD
	Geetha	CKD
	shreyas	CKD

Fig 7.11: Multiple Patient CKD Prediction UI

International Research Journal of Engineering and Technology (IRJET)

www.irjet.net

e-ISSN: 2395-0056 p-ISSN: 2395-0072



Volume: 06 Issue: 09 | Sep 2019

IRIET

Fig 7.12: Doctor Module - Stage Prediction

	dictio	n Home	Account !	Signout
Doctor Menu		atment Details!!!		
Home	Select Patient Gnanesh			
Single Patient Prediction	Post Treatment			
Mutiple Patients				
Stage Detection				
Upload Treatment				
		Æ		
	Submit			
	View Treatr	ment Details		
	SL Patient Name	Treatment Details	LasteUpdated	Edit Delet
	1. Gnanesh	Medication helps manage symptoms. In later stages, filtering the bil a machine (dialysis) or a transplant may be required. Medical proce		Edit Delet

Fig 7.13: Doctor Module – Upload the treatment Details



Fig 7.14: Patient Login Page

CKD P Using ML Techiques		ction		Signo
D	14/-1	come Pati	ontill	
Patient	vve	come Pati	entiii	
Patient	SLN0	Disease Name	Treatment Details	LasteUpdated

Fig 7.15: Patient Module- View Treatment Details

8. CONCLUSION

This project is a medical sector application which helps the medical practitioners in predicting the CKD based on the CKD parameters. It is automation for CKD disease prediction and it efficiently and economically speedily identifies the disease, its types and complications from the clinical database. The Accuracy obtained is about 94.6%.

Doctor Menu	CKD Pred	diction Using Naive Bayes!!!					
Home	Result Analysi	s					
CKD (Naive Bayes)	Naive Bayes	Constraint					
Upload Treatment	Accuracy	94.5454545454545 %					
	Time (milli secs)	1931					
	Correctly Classified	94.545454545454596					
	InCorrectly Classified	5.45454545454545 %					

Fig 8.1: Result analysis

9. FUTURE WORK

We can enhance this problem statement by implementing the below features -

- Graphical analysis
- Feature Extraction
- Stage Prediction

REFERENCES

[1] Miguel A. Estudillo-Valderrama, Alejandro Talaminos-Barroso, Laura M. Roa, Fellow, IEEE, David Naranjo-Hern'andez, Student Member, IEEE, Javier Reina-Tosina, Senior Member, IEEE, Nuria Arest'e-Fosalba, and Jos'e A. Milan-Martin "A Distributed Approach to Alarm Management in Chronic Kidney Disease", IEEE Journal of Biomedical and Health informatics, VOL. 18, NO.6, November 2014.

[2] ArifahFashaRosmani, UmiHanim Mazlan, Alif Faisal Ibrahim, Dina Shamila Zakaria "iKS:Composition of Chronic Kidney Disease (CKD) Online Informational Self-Care Tool", 2015 IEEE 2015 International Conference on Computer, Communication, and Control Technology (I4CT 2015), April 21 - 23 in Imperial kuching hotel, Kuching, Sarawak, Malaysia.

[3] ErniYudaningtyas, Djoko H. Santjojo, WaruDjuriatno, IndraznoSiradjuddin, Muhammad Rony Hidayatullah, "Identification of Pulse Frequency Spectrum of Chronic Kidney Disease Patients Measured at TCM Points Using FFT Processing".

[4] Renuka Marutirao Pujari and Mr. Vikas D. Hajare, "Analysis of Ultrasound Images for Identification of Chronic Kidney Disease Stages", 978-14799-3486-7/14 ©2014 IEEE.

[5] Veenita Kunwar, Khushboo Chandel and A. Sai Sabitha "Chronic Kidney Analysis using Data Mining Classification Techniques" 2016 6th InternationalConference - Cloud System and Big Data Engineering (Confluence).

[6]Pinar Yildirim"Chronic Kidney Disease Prediction on Imbalanced Data by Multilayer Perceptron" 2017 IEEE 41st Annual Computer Software and Applications Conference.

[7]. I. H. Witten and E. Frank, "Data Mining Practical Machine Learning Tools and Techniques," 2nd ed., San Francisco/ABD, 2005.

[8].https://archive.ics.uci.edu/ml/datasets/Chronic_Kidney_ Disease (Access Date: 2018 February 7).

[9]. http://www.tbv.com.tr/tr/content/main/page/p/164kronik-bobrekhastaliginin- erken-teshisi-ve-korunmayontemleri (Access Date: 2018 February 7)

[10]. C. Cortes and V. Vapnik, "Support- Vector Networks," Machine Learning, vol. 20, 1995, pp. 273-297.

[11].http://www.datascience.istanbul/2017/07/02/hatamatrisini-confusionmatrix- yorumlama/ (Access Date: 2018 February 7)

BIOGRAPHIES



AMOGH BABU K A

B.E. in Computer Science and Engg.

http://amoghbabu.xyz



PRIYANKA K

Asst. Professor, Dept. of CSE, Nagarjuna College of Engineering and Technology, Bangalore.



RAGHAVENDRA BABU T M

Asst. Professor, Dept. of CS&E, P.E.S. College of Engineering, Mandya.