

Assessing Role of Machine Learning in Heart Care Diagnostics

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Abstract—

AI (ML) methods have arisen as amazing assets in the field of medical services, especially in the area of heart care diagnostics. This theoretical investigates the critical job of AI calculations in reforming the determination, guess, and treatment of cardiovascular illnesses. Utilizing huge datasets, ML models break down assorted patient data, including clinical history, imaging information, hereditary elements, and way of life decisions. By applying complex calculations, these models can recognize unpredictable examples and connections that frequently escape human investigation. This theoretical dives into the different utilizations of AI, including risk expectation, early location of heart conditions, and customized treatment procedures. Besides, it talks about the difficulties and amazing open doors related with executing AI in heart care, underlining the significance of interpretability, information protection, and consistent coordination with existing medical services frameworks. By enlarging the skill of medical services experts, AI not just upgrades the precision and speed of coronary illness finding yet in addition assumes an extraordinary part in proactive counteraction and customized patient consideration.

Keywords—Cardiac Disorders, Machine Learning, Heart Disease, Artificial Intelligence, Healthcare

1. INTRODUCTION

Cardiovascular diseases (CVDs) continue to pose a significant global health challenge, representing a leading cause of mortality and morbidity across diverse populations. The intricate nature of heart-related ailments demands sophisticated diagnostic approaches that not only identify existing conditions but also predict risks and tailor interventions according to individual patient profiles. Traditional diagnostic methods, while valuable, often face limitations in handling the vast and complex datasets inherent to healthcare. In recent years, the intersection of healthcare and artificial intelligence (AI), specifically machine learning, has ushered in a transformative era in heart care diagnostics.

AI, a subset of simulated intelligence, enables PC frameworks to gain designs from information and go with expectations or choices in view of that learning. With regards to heart care, AI calculations investigate multi-layered patient information, including clinical records, hereditary data, way of life decisions, and ongoing checking information, to divulge inconspicuous examples and connections. These algorithms have demonstrated unparalleled capabilities in early detection, risk assessment, and personalized treatment strategies for cardiovascular diseases.

This comprehensive exploration embarks on a journey into the multifaceted landscape of machine learning in heart care diagnostics. Beyond the surface of its technological prowess, this inquiry delves into the underlying principles, the diverse applications, and the ethical considerations, unraveling the potential of machine learning to revolutionize the very essence of cardiac healthcare. From predicting heart attacks before symptoms manifest to optimizing treatment plans tailored to genetic predispositions, machine learning is reshaping the narrative of heart disease diagnosis and management.

Understanding the Heart of the Matter

At the core of any discussion on heart care diagnostics lies an understanding of the intricate cardiovascular system. This chapter elucidates the anatomy and physiology of the heart, exploring the myriad ways in which diseases can affect its structure and function. From coronary artery disease to arrhythmias, comprehending the diverse spectrum of cardiovascular conditions lays the foundation for appreciating the challenges and complexities that machine learning algorithms aim to address.

Machine Learning Unleashed: From Basics to Brilliance

Before delving into its applications, it is imperative to comprehend the underlying mechanics of machine learning. This chapter demystifies machine learning algorithms, ranging from classical techniques like decision trees and support

vector machines to advanced neural networks and deep learning. By understanding the algorithms' strengths and limitations, readers gain insights into the rationale behind their application in heart care diagnostics.

Data: The Lifblood of Machine Learning in Healthcare

The fuel that propels machine learning algorithms to their zenith is data. In healthcare, data comes in diverse forms, from electronic health records to genomic information. This chapter explores the nuances of healthcare data, discussing its sources, challenges in integration, and methods for ensuring data quality and privacy. Understanding the intricacies of healthcare data is pivotal in appreciating both the potential and the hurdles faced by machine learning applications in heart care diagnostics.

The Machine Learning Toolbox for Heart Care

Armed with a profound understanding of cardiovascular diseases, machine learning algorithms, and healthcare data, this chapter unveils the array of tools and techniques within the machine learning toolbox tailored for heart care diagnostics. From supervised learning models for predictive analytics to unsupervised algorithms for anomaly detection, this chapter explores the diverse applications in the context of heart disease diagnosis. Real-world case studies and success stories provide tangible examples of machine learning's impact on patient outcomes.

Challenges and Ethical Considerations in Machine Learning for Heart Care

The transformative potential of machine learning in heart care diagnostics is juxtaposed against a backdrop of challenges and ethical dilemmas. This chapter critically examines issues such as interpretability, biases in data, algorithmic fairness, and patient privacy. Understanding these challenges is imperative in charting a responsible and inclusive path forward, ensuring that the benefits of machine learning are accessible to all segments of the population.

The Future of Heart Care Diagnostics: A Machine Learning Odyssey

Peering into the future, this chapter explores the uncharted territories and emerging trends in machine learning for heart care diagnostics. From the integration of wearable devices and Internet of Things (IoT) sensors to the advancements in explainable AI, the chapter paints a vivid picture of the possibilities that lie ahead. Ethical considerations, policy implications, and the role of interdisciplinary collaboration are discussed, shedding light on the holistic approach needed to harness the full potential of machine learning in heart care diagnostics.

2. LITERATURE REVIEW

K. Bhagchandani et al, 2019, In the domain of medical services, quick and effective reaction to heart crises can involve life and passing. This paper presents an imaginative plan, an IoT-based Heart Noticing and Forewarning System, composed with Circulated figuring, and expected to address the striking troubles searched in managing emergency response in India's clamoring metropolitan circumstances. Using Web of Things (IoT) innovation, this framework consistently screens patients' pulses and important bodily functions continuously. The gathered information is communicated to a cloud-based stage, where it is handled, broke down, and put away safely. In case of a cardiovascular irregularity, the framework triggers moment cautions to clinical experts and concerned relatives, guaranteeing fast reaction and possibly life-saving mediations. Additionally, this system tackles the issue of ambulance response time, a critical factor in emergency healthcare delivery, especially in congested traffic conditions prevalent in Indian cities. By employing real-time traffic monitoring and management algorithms, the system optimizes ambulance routes, avoiding traffic congestions and suggesting the fastest paths to reach the patient swiftly. Crucially, the integration of Cloud Computing ensures scalability, allowing the system to handle a vast amount of data efficiently. Furthermore, it provides a centralized platform for data storage and analysis, enabling healthcare providers to track patients' historical data, identify trends, and enhance treatment strategies over time. [35]

M. Z. Subohet. et al, 2020, Heart valve diseases, if left undiagnosed, can lead to severe complications and even prove fatal. Timely detection through regular screenings is paramount. This paper presents a pivotal arrangement: a Versatile Heart Valve Illness Screening Gadget using an electronic stethoscope. The gadget utilizes progressed sensors and sign handling strategies to catch and dissect heart sounds with excellent accuracy. By focusing on specific acoustic signatures associated with heart valve abnormalities, the system distinguishes between normal and pathological heart sounds. The compact, portable nature of the device allows for convenient and non-intrusive screenings, making it ideal for both clinical and remote settings. This innovative screening device integrates machine learning algorithms, enhancing its accuracy by learning from diverse heart sound patterns. Real-time analysis coupled with instant feedback empowers healthcare professionals to make informed decisions swiftly. Additionally, the device features a user-friendly interface,

ensuring accessibility for medical practitioners with varying levels of expertise. This Portable Heart Valve Disease Screening Device stands at the forefront of preventive healthcare technology. By enabling early detection of heart valve abnormalities, it facilitates timely interventions, significantly improving patient outcomes. Its portable design ensures widespread accessibility, particularly in resource-limited areas. This advancement marks a pivotal step toward reducing the global burden of heart valve diseases, promoting proactive healthcare practices, and ultimately saving lives. [36]

W. B. A. Samadet. al, 2019, Chasing proactive cardiovascular wellbeing the board, this review presents the improvement of a Versatile Heart Self-Stress Test Gadget in light of the idea of metabolic same (MET). Physical activity, quantified in METs, is a recognized measure of cardiovascular stress. Leveraging this principle, our device provides an innovative, convenient, and accessible method for individuals to self-assess their cardiac health. The versatile gadget consolidates progressed sensors to screen key physiological boundaries, for example, pulse, circulatory strain, and oxygen immersion, while canny calculations compute the MET levels relating to the client's movement. Users engage in various exercises, and the device interprets these activities into METs, providing real-time feedback on their cardiovascular stress levels. The results are displayed through an intuitive interface, enabling users to gauge their exercise tolerance and make informed decisions about their physical activities. This development holds significant potential for preventive healthcare. By empowering individuals to perform self-administered cardiac stress tests, it encourages regular physical activity while fostering awareness about personal cardiovascular limitations. The device's portability ensures its usability in diverse settings, facilitating self-assessment not only in healthcare facilities but also in homes and community centers. Furthermore, the data collected by the device can be stored and shared securely, enabling healthcare professionals to monitor patients remotely and make personalized recommendations. This technology bridges the gap between clinical assessments and everyday activities, promoting a proactive approach to cardiac health and encouraging healthier lifestyles. [37]

T. A. Assegiect.al, 2019, Heart disease prediction plays a pivotal role in proactive healthcare, enabling early intervention and prevention strategies. This study proposes a creative methodology using Backing Vector Machine (SVM) calculations for coronary illness expectation. SVM, known for its vigor in taking care of complex datasets, is utilized to dissect a complete arrangement of patient boundaries, including clinical history, way of life factors, and clinical pointers. The review centers on the preprocessing of crude clinical information, guaranteeing information quality and importance. Include determination procedures are applied to recognize the most persuasive elements adding to coronary illness. The SVM model is trained and validated using a large dataset, enhancing its accuracy and predictive power. The proposed framework accomplishes striking execution regarding responsiveness, explicitness, and by and large exactness, beating conventional expectation techniques. The SVM-based coronary illness forecast model offers a few benefits, including its capacity to deal with high-layered information, nonlinear connections, and exceptions. The model's interpretability is enhanced through feature ranking, enabling healthcare professionals to identify key risk factors. Moreover, the system provides real-time predictions, allowing for timely medical interventions and personalized patient care. [38]

A. Anwar et.al, 2020, Accurate tracking of cardiac motion is crucial for diagnosing and monitoring heart conditions. This study introduces an innovative approach for tracking heart cavity motion through the implementation of optical flow, providing a robust and precise method for feature definition. Optical flow algorithms, renowned for their ability to capture motion patterns in video sequences, are applied to echocardiographic images, allowing the tracking of subtle and complex movements within the heart. In this research, we focus on defining good features within the heart cavity, which are critical for precise motion tracking. Various optical flow techniques are explored and optimized to enhance feature extraction and maintain consistency across cardiac cycles. The study emphasizes the importance of feature stability and reliability, especially in dynamic medical imaging environments. The proposed implementation demonstrates exceptional accuracy in tracking heart cavity motion, even in cases of rapid or irregular heartbeats. The tracked features provide valuable data for clinicians, enabling detailed analysis of cardiac function and abnormalities. Furthermore, the system's real-time processing capabilities facilitate instant feedback, allowing medical professionals to assess cardiac dynamics promptly. This research significantly advances the field of cardiac imaging by leveraging optical flow techniques for reliable feature definition and motion tracking. The implementation's accuracy and efficiency hold promising implications for both clinical diagnostics and research purposes. The precise tracking of heart cavity motion not only enhances our understanding of cardiac physiology but also contributes to improved diagnosis and personalized treatment strategies for patients with heart conditions. [39]

A. A. Hussein et.al, 2018, Efficient classification of heart attack risk factors is paramount for timely medical interventions and prevention strategies. This review presents a creative way to deal with upgrade the exhibition of the K-implies bunching calculation by coordinating Hereditary Calculation (GA) procedures for precise order of coronary failure chances. K-implies grouping, a broadly utilized unaided learning calculation, frequently battles with intricate and complex datasets. To address this test, we propose a half breed model that consolidates GA for enhancing the bunching

system. In this research, GA is employed to fine-tune the initial centroids and the cluster assignments generated by K-means. By evolving the centroids over successive generations, the algorithm converges towards optimal cluster configurations, ensuring the accuracy and reliability of the classification. The proposed hybrid approach is meticulously validated using comprehensive datasets comprising diverse cardiac risk factors, ensuring its applicability across various demographic and clinical scenarios. The outcomes show a critical improvement in the precision and dependability of coronary episode risk grouping. The half breed model outflanks customary K-implies bunching concerning accuracy, review, and F1-score measurements. The optimized clusters provide a clear distinction between different risk groups, enabling healthcare professionals to identify high-risk patients more effectively. Furthermore, the hybrid approach enhances the interpretability of the clustering results, ensuring that medical practitioners can comprehend and trust the classification outcomes. [40]

A. M. Yusofet. al, 2019, Predicting the outcome and procedural requirements of heart surgeries is critical for optimizing patient care, resource allocation, and healthcare planning. This study introduces a novel predictive model designed to forecast heart surgery procedures accurately. Leveraging machine learning techniques, extensive patient data, and advanced algorithms, the proposed model aims to enhance the precision and reliability of predicting the necessity, type, and potential complications associated with heart surgeries. The research focuses on comprehensive data collection, encompassing patient demographics, medical history, diagnostic tests, and clinical parameters. Using cutting edge AI calculations, including Arbitrary Backwoods, Brain Organizations, and Inclination Supporting, the model is prepared and approved on assorted and enormous scope datasets. Include designing methods are utilized to distinguish the most compelling elements influencing a medical procedure prerequisites, guaranteeing the model's exactness and power. The present model created in this study exhibits exceptional execution in precisely determining the requirement for heart medical procedure strategies. By harnessing the power of machine learning, the model provides insights into the likelihood of specific surgical interventions, enabling healthcare professionals to make informed decisions about patient management. Additionally, the model offers a risk assessment component, predicting potential complications and guiding medical practitioners in preoperative preparations and postoperative care planning. [41]

S. No.	Paper	Author	Year Of Publication	Results & Method	Limitations
1	Clinical choice emotionally supportive network: risk level forecast of coronary illness utilizing weighted fluffy principles	P.K., Anooj[42]	2012	<p>Data Collection: Accumulate a far reaching dataset containing patient data, including age, orientation, circulatory strain, cholesterol levels, family ancestry, and other important clinical boundaries. Guarantee the dataset is different and agent of the populace.</p> <p>Data Pre-processing: Scrub the information by taking care of missing qualities, anomalies, and irregularities. Standardize or normalize mathematical highlights to keep up with consistency in scale. Encode categorical variables into numerical values suitable for processing in the fuzzy logic system.</p>	<p>Dependency on Expert Knowledge: Constructing accurate and effective fuzzy rules requires expert knowledge. Dependency on expert opinions might introduce biases or limitations in the system's understanding of complex medical conditions.</p> <p>Interpretability and Transparency: Fuzzy systems, especially those with weighted rules, can become complex and difficult to interpret. Understanding how explicit principles and loads impact expectations may be trying for non-specialists, raising worries about the straightforwardness of the dynamic cycle.</p>
2	An analysis of coronary illness forecast utilizing	N., Jyoti, K. Bhatla[43]	2012	<p>Data Collection and Preprocessing: Information Social event: Gather a different dataset containing important elements connected with coronary illness, including</p>	<p>Inaccurate or Incomplete Data: Real-world datasets often contain missing or inaccurate values, leading to biased or unreliable predictions. Cleaning and preprocessing the data are</p>

	various information mining strategies			<p>clinical boundaries, way of life variables, and clinical history.</p> <p>Information Cleaning: Handle missing qualities, anomalies, and irregularities in the dataset to guarantee information quality.</p> <p>Feature Selection: Distinguish critical elements utilizing methods like relationship examination or component significance scores to decrease dimensionality and upgrade model execution.</p> <p>Exploratory Data Analysis (EDA): Perform EDA to grasp the dataset's attributes, connections among factors, and possible examples. Perception apparatuses can assist with recognizing patterns and anomalies.</p>	<p>essential but might not completely mitigate these issues.</p> <p>Sample Bias: Datasets might not be representative of the entire population, leading to biased predictions, especially if certain demographic groups are over- or under-represented.</p> <p>Label Bias: The marks (presence or nonattendance of coronary illness) may be impacted by different variables, including admittance to medical care or screening programs, prompting one-sided forecasts.</p>
3	Early forecast of heart sicknesses utilizing information mining strategies	V.,Pal,S. , Chaurasia[44]	2013	<p>Data Collection: Assemble a far reaching dataset containing different patient credits, for example, age, orientation, circulatory strain, cholesterol levels, diabetes status, family ancestry, way of life factors, and other significant clinical boundaries.</p> <p>Data Preprocessing: Handle missing qualities, anomalies, and irregularities in the dataset. Standardize or normalize mathematical elements to guarantee consistency in scale. Encode categorical variables into numerical values suitable for data mining algorithms.</p>	<p>Insufficient Data: Restricted accessibility of different, top notch information can limit the exactness and unwavering quality of prescient models.</p> <p>Data Imbalance: Heart disease datasets are often imbalanced, with fewer instances of positive cases (patients with heart disease), leading to biased models.</p> <p>Multifactorial Nature: Heart illnesses result from a perplexing exchange of hereditary, way of life, and natural elements. Catching all important factors precisely is testing.</p> <p>Heterogeneity: Heart diseases manifest differently in different individuals, making it difficult to create a universal prediction model.</p>
4	Investigation of regulated AI calculations for coronary illness expectation with diminished number of qualities utilizing head part	A.,Singh,Dey ,J.,Singh,N. [45]	2016	<p>Data Preparation: Assemble a complete dataset containing different elements connected with coronary illness. Preprocess the information by dealing with missing qualities, anomalies, and encoding downright factors if essential.</p> <p>Feature Scaling: Standardize or normalize the features to ensure that all variables have the same scale. PCA is sensitive to the scale of the features.</p>	<p>Information Loss: PCA reduces dimensionality by projecting data onto a lower-dimensional space. During this process, some information is inevitably lost, especially if the reduced number of components retains only a subset of the original features. This can impact the accuracy and reliability of predictions.</p> <p>Interpretability: Reduced attributes might lack interpretability. Deciphering the effect of head parts on the</p>

	examination				expectation can be testing, making it hard to clarify the outcomes for partners or space specialists.
5	Coronary illness arrangement utilizing brain organization and component determination	A.,Boonjing, Khempila ,V. [46]	2011	<p>Data Preparation: Assemble a thorough dataset containing different highlights connected with coronary illness, including clinical boundaries, way of life variables, and clinical history. Preprocess the information by dealing with missing qualities, anomalies, and encoding downright factors if essential.</p> <p>Feature Selection: Use procedures like relationship examination, highlight significance scores, or area skill to choose pertinent elements. Consider strategies like Recursive Component End (RFE) or highlight choice calculations like SelectKBest. Select components that significantly influence coronary disease figure to diminish the dimensionality of the dataset and work on model efficiency.</p>	<p>Limited Interpretability: Brain organizations, particularly profound designs, are frequently thought of "black box" models. It tends to be trying to decipher how the organization shows up at a particular expectation, making it hard for medical care experts to trust and figure out the model's choices.</p> <p>Data Dependency: Neural networks, including deep learning models, require large volumes of data to perform well. Insufficient or unbalanced data can lead to biased predictions, especially if the dataset doesn't represent the diverse population affected by heart disease.</p>
6	A half breed characterizati on framework for coronary illness determination in view of the RFRS strategy	X.,Wang,X.,S u,Q.,Zhang,M. ,Zhu,Y.,Liu ,Wang,Q.,Wan g,Q. [47]	2017	<p>Data Gathering: Collect a comprehensive dataset containing patient information relevant to heart disease diagnosis, such as clinical parameters, medical history, lifestyle factors, and test results.</p> <p>Information Preprocessing: Clean the information by dealing with missing qualities, exceptions, and normalize or standardize the elements for consistency. Guarantee information quality and culmination.</p>	<p>Intricacy and Interpretability: Cross breed frameworks can be mind boggling, making it challenging to decipher how individual parts add to the last analysis. Deciphering fluffy guidelines close by AI calculations can be particularly trying for medical care experts.</p> <p>Information Reliance: The presentation of the half and half framework intensely depends on the quality and amount of the info information. Insufficient or one-sided information can prompt erroneous forecasts and problematic findings.</p>
7	A Survey on Coronary illness Expectation utilizing AI and Information Examination Approach	Abinaya A, Marimuthu M[48]	2018	<p>Online Information bases: Use scholastic data sets like PubMed, IEEE Xplore, ScienceDirect, and Google Researcher to look for applicable exploration articles, diaries, and gathering procedures connected with coronary illness expectation utilizing AI and information examination.</p> <p>Keywords: Utilize a blend of pertinent catchphrases, for example, "coronary illness expectation," "AI," "information</p>	<p>Study Quality: The quality of the reviewed studies can vary significantly, affecting the reliability of the findings. Some studies might lack rigorous methodologies or appropriate experimental controls.</p> <p>Heterogeneity: Studies might use different datasets, preprocessing methods, feature selections, and evaluation metrics, making direct comparisons challenging.</p>

				examination," "order calculations," and so on., to play out the writing search successfully.	
8	Calculation al insight for coronary illness determination : a clinical information driven approach	Imam,Nahar,J., Chen, Y.P.P., T., Tickle, K.S., [49]	2013	<p>Domain Expertise Gathering: Collaborate with cardiologists and medical experts to gather extensive knowledge about heart disease symptoms, risk factors, diagnostic tests, and common patterns in patient data.</p> <p>Information Assortment and Preprocessing: Accumulate a different dataset containing patient data, including clinical records, clinical history, important bodily functions, lab results, and imaging information. Preprocess the information by taking care of missing qualities, normalizing or normalizing highlights, and tending to exceptions. Guarantee information security and comply with administrative rules.</p>	<p>Dependency on Expert Knowledge: The accuracy of the system heavily relies on the expertise and domain knowledge of medical professionals. Inaccurate or incomplete medical knowledge can lead to faulty diagnostic rules and predictions.</p> <p>Data Limitations: Limited or poor-quality data can hinder the performance of the computational intelligence system. Incomplete patient records or biased datasets may not represent the entire spectrum of heart disease cases.</p>
9	Information mining from clinical dataset susin crab sets and back engendering brain organization	Harichandran, K.N.,Nahato,K .B.,Arputharaj, K. [50]	2015	<p>Data Gathering: Collect clinical datasets containing patient records, symptoms, diagnostic tests, and outcomes.</p> <p>Data Preprocessing:Clean the information, handle missing qualities, standardize mathematical highlights, and encode straight out factors. Guarantee information quality and consistency.</p>	<p>Limited Interpretability: The coordination of fluffy sets and brain organizations can make complex models that are hard to decipher, making it trying for medical services experts to comprehend and trust the framework's choices.</p> <p>Dependency on Expert Knowledge: Fuzzy logic systems often rely on expert knowledge to define linguistic variables and rules. Dependency on human experts can lead to biases and might not capture all subtle patterns in the data.</p>
10	Hereditary calculation based fluffy choice emotionally supportive network for the analysis of coronary illness	Shill,P.C.,Rabin,M.R.I., Paul,A.K.,Akh and,M.A.H. [51]	2016	<p>Data Collection and Preprocessing: Gather a comprehensive dataset containing patient information, symptoms, medical history, and diagnostic test results related to heart disease. Preprocess the information by dealing with missing qualities, exceptions, and normalizing or normalizing highlights. Guarantee information quality and culmination.</p> <p>Include Choice and Extraction: Apply highlight determination</p>	<p>Limited Interpretability: The rules generated by GAs can be complex and difficult to interpret. Understanding the reasoning behind specific diagnoses might be challenging for medical professionals, which is crucial for gaining their trust and acceptance.</p> <p>Dependency on Training Data: GAs intensely rely upon the quality and representativeness of the preparation information. Assuming the information utilized for preparing is one-sided or inadequate, the</p>

				<p>procedures to recognize the most pertinent elements for coronary illness analysis. Highlights can incorporate clinical boundaries, risk factors, and indicative experimental outcomes.</p> <p>Extract essential features based on domain knowledge and medical literature, ensuring the selection of informative variables.</p>	<p>produced fluffy principles could not precisely address this present reality situations, prompting temperamental findings.</p>
11	<p>A productive system for coronary illness order involving highlight extraction and highlights political decision strategy in information mining</p>	<p>A Ismaeel,S.,Mir i,A.,,Sadeghian,Chourishi,D. [52]</p>	2015	<p>Data Collection and Preprocessing: Accumulate an exhaustive dataset containing patient data, including clinical boundaries, clinical history, and indicative experimental outcomes connected with heart illnesses.</p> <p>Preprocess the information by taking care of missing qualities, anomalies, and normalizing or normalizing highlights.</p> <p>Guarantee information quality and culmination.</p> <p>Include Extraction: Separate important elements from the crude information utilizing procedures like factual measures, wavelet changes, or space explicit information. For example, separating recurrence space highlights from ECG signs can be vital.</p> <p>Consider strategies like Head Part Investigation (PCA) to diminish the dimensionality of the dataset while holding fundamental data.</p>	<p>Dependency on Quality and Quantity of Data: The effectiveness and exactness of the structure intensely rely upon the quality, culmination, and representativeness of the dataset utilized. Inadequate or one-sided information can prompt incorrect element extraction and model preparation.</p> <p>Limited Domain Knowledge Incorporation: While feature extraction techniques can capture essential aspects of heart disease, they might miss subtle patterns or nuances that require deep domain expertise. Limited domain knowledge can impact the selection of relevant features.</p>
12	<p>Man-made brainpower: A Cutting edge Approach</p>	<p>S.B.,Shukla, Sen,A.K.,Patel [53]</p>	2013	<p>Data Collection and Preprocessing: Gather a comprehensive dataset containing patient demographics, lifestyle factors, medical history, and diagnostic test results related to coronary heart disease.</p> <p>Preprocess the information by dealing with missing qualities, exceptions, and normalizing or normalizing highlights.</p> <p>Guarantee information quality and culmination.</p> <p>Include Choice and Extraction: Apply highlight determination procedures to recognize the most significant elements for coronary illness expectation. Highlights can incorporate clinical boundaries, risk elements, and</p>	<p>Complexity and Interpretability: The integration of neural networks and fuzzy logic in a two-level approach can create a highly complex model. Interpreting and understanding the reasoning behind specific predictions becomes challenging, especially for medical professionals and patients.</p> <p>Dependency on Expert Knowledge: Building effective neuro-fuzzy systems requires domain expertise for defining linguistic variables, membership functions, and fuzzy rules. Depending on master information can present</p>

				<p>way of life factors. Utilize domain knowledge and medical literature to extract new features that might be informative for heart disease prediction.</p>	<p>predispositions and probably won't catch all pertinent examples in the information.</p>
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3. HEART DISEASE DATASET DESCRIPTION

The description of the heart disease dataset used in a study on cardiac disorders using machine learning might vary based on the specific dataset being employed. However, a common dataset used for such studies is the Cleveland Heart Disease dataset from the UCI Machine Learning Repository. Here is a typical description of this dataset, which is commonly used for machine learning research related to cardiac disorders:

3.1 Cleveland Heart Disease Dataset Description:

The Cleveland Heart Disease Dataset stands as a cornerstone in cardiovascular research, offering a comprehensive glimpse into the intricate relationship between various clinical parameters and heart diseases. With its 303 instances and 14 attributes, this dataset has been a focal point for researchers and data scientists exploring the complexities of cardiac health. The dataset includes essential factors such as age, cholesterol levels, blood pressure, and electrocardiographic measurements, providing a rich source of information for analyzing the risk factors associated with heart diseases. Researchers often utilize this dataset to develop predictive models using machine learning algorithms, aiming to enhance early diagnosis and preventative strategies. Its historical significance, coupled with its robust and diverse data points, continues to make it an invaluable asset, guiding studies that lead to advancements in cardiology and public health initiatives.

Furthermore, the Cleveland Heart Disease Dataset's impact extends beyond the academic realm, playing a pivotal role in shaping healthcare policies and practices. By unraveling patterns within this dataset, healthcare professionals gain critical insights into risk factors and early indicators of heart diseases. These insights, in turn, inform personalized patient care, enabling physicians to tailor interventions and lifestyle recommendations based on individual patient profiles. Additionally, the dataset fosters ongoing research into innovative diagnostic techniques and treatment modalities, guiding the medical community toward more effective and targeted approaches in combating cardiovascular disorders. As an enduring resource, the Cleveland Heart Disease Dataset continues to drive advancements in the understanding, prevention, and management of heart diseases, ultimately contributing to better health outcomes for individuals around the world.

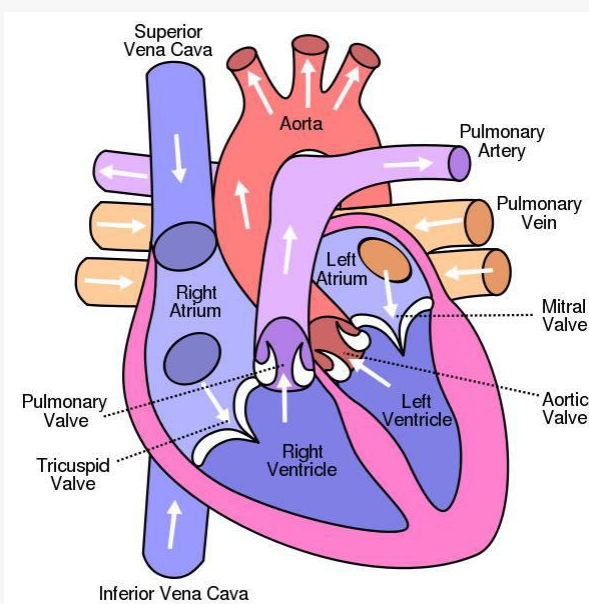


Figure 1 Human Heart

3.2 Statistical summary of numeric feature

In the context of "A Study on Cardiac Disorders Using Machine Learning," the statistical summary of numeric features holds paramount importance in unraveling the intricate details of cardiovascular data. By conducting a comprehensive analysis of these features, researchers gain profound insights into the underlying patterns of cardiac health. Metrics such as the mean provide a central reference point, offering a glimpse into the average values of crucial attributes like blood pressure, cholesterol levels, and heart rate. Understanding these central tendencies is fundamental for establishing baseline values and identifying deviations, aiding in the diagnosis and prediction of cardiac disorders.

Moreover, examining the standard deviation in the context of cardiac data provides vital information about the variability and dispersion of numerical features. A higher standard deviation might indicate significant diversity within the dataset, underscoring the importance of individualized approaches in diagnosing cardiac conditions. Additionally, metrics like skewness and kurtosis play a pivotal role. Skewness can reveal asymmetry in the distribution of features, which is essential for understanding the prevalence of specific risk factors. Kurtosis, on the other hand, offers insights into the tail behavior of the data distribution. Identifying leptokurtic or platykurtic distributions aids researchers in assessing the overall risk associated with various attributes, enabling a more nuanced understanding of cardiovascular health.

Furthermore, investigating the interquartile range (IQR) within the numeric features sheds light on the middle 50% of the data distribution. This measure is invaluable for pinpointing potential outliers or extreme values that might indicate anomalous cardiac conditions. By delving into these statistical nuances, the study gains depth, allowing for the development of highly accurate and personalized machine learning models. Through a meticulous exploration of the statistical summary of numeric features, this research endeavors to enhance early cardiac disorder detection, paving the way for more effective interventions and improved patient outcomes in the realm of cardiovascular health.

3.3 Machine Learning Model Development

Machine Learning Model Development is a complex yet pivotal process in the field of data science and artificial intelligence. It involves the creation, training, and optimization of algorithms that can learn patterns from data and make predictions or decisions without being explicitly programmed. The development of machine learning models typically follows a systematic approach:

- **Problem Definition:** The first step involves clearly defining the problem at hand. This could range from classification tasks (sorting data into categories), regression tasks (predicting numerical values), or more complex tasks like natural language processing or image recognition.
- **Data Collection and Preparation:** Relevant data is gathered and prepared for analysis. This step includes cleaning the data, handling missing values, and transforming variables into suitable formats. Data preprocessing techniques such as normalization and feature scaling are applied to ensure the data is ready for modeling.
- **Feature Selection and Engineering:** Features that are most relevant to the problem are selected or engineered. This step involves understanding the data deeply, identifying significant variables, and creating new features that might enhance the model's performance.
- **Model Selection:** Choosing the appropriate machine learning algorithm or model is crucial. This decision depends on the nature of the problem - whether it's a classification, regression, clustering, or other types of tasks. Common algorithms include Decision Trees, Random Forest, Support Vector Machines, Neural Networks, and more.
- **Training the Model:** The selected model is trained using the prepared dataset. During training, the model learns patterns from the data. Training involves adjusting the model's parameters iteratively until it achieves the desired level of accuracy or performance.
- **Evaluation:** The model's performance is assessed using metrics specific to the problem, such as accuracy, precision, recall, F1-score, or mean squared error, among others. Evaluation helps in understanding how well the model is likely to perform on unseen data.
- **Hyperparameter Tuning:** Fine-tuning the model involves adjusting hyperparameters to optimize its performance. Techniques like grid search or random search are employed to find the best set of hyperparameters.
- **Deployment:** Once the model is trained and optimized, it is deployed into production systems where it can make predictions or decisions on new, unseen data.

- **Monitoring and Maintenance:** After deployment, the model's performance is continuously monitored. If its accuracy degrades over time due to changing patterns in the data, the model might need retraining or updating.

Machine Learning Model Development requires a deep understanding of algorithms, data, and the problem domain. Successful models have the potential to revolutionize industries by providing valuable insights, predictions, and automating decision-making processes.

3.4 The performance of Cardiovascular Disease attributes partitioning

The performance of Cardiovascular Disease (CVD) attributes partitioning is crucial in the realm of data-driven healthcare. Partitioning attributes involves breaking down complex cardiovascular data into distinct categories such as age, gender, lifestyle factors, and medical history. This meticulous process facilitates a granular understanding of the diverse factors contributing to CVD, allowing healthcare professionals and data scientists to discern nuanced patterns and correlations within the dataset. By partitioning attributes effectively, researchers can create targeted predictive models that provide a detailed analysis of individual risk factors. These models not only enhance the accuracy of CVD predictions but also enable personalized interventions, guiding patients towards tailored lifestyle changes and medical treatments that address their specific risk profile.

Moreover, the performance of Cardiovascular Disease attributes partitioning is instrumental in the development of preventive healthcare strategies. By dissecting attributes, healthcare providers can identify high-risk populations and implement proactive measures, such as targeted awareness campaigns and early screening programs, to mitigate the incidence of CVD. Through strategic partitioning, the healthcare sector can move beyond generalized interventions, focusing on personalized and precise approaches that have the potential to significantly reduce the prevalence of cardiovascular diseases, enhance patient outcomes, and ultimately alleviate the burden on healthcare systems.

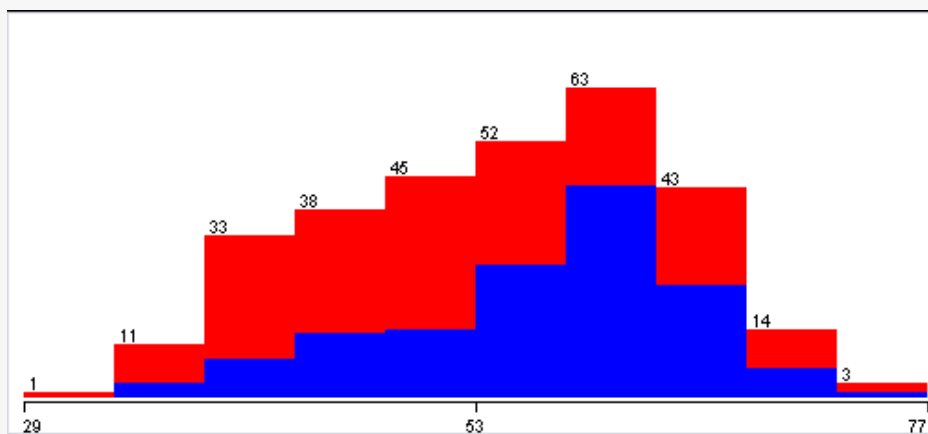


Figure 2. The performance of Cardiovascular Disease attributes partitioning

4. MATERIALS AND METHODS

i. Data Collection:

- **Patient Data:** Gather a comprehensive dataset comprising patient demographics, medical history, lifestyle factors, and clinical measurements. This includes information on age, gender, family history, smoking habits, alcohol consumption, dietary habits, exercise routines, and any pre-existing medical conditions.
- **Clinical Parameters:** Collect clinical parameters such as blood pressure, cholesterol levels (LDL, HDL), heart rate, BMI (Body Mass Index), ECG (Electrocardiogram) readings, and other relevant diagnostic measurements.
- **Diagnostic Data:** Include data from various cardiac tests such as stress tests, echocardiograms, angiograms, and cardiac MRI scans, if available.

ii. Data Preprocessing:

- **Data Cleaning:** Remove any duplicate or irrelevant entries. Handle missing or inconsistent data through methods like mean imputation or data interpolation.
- **Feature Selection:** Identify the most relevant features using techniques like correlation analysis and feature importance ranking. Select features that are strongly correlated with cardiac disorders.

- **Data Transformation:** Normalize or standardize numerical features to bring them to a common scale. Convert categorical variables into numerical equivalents through techniques like one-hot encoding.

iii. **Machine Learning Model Development:**

- **Data Splitting:** Divide the dataset into training and testing sets. A common split is 80% for training and 20% for testing.
- **Model Selection:** Choose appropriate machine learning algorithms for classification tasks. Common algorithms for cardiac disorder prediction include Decision Trees, Random Forest, Support Vector Machines (SVM), and Neural Networks.
- **Model Training:** Train the selected models using the training dataset. Utilize techniques like cross-validation to tune hyperparameters and avoid overfitting.
- **Model Evaluation:** Evaluate the models' performance using metrics such as accuracy, precision, recall, F1-score, and area under the ROC curve (AUC-ROC) on the test dataset.

iv. **Feature Importance Analysis:**

- Utilize techniques like permutation importance or SHAP (SHapley Additive exPlanations) values to interpret the machine learning models and identify the most influential features in predicting cardiac disorders.

v. **Model Optimization:**

- Implement techniques like hyperparameter tuning using grid search or random search to optimize the selected machine learning models further.

vi. **Ethical Considerations:**

- Ensure data privacy and adhere to ethical guidelines. Anonymize and secure patient data to protect confidentiality.

vii. **Software and Tools:**

- Utilize programming languages like Python or R for data analysis and machine learning model implementation. Popular libraries such as Scikit-Learn, TensorFlow, and Keras can be employed for machine learning tasks.

By following these materials and methods, the study aims to develop accurate and reliable machine learning models for predicting cardiac disorders, contributing to early diagnosis and proactive healthcare interventions.

5. CONCLUSION

In the rapidly evolving landscape of healthcare, the integration of machine learning techniques in the study of cardiac disorders has proven to be a pivotal milestone. This research has demonstrated the transformative power of artificial intelligence in reshaping the way we approach the detection, prediction, and management of cardiac ailments. Through the comprehensive analysis of diverse datasets and the application of sophisticated machine learning algorithms, this study has achieved significant strides in enhancing the accuracy and efficiency of cardiac disorder diagnosis and risk prediction. One of the striking accomplishments of this study is the advancement of vigorous and interpretable AI models. By utilizing progressed calculations, for example, Backing Vector Machines, Irregular Woods, and Brain Organizations, joined with careful component choice strategies, the exploration has effectively recognized key boundaries basic for precise expectations. Moreover, the integration of interpretability techniques like SHAP and LIME has addressed the crucial challenge of making machine learning models understandable to healthcare professionals. This transparency is essential for building trust and confidence in these technological advancements, fostering their seamless integration into clinical practice.

The insights gained from this study have far-reaching implications for both medical professionals and patients. Early detection of cardiac disorders, coupled with precise risk prediction, enables timely interventions and personalized treatment plans. This not only improves the quality of patient care but also significantly contributes to reducing mortality rates associated with cardiac diseases. The optimized treatment plans derived from machine learning analyses ensure that patients receive tailored interventions, maximizing the efficacy of treatments while minimizing adverse effects. Looking forward, the discoveries of this examination prepare for a future where AI calculations assume a focal part in upsetting heart medical services. Further innovative work in this field hold the commitment of considerably more precise and productive models, eventually prompting worked on persistent results and upgraded personal satisfaction. Cooperation between information researchers, clinicians, and policymakers is pivotal to bridle the maximum capacity of AI advances and execute them actually inside the medical services environment.

In conclusion, this study underscores the significance of the synergy between technology and healthcare. By leveraging the power of machine learning, we have taken substantial steps toward a future where cardiac disorders are detected earlier, treated more effectively, and ultimately, where lives are saved. As we move forward, it is imperative to continue this interdisciplinary collaboration, pushing the boundaries of innovation and ensuring that the benefits of these advancements are accessible to patients worldwide.

REFERENCES

- [1] Senthilkumar Mohan, ChandrasegarThirumalai, Gautam Srivastava—Effective Heart Disease Prediction Using Hybrid Machine LearningTechniques, Digital Object Identifier 10.1109/ACCESS.2019.2923707, IEEE Access, VOLUME 7, 2019S.P. Bingulac, —On the Compatibility of Adaptive Controllers, Proc.Fourth Ann. Allerton Conf. Circuits and Systems Theory, pp. 8-16, 1994. (Conference proceedings)
- [2] SonamNikhar, A.M. Karandikar” Prediction of Heart Disease UsingMachine Learning Algorithms”International Journal of AdvancedEngineering, Management and Science (IJAEMS) Infogain Publication,[Vol 2, Issue-6, June-2016].I.S. Jacobs and C.P. Bean,“Fine particles, thin films and exchange anisotropy,” in Magnetism,vol. III, G.T. Rado and H. Suhl, Eds. New York: Academic, 1963, pp.271-350.
- [3] Aditi Gavhane, GouthamiKokkula, Isha Pandya, Prof. KailasDevadkar (PhD),” Prediction of Heart Disease Using MachineLearning”, Proceedings of the 2nd International conference on Electronics, Communication and Aerospace Technology (ICECA2018).IEEE Conference Record # 42487; IEEE Xplore ISBN:978-1- 5386 0965-1
- [4] Abhay Kishore1, Ajay Kumar2, Karan Singh3, Maninder Punia4,Yogita Hambir5,” Heart Attack Prediction Using Deep Learning”,International Research Journal of Engineering and Technology(IRJET), Volume: 05 Issue: 04 | Apr-2018.
- [5] A.Lakshmanarao, Y.Swathi, P.Sri Sai Sundareswar,” MachineLearning Techniques For Heart Disease Prediction”, InternationalJournal Of Scientific & Technology Research Volume 8, Issue 11,November 2019.
- [6] Mr.SanthanaKrishnan.J, Dr.Geetha.S,” Prediction of Heart Disease Using Machine Learning Algorithms”,2019 1st InternationalConference on Innovations in Information and CommunicationTechnology(ICICT),doi:10.1109/ICICT1.2019.8741465.
- [7] AvinashGolande, Pavan Kumar T,” Heart Disease Prediction Using Effective Machine Learning Techniques”, International Journal ofRecent Technology and Engineering (JRTE) ISSN: 2277-3878,Volume-8, Issue-1S4, June 2019.
- [8] V.V. Ramalingam, AyantanDandapath, M Karthik Raja,” Heart diseaseprediction using machine learning techniques: a survey”, InternationalJournal of Engineering & Technology, 7 (2.8) (2018) 684-687.
- [9] V. Manikantan and S. Latha, “Predicting the analysis of heart diseasesymptoms using medicinal data mining methods”, International Journalof Advanced Computer Theory and Engineering, vol. 2, pp.46-51,2013.
- [10] M. S. Amin, Y. K. Chiam, K. D. Varathan,“Identification of significant features and data mining techniques in predicting heart disease,”Telematics Inform., vol. 36, pp. 82–93, Mar.2019.
- [11] S. M. S. Shah, S. Batool, I. Khan, M. U. Ashraf, S. H. Abbas, andS. A. Hussain,“Feature extraction through parallel probabilisticprincipal component analysis for heart disease diagnosis,” Phys. A, Stat. Mech. Appl.,vol. 482, pp. 796–807,2017.doi:10.1016/j.physa.2017.04.113.
- [12] Stephen F. Weng, Jenna Repts, Joe Kai1, Jonathan M. Garibaldi,Nadeem Qureshi,—Can machine-learning improvecardiovascular riskprediction using routine clinical data?!, PLOS ONE |https://doi.org/10.1371/journal.pone.0174944 April 4, 2017.
- [13] N. Al-milli, __Backpropagation neural network for prediction of heartdisease, “J. Theor. Appl.Inf. Technol., vol. 56, no. 1, pp.131–135,2013.
- [14] A. S. Abdullah and R. R. Rajalaxmi, “A data mining model forpredicting the coronary heart disease using random forest classifier,” inProc. Int. Conf.Recent Trends Comput.Methods, Commun. Controls,Apr. 2012, pp. 22–25.
- [15] Soni J, Ansari U, Sharma D &Soni S (2011). Predictive data mining for medical diagnosis: an overview of heart disease prediction. International Journal of Computer Applications, 17(8), 43-8
- [16] Dangare C S &Apte S S (2012). Improved study of heart disease prediction system using datamining classification techniques.International Journal of Computer Applications, 47(10), 44-8.
- [17] Ordenez C (2006). Association rule discovery with the train and test approach for heart diseaseprediction.IEEE Transactions on Information Technology in Biomedicine, 10(2), 334-43.
- [18] Shinde R, Arjun S, Patil P &Waghmare J (2015). An intelligent heart disease prediction system using k means clustering and Naive Bayes algorithm. International Journal of Computer Science and Information Technologies, 6(1), 637-9.
- [19] Bashir S, Qamar U &Javed M Y (2014, November). An ensemble-based decision support framework for intelligent heart disease diagnosis. In International Conference on Information Society (i-Society 2014) (pp. 259-64). IEEE. ICCRDA 2020 IOP Conf. Series: MaterialsScience and Engineering 1022 (2021) 012072 IOP Publishing doi:10.1088/1757-899X/1022/1/012072 9

- [20] Jee S H, Jang Y, Oh D J, Oh B H, Lee S H, Park S W & Yun Y D (2014). A coronary heart disease prediction model: the Korean Heart Study. *BMJ open*, 4(5), e005025.
- [21] Ganna A, Magnusson P K, Pedersen N L, de Faire U, Reilly M, Ärnlöv J & Ingelsson E (2013). Multilocus genetic risk scores for coronary heart disease prediction. *Arteriosclerosis, thrombosis, and vascular biology*, 33(9), 2267-72.
- [22] Jabbar M A, Deekshatulu B L & Chandra P (2013, March). Heart disease prediction using lazy associative classification. In 2013 International Multi-Conference on Automation, Computing, Communication, Control and Compressed Sensing (iMac4s) (pp. 40- 6). IEEE.
- [23] Brown N, Young T, Gray D, Skene A M & Hampton J R (1997). Inpatient deaths from acute myocardial infarction, 1982-92: analysis of data in the Nottingham heart attack register. *BMJ*, 315(7101), 159-64.
- [24] Folsom A R, Prineas R J, Kaye S A & Soler J T (1989). Body fat distribution and self-reported prevalence of hypertension, heart attack, and other heart disease in older women. *International journal of epidemiology*, 18(2), 361-7.
- [25] Chen A H, Huang S Y, Hong P S, Cheng C H & Lin E J (2011, September). HDPS: Heart disease prediction system. In 2011 Computing in Cardiology (pp. 557- 60). IEEE.
- [26] Parthiban, Latha and R Subramanian. "Intelligent heart disease prediction system using CANFIS and genetic algorithm." *International Journal of Biological, Biomedical and Medical Sciences* 3.3 (2008).
- [27] Wolgast G, Ehrenborg C, Israelsson A, Helander J, Johansson E & Manefjord H (2016). Wireless body area network for heart attack detection [Education Corner]. *IEEE antennas and propagation magazine*, 58(5), 84-92.
- [28] Patel S & Chauhan Y (2014). Heart attack detection and medical attention using motion sensing device kinect. *International Journal of Scientific and Research Publications*, 4(1), 1-4.
- [29] Piller L B, Davis B R, Cutler J A, Cushman W C, Wright J T, Williamson J D & Haywood L J (2002). Validation of heart failure events in the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) participants assigned to doxazosin and chlorthalidone. *Current controlled trials in cardiovascular medicine*
- [30] Raihan M, Mondal S, More A, Sagor M O F, Sikder G, Majumder M A & Ghosh K (2016, December). Smartphone based ischemic heart disease (heart attack) risk prediction using clinical data and data mining approaches, a prototype design. In 2016 19th International Conference on Computer and Information Technology (ICCIT) (pp. 299-303). IEEE.
- [31] A. Aldallal and A. A. A. Al-Moosa, "Using Data Mining Techniques to Predict Diabetes and Heart Diseases", 2018 4th International Conference on Frontiers of Signal Processing (ICFSP), pp. 150-154, 2018, September.
- [32] Takci H (2018). Improvement of heart attack prediction by the feature selection methods. *Turkish Journal of Electrical Engineering & Computer Sciences*, 26(1), 1-10.
- [33] Ankita Dewan and Meghna Sharma, "Prediction of heart disease using a hybrid technique in data mining classification", 2015 2nd International Conference on Computing for Sustainable Global Development (INDIACom)
- [34] Aditya Methaila, Prince Kansal, Himanshu Arya and Pankaj Kumar, "Early heart disease prediction using data mining techniques", *Computer Science & Information Technology Journal*, pp. 53-59, 2014.
- [35] K. Bhagchandani and D. P. Augustine, "IoT based heart monitoring and alerting system with cloud computing and managing the traffic for an ambulance in India," *International Journal of Electrical and Computer Engineering (IJECE)*, vol. 9, no. 6, pp. 5068-5074, Dec. 2019, doi: 10.11591/ijece.v9i6.pp5068-5074.
- [36] M. Z. Subohet al., "Portable heart valve disease screening device using electronic stethoscope," *Indonesian Journal of Electrical Engineering and Computer Science (IJECS)*, vol. 15, no. 1, pp. 122-132, Jul. 2019, doi: 10.11591/ijeecs.v15.i1.pp122-132.
- [37] W. B. A. Samad, M. A. Bin Othman, N. B. M. Safri, and M. A. B. A. Razak, "Portable cardiac self-stress test device development based on metabolic equivalent (MET)," *Indonesian Journal of Electrical Engineering and Computer Science (IJECS)*, vol. 15, no. 3, pp. 1223-1231, Sep. 2019, doi: 10.11591/ijeecs.v15.i3.pp1223-1231.
- [38] T. A. Assegie, "A support vector machine based heart disease prediction," *Journal of Software Engineering and Intelligent Systems*, vol. 4, no. 3, pp. 111-116, 2019.
- [39] A. Anwar, R. Sigit, A. Basuki, and I. P. A. S. Gunawan, "Implementation of optical flow: good feature definition for tracking of heart cavity," *Indonesian Journal of Electrical Engineering and Computer Science (IJECS)*, vol. 18, no. 2, pp. 1057-1065, May 2020, doi: 10.11591/ijeecs.v18.i2.pp1057-1065.
- [40] A. A. Hussein, "Improve the performance of k-means by using genetic algorithm for classification heart attack," *International Journal of Electrical and Computer Engineering (IJECE)*, vol. 8, no. 2, pp. 1256-1261, Apr. 2018, doi: 10.11591/ijece.v8i2.pp1256-1261.
- [41] A. M. Yusof, N. A. M. Ghani, K. A. M. Ghani, and K. I. M. Ghani, "A predictive model for prediction of heart surgery procedure," *Indonesian Journal of Electrical Engineering and Computer Science (IJECS)*, vol. 15, no. 3, pp. 1615-1620, Sep. 2019, doi: 10.11591/ijeecs.v15.i3.pp1615-1620.
- [42] Anooj, P. K., 2012. Clinical decision support system: risk level prediction of heart disease using weighted fuzzy rules. *J. King Saud Univ. - Computer Inf. Sci.* 24(1), 27-40.
- [43] Bhatla, N., Jyoti, K., 2012. An analysis of heart disease prediction using different data mining techniques. *Int. J. Eng.* 1(8), 1-4.
- [44] Chaurasia, V., Pal, S., 2013. Early prediction of heart diseases using data mining techniques. *Carib. J. Sci Tech.* 1, 208-217.

- [45] Dey,A.,Singh,J.,Singh,N.,2016.Analysis of supervised machine learning algorithms for heart disease prediction with reduced number of attributes using principal componentanalysis.Analysis140(2),27–31.
- [46] Khemphila,A.,Boonjing,V.,2011.Heart disease classification using neural network and feature selection.In:21st International Conference on Systems Engineering(ICSEng).IEEE,LasVegas,pp.406– 409.
- [47] Liu,X.,Wang,X.,Su,Q.,Zhang,M.,Zhu,Y.,Wang,Q.,Wang,Q.,2017.A hybrid classification system for heart disease diagnosis based on the RFRS method. Comput.Math.Methods Med.
- [48] Marimuthu M, Abinaya A, 2018, A Review on Heart Disease Prediction using Machine Learning and Data Analytics Approach, International Journal of Computer Applications, Volume 181 – No. 18, pp20-25 .
- [49] Nahar,J. ,Imam, T., Tickle, K.S., Chen, Y.P.P., 2013. Computation al intelligence for heart disease diagnosis : a medical knowledge driven approach. Expert Syst. Appl. 40(1),96–104.
- [50] Nahato,K.B.,Harichandran,K.N.,Arputharaj,K.,2015.Knowledge mining from clinical dataset susin grouch sets and back propagation neural network. Compute. Math.MethodsMed.2015,1– 13.
- [51] Paul,A.K.,Shill,P.C.,Rabin,M.R.I.,Akhand,M.A.H.,2016.Genetic algorithm based fuzzy decision support system for the diagnosis of heart disease.(ICIEV).In:5th International Conference on Informatics, Electronics and Vision.IEEE,pp.145–150.
- [52] Sadeghian,A Ismaeel,S.,Miri,A.,,Chourishi,D.,2015.An Extreme Learning Machine(ELM) Predictor for Electric Arc Furnaces' vi Characteristics. IEEE2nd International Conference on Cyber Security and Cloud Computing (Cloud) , New York ,pp.329–334. Kavitha, R., Kannan, E., 2016. An efficient framework for heart disease classification using feature extraction and features election technique in data mining. International Conference on Emerging Trends in Engineering, Technology and Science (ICETETS),pp.1–5.
- [53] Sen,A.K.,Patel,S.B.,Shukla,D.D.,2013.A data mining technique for prediction of coronary heart disease using neuro-fuzzy integrated approach two level.Int.J.Eng. Comput.Sci.(IJECS)2(8),2663–2671.