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# **Identification of Diseases in Clinical Support System Using Extended Graph Convolution Neural Networks**

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## ABSTRACT:

Disease Identification, using Patient Symptoms is a important classical problem in clinical industry. Disease Identification using Natural Language Processing (NLP) requires efficient method for classifying medical data. Number of studies that applies convolution neural network for classification exists and some few flexible methods explored for graph convolution network for NLP based (text based) data classification . In this paper we proposed a method for NLP(text) based graph convolution neural network works both for document and record based structure. In this, labeled data are classified using supervised method and unlabeled data are classified using unsupervised method. We are using corpus based word cooccurrence and word relation processing, then learning process carry out by our proposed text GCN then both labeled and unlabeled data processed as per supervised and unsupervised learning. Text GCN also Reduce percentage of training data. This will increase the performance and robustness of GCN based text classification and prediction method. Keywords : Graph Convolutional Network (GCN), Recurrent Graph Neural Network (RGNN) , Auto Encoder based Graph Convolution Network (AEGCN), , Deep Boltzmann Machine

, Auto Encoder based Graph Convolution Network (AEGCN), , Deep Boltzmann Machi (DBM), Restricted Boltzmann Machine (RBM), Deep Belief Network (DBN).

## **1. Introduction**

Clinical Support System or any automated medical support system, need efficient natural language processing based classifier and predictor. In this paper we are processing state-of-the-art classification method such as GCN graph convolutional network, Neural Network based text classification and prediction method, traditional text classification methods such as lexical features-> bag of words and n-gram and deep learning methods such as Convolution Neural Network (CNN) predecessor of GCN, RNN –Recurrent Neural Network and LSTM-Long and Short Term Memory Method.

Neural network based deep learning methods such as CCN,RNN,LSTM, works based on extracting semantic and syntactic information from the given text training data such as medical data. In recent days a new research on GCN plays important role in Data Classification. Embedding given data to graphs with CNN provide more efficient data classification and prediction. GCN also preserve Global Information structure of given data

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In this research work we are proposing a brand new graph neural network text classification method for medical data classification.

#### 2. Detailed Description OF Training Data

Training Medical Data is collected from Government General Hospital located at Ponneri, after getting permission from Tamilnadu Welfare Department. More than700 out patients are visiting the hospital for treatment every day. Patient details and symptoms are represented in data table 1 and the tablets for symptoms prescribed by doctors are represented in data table 2.

S.NO		PATIENT NAME	Gender	AGE	SYMPTOM
	1	Chinnaiyan	M	76	Dental problem
	2	Perumal	M	75	5 Trouble Walking
	3	Rithish	MC	6	Fever
		Nagajothi	F		Trouble Walking & Arm/leg weakness
		Jayamala	F		Backpain,Arthritis,Arm⋚ weakness
		Janarthanan	M		Arm 7 leg weakness
	7	Krishnaveni	F	60	Neckpain
	8	Surya	F	57	7 Head injury
	9	Maari	M	80	Dental problem
	10	Vengaiyen	M	50	Chest pain with exertion, Backpain, Arthritis
	11	Mani Bharathi	M	18	3 Fever
		Mani maran	M	21	Congestion/sneezing
		Shiva lingam	M		Congestion/sneezing, wheezing/cough
		Subbammal	F		Chest pain with exertion, wheezing/cough, back pain
		Syed Moosa	M		Arthritis, Arm/leg weakness
		Kalaiyarasan	M		Change in bowel habits, Loose stool/Diarrhea
			M		
		Thanga Rasu			Head injury
		venu	M		Head injury
		Maari	M		Eyesight worsening, Double vision, Eye pain, Head injury
		Manikandan	M		5 Ear pain
		Munivel	M		Dental problem
	22	Munniyammal	F	55	Trouble walking, Arm/leg Weakness, Backpain, Neckpain, Arthriti
	23	valli	M		Fever
	24	Mythili	F	38	Frequent stomach pain
	25	Mithra	FC	3(1/2)	Fever & cough
		Dilli	M		Arthritis
		Safeena	F		Sneezing
		Srinivasan	M		Back pain, Trouble Walking, Arm/leg weakness
		Jalal	M		
					Arm/leg weakness
		Maanikavasagam	M		Eye pain,Trouble walking,Arm/leg weakness,Arthritis
		Velanganni	F		2 Headache,Backpain
		Dhivan	M		Fevae & cold
	33	Nivetha	F	25	Dental problem
	34	Kamalesh	M	17	Sores
	35	Baasha	M	48	3 Trouble walking
	36	Angusamy	M	50	Arm/leg weakness
		Durai	M		Head Injury
	38	Krishnan	м		Troble Walking, Arm & leg weakness
	39	Lakshmi	F		Wheezing/cough
		Sulochana	F		) Backpain,Arm/leg weakness
		Mukesh	M		3 Fever
		Kalyani	F		Peadache, Troble Walking
		Hajeera	F		5 Arthritis
.9/		Mageshwari	F		Headache,Eye pain
		Jayanthi	F		Headache,Troble Walking
		Senthamarai	F	50	Aching muscles/joints
	47	Santhi	F	55	Sores
	48	Uma	F	45	Headache,Fever,cold
		VIII	M		Frequent stomach pain,cold &cough
		Mamshiga	FC		Alergy
		Mahalakshmi	F		Headache
		Muninathan	M		Aching muscles/joints
		Sabari	M		Fever
		Mageshwari	F		Backpain, Aching muscles/joints
		Vinayak	M		B Fever & Throat pain
		Gowsiya	FC		Fever & Stomach pain
		SenthilKumar	M		Seborrheic ,Iching
	58	Udhaya	MC	4(1/2)	Dog Bite-ARV injection(Rabbis)
	59	Prathab	M	32	Cough
	60	Maniyammal	F		Cold & Cough
		Heymanth	MC		2 Cycle accident
		Sivaraj	M		Backpain
		Sivaranjini	F		Backpain B Headache & Neckpain
		Sivaranjini	F	23	neadache & Netkpalli

#### **TABLE 1: Patient details and symptoms**

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## **TABLE 2:** Tablets for symptoms

Berner Harris I			TABLET 2	Dose	Frequency	TABLET 3	Dose	Frequency	THOLET 4	Dose	Frequency
Paracetamol	500mg	(1-1-1)	Antacid(Magnecium Trici		(1-0-1)	Amoxycicilin	250mg	(2-0-2)	B.complex		1-0-1
T.Dichlofenx sodium			T.Calcium			L.Omez		(-3)d			
Paracetamol		1/2 -1-1	B.Complex		1/2 -0-0	T.CPM		1/2-1+1			
		-/	broomprex		2/2 00			-/			
T.Brufa		(2-1-1)	T.Paracetamol		(1-1-1)	T.Ranitidine Hcl		(1-1-1)	T.Calcium		
T.Diclo			L.Omez			T.Calcium					
T.Paracetamol			T.NM								
Ranitide HCl			Brufen								
T.Brufen			T. Ranitide HCL								
T.Diclofenac Sodium		1-0-1	Magnicium Tri Sillicate		(1-1-1)	Amoxycillim		2-0-2	B.Complex		1-0-1
T.Diclofenac Sodium		(1-1-1)	C.Omez		(1-1-1)	B.Complex		(1-1-1)	bicomplex		1-0-1
								(1-1-1)			
T.Paracetamol		1-0-1	T.CPM		(0-0-1)	B.Complex		1	-		
T.Paracetamol			T.CPM			T.BRUT			L.Omez		
C.Amoxycillin		2d	T.CPM		(0-0-1)	T.Paracetamol		(1-0-1)			
T.Brufen			Ranitidine HCL			L.Omez					
T.Brufen			Ranitidine HCL								
Omez		1-0-1	Magnicium Tri Sillicate		(1-1-0)						
C.Cephalexin	250mg	1-0-1	T.Metrosy		(1-1-1)	T.Paracetomol		(1-1-1)	C.Omez		1-0-1
T.Cform HC	Ŭ		3 T.CO-tri moxazole			DCM					
T.Paracetamol			T.CPM								
T.Brufen			L.Omez			T.Paracetamol					
T.Dichlofenx sodium		1-0-1	Magnicium Tri Sillicate		1-0-1	B.Complex		1-0-1	T.Calcium		
T.Diclofenac Sodium			C.Omez		1-0-1 3d	bicomplex		1-0-1	nearcium		
		(1-1-1)			au	T Desthildes U.G.					
T.Ciproflaxicin			3 T.Brufin			T.Ranitidine HCL					
Par		1-0-1	Diccyclonin		1-0-1	Omez		1-0-1			
Paracetamol Syrup			Co-Trimoxazole syrup								
T.Dexamethasone			T.Diclofenac sodium			C.Omez					
T.Diclofenac Sodium		3d	T.Dexamethasone		3d	C.Omez		3d			
		30			30	C.Omez		30			
Diclofenax			Omez								
T.Diclo			T.Dexa			C.Omez					
Paracetamol		1-0-1	Diclofenac sodium		1-0-1						
Amoxycillin		(1-1-1)	T.Paracetamol		(1/2-1/2-1/2)			1/2-0-1/2			
Paracetamol		(1-1-1)	Amoxycillin		2-0-2	B.Complex		1-0-1	Metronydazole	200mg	(1-1-1)
Clotrimazole oint			T.Flucaezole		1-0-1	T.CPM		0-0-1			
T.Diclo			L.Omez								
T.Metformin HCL	500mg		T.Analodiplne	2.5g		T.Aspirin	150mg		T.Atorvastatin	10mg	
Paracetamol		1-0-1	B.Complex	0	(1-1-0)		0			8	
T.Diclofenaxin			L.Omepesarone		(110)						
T.CPM		1-0-1	T.Dexo		1-0-1						
						D. C			T.O. 1.1.		
T.Diclofenac Sodium		1-0-1	Ranitidine HCL		1-0-1	B.Complex		1-0-1	T.Calcium		1-0-0
Paracetamol		(1-1-1)	Amoxycillin		1-0-1	B.Complex		1-0-1	СРМ		1/2-0-1/2
T.Diclofenac Sodium		1-0-1	Erythromycin		1-0-1	B.Complex		1-0-1	СРМ		0-0-1
Diclofenax sodium		1-0-1	Paracetamol		1-0-1						
T.Diclofenac Sodium			Ranitide								
Ibuprofin			Omeprazole								
CPM			Clotrimazole oint								
T.CPM			T.Paracetamol			C.Amoxycillin					
Doxy			CPM			T.Paracetamol					
T.Phenenarmine mellate			Dexa		1/2-0-1/2	CPM		0-0-1			
T.Paracetamol		1-0-1	T.Ranitide		1-0-1	T.Dexamethasone		1-0-1			
C.Doxycycline			6 T.CPM		6	T.Paracetamol		6	5		
T.CPM		0-0-1/2	T.Metronidazole		1	T.Ciproflaxicin		1\2	T.Paracetamol		1/2-0-1/2
			T.Ranitidine								

## 3. Related and Recent Works

## 3.1 Recurrent Graph Neural Networks (RGCN)

This RGCN Recurrent Graph Neural Networks Capture or Extracts Contextual Information with Recurrent Graph Mode. RGCN can also capture Contextual Information and also preserve word order information.

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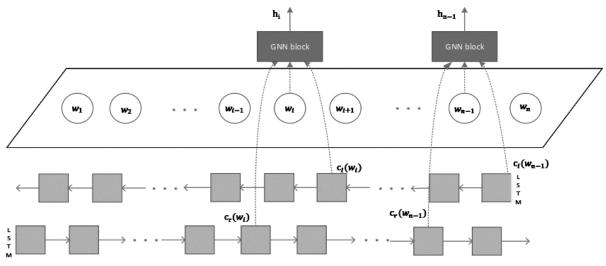


Figure 1 Structure of Recurrent Graph Neural Networks

# 3.2 Auto Encoder based Graph Convolution Networks (AEGCN)

Auto Encoder Based GCN Model uses , perfect layer wise propagation rules ,then uses first order approximation of convolutions to graph. AEGCN is Capable of Encoding both graph structure and also node features in semi-supervised classification

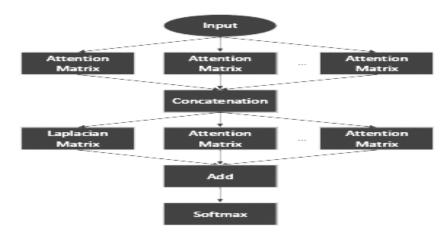
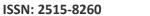


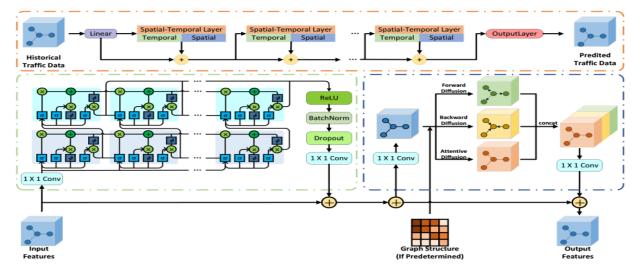
Figure 2 Architecture of AEGCN – Auto Encoder Based Convolution Network

# 3.3 Spatial Temporal Graph Convolution Network (STGCN)

Novel Spatial Temporal Deep Learning Network –Attentive diffusion Convolution can automatically capture carious spatial dependencies then this model using following methods such as attentive diffusion convolution and cascade LSTM block .



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**Figure 3 Architecture of STGCN** 

## 4. Implementation and Testing

## 4.1 Data Normalization-Cleaning and Conversion

Data Cleaning is need for every data set, before processing to any algorithm. Data cleaning steps involves duplicate reduction, nil data rectification and data remap. In this research work we have trimmed and converted suitable data for our training method or testing framework.

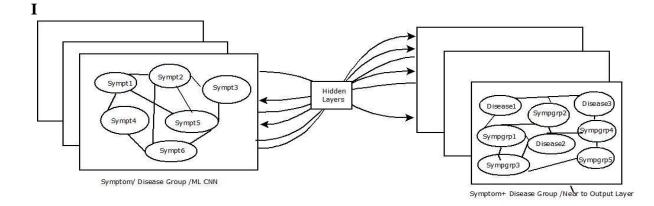
		ADD	DISEASE	SYMPTOM	
DISEASE ID	DISEASE NAME	DESCRIPTION	ID	NAME	
1001	GUSTROINTESTINAL		1001	BLEEDING	
	BLEEDING	L BLEEDING			
1001	GUSTROINTESTINAL	GUSTROINTESTINA	1001	RED COLORED	
1001	BLEEDING	L BLEEDING	1001	VOMIT	
	GUSTROINTESTINAL	GUSTROINTESTINA		COFFEE	
1001			1001	GROUNDS	
1001	BLEEDING	L BLEEDING		COLORED	
				VOMIT	
1002	FOOD POISONING	FOOD POISONING	1002	VOMITING	
1002	FOOD POISONING	FOOD POISONING	1002	DIARRHEA	
1002	FOOD POISONING	FOOD POISONING	1002	PAIN	
1003	GASTROENTERITIS	STOMACH FLUE	1003	VOMITING	
1003	GASTROENTERITIS	STOMACH FLUE	1003	PAIN	
1003	GASTROENTERITIS	STOMACH FLUE	1003	BLOATING	

Table.3.	Cleaned	data
I abicioi	Cicuncu	uuuu

	I	SSN: 2515-8260		Volume 07, Issue 10, 2020
1003	GASTROENTERITIS	STOMACH FLUE	1003	DECREASED APPETITE
1003	GASTROENTERITIS	STOMACH FLUE	1003	DIARRHEA
1003	GASTROENTERITIS	STOMACH FLUE	1003	RED COLORED VOMIT
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	CHILLS
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	PAIN
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	ANXIETY
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	DIZZINESS
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	VOMITING
1004	GENERALIZED ANXIETY DISORDER	GENERALIZED ANXIETY DISORDER	1004	AGITATION
1005	INTESTINAL LIEUS	INTESTINAL LIEUS	1005	PAIN
1005	INTESTINAL LIEUS	INTESTINAL LIEUS	1005	DECREASED APPETITE
1005	INTESTINAL LIEUS	INTESTINAL LIEUS	1005	CONSTIPATION
1005	INTESTINAL LIEUS	INTESTINAL LIEUS	1005	VOMITING
1005	INTESTINAL LIEUS	INTESTINAL LIEUS	1005	STOMACH CRAMPS
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	BLOATING
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	DIARRHEA
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	FREQUENT URGE TO HAVE BOWEL MOVEMENT
1006	IRRITABLE BOWEL	IRRITABLE BOWEL	1006	INCREASED

	I	SSN: 2515-8260	\	/olume 07, Issue 10, 2020
	SYNDROME	SYNDROME		PASSING GAS
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	PAIN
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	CONSTIPATION
1006	IRRITABLE BOWEL SYNDROME	IRRITABLE BOWEL SYNDROME	1006	FREQUENT BOWEL MOVEMENT
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	PAIN
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	CONFUSION
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	CONSTIPATION
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	VOMITING
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	GIDDINESS
1007	NARCOTIC ABUSE	OPIATE ADDICTION	1007	ITCHING AND BURNING
1008	PANIC ATTACKS	PANIC DISORDER	1008	ANXIETY
1008	PANIC ATTACKS	PANIC DISORDER	1008	DIZZINESS
1008	PANIC ATTACKS	PANIC DISORDER	1008	VOMITING
1008	PANIC ATTACKS	PANIC DISORDER	1008	GIDDINESS
1008	PANIC ATTACKS	PANIC DISORDER	1008	IRREGULAR HEART BEAT
1008	PANIC ATTACKS	PANIC DISORDER	1008	PAIN
1009	PEPTIC ULCER	PEPTIC ULCER	1009	RED COLORED VOMIT
1009	PEPTIC ULCER	PEPTIC ULCER	1009	BLACK COLORED STOOLS
1009	PEPTIC ULCER	PEPTIC ULCER	1009	WEIGHT LOSS
1009	PEPTIC ULCER	PEPTIC ULCER	1009	VOMITING
1009	PEPTIC ULCER	PEPTIC ULCER	1009	RED COLORED STOOLS
1009	PEPTIC ULCER	PEPTIC ULCER	1009	PAIN

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1010	IRON POISONING	IRON POISONING	1010	RED COLORED VOMIT
1010	IRON POISONING	IRON POISONING	1010	PAIN
1010	IRON POISONING	IRON POISONING	1010	DIARRHEA
1010	IRON POISONING	IRON POISONING	1010	BLACK COLORED STOOLS
1010	IRON POISONING	IRON POISONING	1010	RED COLORED STOOLS



# 4.4 Algorithm for Extended TGCN Classification

Step1: Start Step2:Get Raw Data –RD (from questionnaires) Step2.1: Declare TD-> Template Data Format,OD->Output Data Step3: Convert CD(RD,TD)-OD Step4:Declare ETGCNI as Input Layer Step5:Input OD->ETGCNI->FLGNN (First Level GNN) Step6:Process ETGNN(FLGNN,TPARAMETER)->TO Step7:Process HL(TO)->OLD Step8:Final Process OL(OLD)->Output Step9:Output->Classified Data output Step10:End / Stop

## 4.5 Performance and Accuracy Details

Algorithm	Accuracy	Disease Count	Execution Time
DTC	70%	40	21.07 ms

NBC	100%	40	2243.79 ms
KNN	100%	40	1074.79 ms
AC	70%	40	2398.04 ms
RBC	70%	40	27.9091 ms
AE	90%	40	108.00 ms
DBM	100%	40	96.012 ms
DBN	100%	40	86.0335 ms
ETGN	100%	40	18.0255 ms

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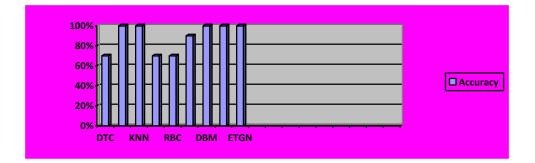
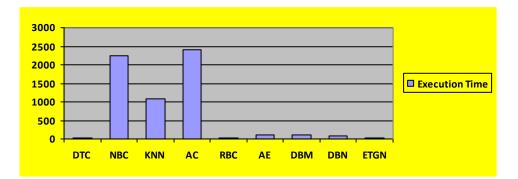
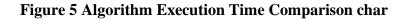


Figure 4 Algorithm Accuracy Comparison chart





## 5. Conclusion

Thus, this paper provides complete solution for medical data classification with top most methods such as graph based convolution neural networks. In this paper there are many methods and existing works discussed, in detail. First Part explains about Convolution and Graph Neural

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Network, Second Part Presents about data collection and data tables, Third part discuses about Recent Related Works such as RGCN, STGCN, AEGCN, DBN and more, followed by algorithm details, architecture diagram, performance comparison and accuracy details. Thus this research work may useful in Automated Clinical Support System or any Automated Medical Systems.

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