

ACCELERATED PLETHYSMOGRAPHYBASED ENHANCED PITTACLASSIFICATION

A Dissertation submitted in fulfillment of the requirements for the Degree
of

MASTER OF ENGINEERING
in
Electronics Instrumentation & Control Engineering

Submitted by

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DECLARATION

I hereby certify that the work which is presented in dissertation entitled, "**Accelerated Plethysmography based Enhanced Pitta Detection**" in partial fulfillment of the requirements for the award of the degree of **Master of Engineering in Electronics (Instrumentation & Control)**, submitted to Electrical & Instrumentation Engineering Department of Thapar University, Patiala is as authentic record of my own work carried under the supervision of **Mr. Mooninder Singh**, Assistant Professor, Electrical and Instrumentation Engineering Department, Thapar University, Patiala, Punjab. It refers others researcher's work which are duly listed in the reference section. The matter contained in this dissertation has not been submitted, neither in part nor in full to any other degree to any other university or institute except as reported in text and references.



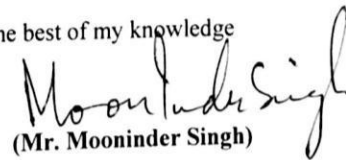
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It is certified that the above statement made by the student is correct to the best of my knowledge and belief.


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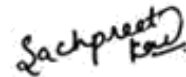
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LIST OF ABBREVIATIONS

ANN-Artificial NeuralNetwork

APG-AcceleratedPlethysmography

FDR-Fisher DiscriminantRatio

FP-FalsePositive

FN-FalseNegative

LED-Light EmittingDiode

MR-MagneticResonance

PPG-Photoplethysmography

PTT-Pulse TransitTime

RWTT-Reflected Wave TransitTime

SDFAP-Second derivative of Finger Arterial PressureWaveform

SDNN-Standard Deviation of Duration of heartbeats

SDPPG-Second Derivative ofPhotoplethysmograph

TP-TruePositive

TN-TrueNegative

ABSTRACT

The Accelerated Plethysmography (APG) is a non-invasive optical technique developed for its experimental usage in cardiovascular diseases. The existing traditional cardiovascular diagnostics tools might be replaced by this technique. It uses the second derivative of Photoplethysmography (PPG) waveform to even out the baseline and to isolate the components more visibly as compared to the first derivative. The purpose of this research is to design a High Pitta Classifier and to find the features that may relate to the intensified pitta level.

Our focus of research is to analyze Accelerated Plethysmography and optimally select those features that may give high accuracy of enhanced Pitta level. For this Fisher linear discriminant analysis and correlation has been employed. The features selected are reclassified using different classification techniques. A classifier achieving an accuracy of 75% for Comparative Group 1, 75% for Comparative Group 2 and 68.75% for Comparative Group 3 has been developed effectively using LIBSVM.

Artificial Neural Network approach has been used to verify the result further. Comparative Group 1 classifies high Pitta on the basis of effect of Mid-day only. 81.30% accuracy is achieved using Artificial Neural Network having 2 neurons in the hidden layer. Comparative Group 2 classifies on the basis of mid-day as well as digestion following the consumption of meals.

87.5% accuracy is achieved using Artificial Neural Network having 2 neurons in the hidden layer. This indicates that the consumption of meals also have some role in the enhanced pitta level. Comparative Group 3 classifies on the basis of digestion following the consumption of meals. 75% accuracy is achieved using Artificial Neural Network having 6 neurons in the hidden layer. From this study it is concluded that (i) Pitta detection using Photoplethysmography is feasible (ii) Effect of mid-day is prominent (iii) Effect of consumption of meals is also there (iii) Effect of mid-day is more as compared to consumption of meals.

CHAPTER 1

INTRODUCTION

1.1 Overview

According to Ayurveda, health is a perpetual and a participatory process that includes all aspects of life i.e. physical, spiritual, emotional, mental, social, behavioral, familial and universal. Attaining harmony among all these aspects is the correct determination of vibrant health [1]. Every biomedical engineer researcher aims at developing a general tool for diagnosing all types of diseases. According to the ancient medical system diagnosis of pulse is such a tool. Physicians use the pulse for determining the heart rate and to feel the patterns of pulsation that indicate the metabolic processes in the human body at a particular time. The three different pulses could be located in a single artery on both the wrists, corresponding to the three doshas. 32 different qualities can be detected by a skilled pulse-taker. Regardless of its inclusive foundation, Ayurveda has not obtained scientific recognition in the twenty-first century. This might be due to absence of a quantitative beginning in its experimental research. Since the need for a well-organized and non-invasive substitute to the advanced medical system is increasing day by day, research in Ayurvedic science and traditional medical sciences has experienced a new drift [2]. Pulse Plethysmography is a widely used non-invasive technique that has been used to detect the Ayurvedic Doshas. This well-established optical technique detects variations in the volume of blood in the microvascular bed of tissue. The features extracted from the finger pulse waveform can be analyzed for various studies. In our study we analyzed these features to detect the Ayurvedic constituent Pitta and classified the optimized features to design a High Pitta Classifier.

1.2 Ayurveda- The Science of Life

Ayurveda means 'The Science of Life' or living sensibly on the basis of knowledge. It represents a complex traditional system of natural healing which originated in India around thousands of years ago. The theory of Ayurveda evolved from the deep understanding of creation and is composed of two Sanskrit words 'Ayur' meaning life and 'Veda' meaning Science. Ayurveda is a precious treasure of practical and theoretical knowledge which helps in improving the living of human beings. Recognized and expanded far beyond India, Ayurveda offered with time the

practical and theoretical foundation to build further traditional healing systems, today well-known as numerous branches of alternative medicine [3].

1.3 Constituents of the Human Body

Human health is dependent on three body constituents known as doshas namely: Vata, Pitta and Kapha. These biological energies have a physical, mental and spiritual impact on the human body.

As long as these three constituents are in harmony, the human is healthy. Increase in any one constituent at the cost of others results in disease [4]. Every cell in the body comprises of all the three constituents [5]. These doshas are the dynamic energies that vary continually in response to our actions, emotions, the seasons, the foods we consume, and other sensory inputs that feed our body and mind. Figure 1.1 represents the constituents of the human body in reference to Ayurveda.

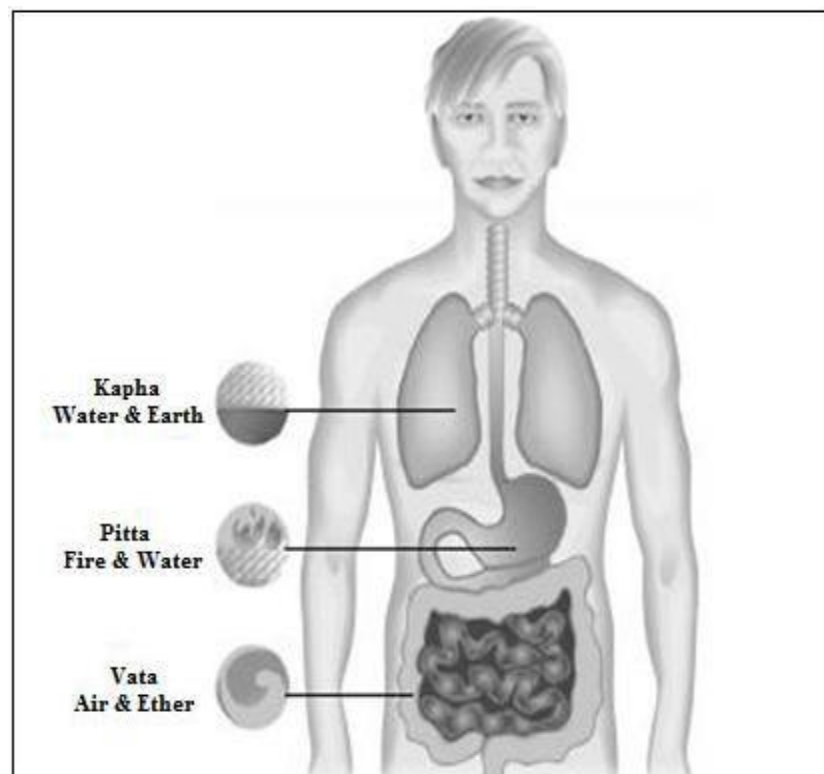


Figure 1.1: Constituents of the human body [6]

1.3.1 Vata Type

The Vata dosha is derived from the components of air and space. It is an energy of movement and governs all the biological activities. It is often called as the “King of the Doshas”, since it administers body’s greater life force and provides motion to Pitta dosha and Kapha dosha. A person

with a predominant Vata dosha will have mental and physical characteristics that imitate the fundamental characteristics of Air and Space. Vata type individuals are mainly thin, move fast and think quickly.

1.3.2 Pitta Type

Pitta dosha is derived from the components of fire and water. It is an energy of metabolism and digestion in the body which operates through carrier substances such as enzymes, bile, organic acids and hormones. While the Pitta dosha is closely related to the component of fire, the liquid nature of these substances accounts for the component of water. The characteristics of Pitta type are acidic, moving, sharp, hot, light and liquid. Pitta type individual will exhibit mental and physical characteristics that indicate these qualities in both balanced and imbalanced state.

1.3.3 Kapha Type

Kapha dosha is derived from the components of earth and water. It is an energy of lubrication and building that provides body with structure, physical form and smooth functioning of all its parts. The characteristics of Kapha dosha are dull, heavy, sticky, static, soft, moist and cold. Kapha type individuals will have a calm temperature and solid body frame, indicating the fundamental components of Earth and Water.

1.4 The Three Doshic States

An individual will have a vibrant health if the amount of doshas in the existing state is close to its birth composition. A deviation between these states indicates a state of disharmony. Primarily there are three doshic states:

- Balanced State
- Increased State
- Decreased State

A balanced state is when all three doshas are present in their normal proportions. When a dosha is present in a greater proportion than normal it is known as the increased state and when the dosha is present in lesser amount than normal it is known as the decreased state [1].

1.5 Outline of the Dissertation

This dissertation consists of 8 chapters which have been introduced as follows to get an overview of the study carried out.

Chapter 1 is Introduction. In this chapter the concept of Ayurveda has been discussed. The three constituents of human body namely: Vata type, Pitta type and Kapha type have been introduced and discussed in detail. Then the outline of the dissertation is given so as to get an overview of this study.

Chapter 2 is Accelerated Plethysmography. Our study is based on Accelerated Plethysmography which is obtained by differentiating Photoplethysmography signal twice. In this chapter Plethysmography and its various types have been discussed. Photoplethysmography, its clinical applications and its various types have been discussed in detail. Analysis of Accelerated Plethysmography has also been discussed.

Chapter 3 is Literature Survey. In this chapter the researches that have been done by various researchers have been discussed. The contributions that have been made by different studies have been mentioned.

Chapter 4 is Problem Definition. In this chapter the aim of this study has been mentioned in detail.

Chapter 5 is Proposed Solution. In this chapter the methodology proposed to conduct this study has been discussed.

Chapter 6 is Methodology. This chapter explains the methodology used to carry out this study. The data which have been used for this study has been taken from the post graduated dissertation. These features are then reduced to get a few features so as to remove the data redundancy and computational load. The best features are selected on the basis of Fisher's Discriminant Ratio (FDR) and Correlation. Various classifiers are used for classification of the signals into different classes. The classification techniques used are Artificial Neural Networks and LIBSVM.

Chapter 7 is Results and Discussion. This chapter includes various features which have been reduced using Fisher linear discriminant analysis and correlation. Also, this chapter includes the various accuracies obtained during the classification of the signals by various classifiers. Confusion matrix has also been plotted.

Chapter 8 is Conclusion and Future scope. In this chapter the conclusion of this study has been mentioned. The significance of the study has been mentioned and the improvements that can be made have also been discussed.

ACCELERATED PLETHYSMOGRAPHY

2.1 Plethysmography

Plethysmography is a non-invasive technique used for determination of changes in volume of limb, body or an organ through measurement of blood flowing through the veins. It is a well-established technique widely used because of its basic and clinical applications. These measurements and variations are registered through an instrument called as ‘Plethysmograph’ [7].

2.2 Types of Plethysmography

There are numerous types of plethysmography techniques that are being used. The change in the dimensions of the body are recorded, using a different transducer principle for each technique. The four commonly used plethysmography techniques are: Air Displacement Plethysmography, Strain Gauge Plethysmography, Photoelectric Plethysmography and Impedance Plethysmography.

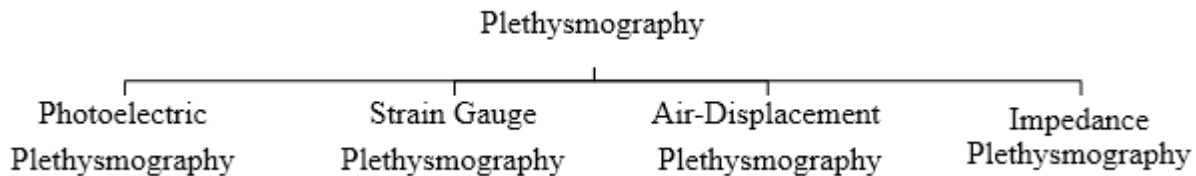


Figure 2.1: Types of Plethysmography

2.2.1 Photoelectric Plethysmography

Photoelectric Plethysmography also referred to as Photo plethysmography is used to determine the optical properties of the selected region of the skin. The amount of absorption of non-visible infrared light emitted into the skin depends on the volume of blood in the skin. The variations in the volume of blood correspond to the amount of light backscattered. These variations can be determined by using the optical properties of blood and tissue and by measuring the reflected light [8]. The basic arrangement of photo sensor and LED is shown in Figure 2.2.

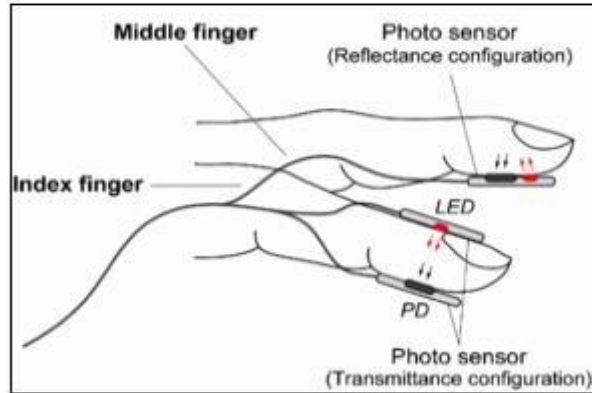


Figure 2.2: Photoelectric Plethysmography[9]

In this a photo sensor and an electrode that consists of an infrared Light Emitting Diode (LED) is placed on the skin. Electrode transmits the light into the skin and this light is then scattered. The tissue absorbs the light in the illuminated area. Blood weakens the reflected light and density of blood tissue changes the intensity of reflected light. A voltage signal is then generated by the photo sensor and a DC circuit is used to amplify it. The low frequencies passed produce steady tracing comparatively. This resembles to the density of blood in the underlying tissue[10].

2.2.2 Air-Displacement Plethysmography

Air-displacement Plethysmography measures the volume of an object indirectly by measuring the volume of air displaced inside a closed chamber. Firstly, the volume of human body is measured when the subject sits inside an enclosed chamber. The subject displaces the volume of air equivalent to volume of his or her body. Thereafter the volume of body is obtained by deducting the residual volume of air inside the chamber when the subject is inside from the volume of air when the chamber is empty[10].

2.2.3 Strain Gauge Plethysmography

In strain gauge Plethysmography a transducer filled with mercury metal alloy conductor is used. When the strain gauge is stretched, its diameter decreases, thus causing an increase in its voltage. A circumferential measurement is taken by wrapping the gauge around the limb segment. This measurement is then used to calculate the area of the limb segment. The variations in the “slice volume” of the limb segment are observed on the contraction and expansion of limb volume[10].

2.2.4 Impedance Plethysmography

In Impedance Plethysmography, a weak current is passed through a limb and electrical resistance to the flow of current is being measured. The four electrodes or the conductive bands are used.

Two electrodes are the inner electrodes and the other two are the outer electrodes. These electrodes are taped around the limb. The electrical resistance is being measured by the inner pair of electrodes [10].

2.3 Photoplethysmography Instrumentation

Modern day PPG sensors make use of less costly semiconductor technology with a LED and matched photodetector devices which work at red and/or close to infrared wavelength. LEDs transform electrical energy into light energy and have a single narrow bandwidth (characteristically 50nm). The use of LED is widespread because of certain advantages like they have a long operating life (greater than 10⁵ hours), can be operated over an extensive range of temperature with small shifts in the peak-emitted wavelengths and are reliable and mechanically robust. However the LEDs should have a constant averaged intensities in order to lessen the excessive heating of local tissue and to decrease the threat of non-ionizing hazard. The light energy converted through LED is converted into electric current by a photo detector. Photo detectors are sensitive, cheap and compact and have a quick response time. The photodetector connects to a low noise circuitry which consists of a transimpedance amplifier and a filtering circuitry.

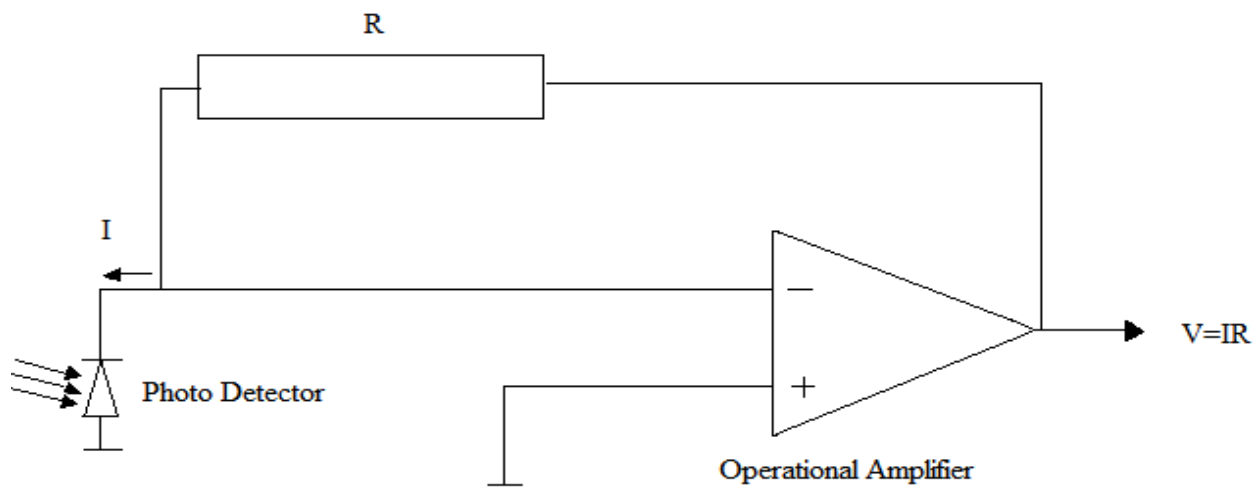


Figure 2.3: Design of a Transimpedance Amplifier

A high pass filter decreases the size of dominant DC component and permits the pulsatile AC component to be enhanced to a nominal one volt peak to peak level. The filtering circuitry should be carefully chosen in order to remove undesirable high frequency noises such as electrical pick up from 50 Hz mains electricity frequency interferences. Figure 2.3 shows the design of transimpedance amplifier and Figure 2.4 describes the signal conditioning stages.

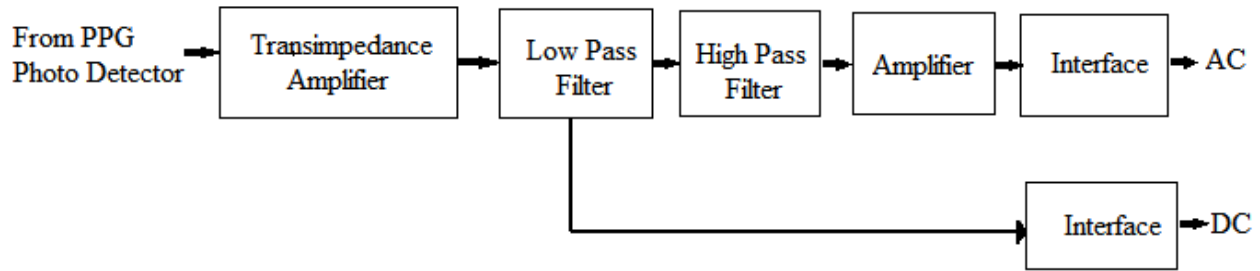


Figure 2.4: Signal conditioning stages

2.4 Clinical Applications of Photoplethysmography

Photoplethysmography have a widespread clinical applications since the technology is employed in commercially existing medical devices. It is being applied in wider range of clinical settings including clinical physiological monitoring (heart rate, blood pressure, respiration, cardiac output and blood oxygen saturation), vascular assessment (tissue viability, venous assessment, arterial disease, endothelial function, microvascular blood flow, arterial compliance and ageing), and autonomic function (cardiovascular variability assessments, blood pressure and heart rate variability, thermoregulation and vasomotor function)[11].

2.5 Classification of Photoplethysmography

Depending upon the physical characteristics of parameters, photoplethysmography is classified into two groups as shown in Figure 2.5.

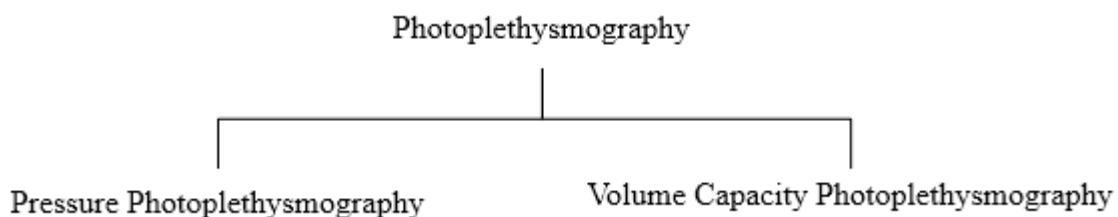


Figure 2.5: Types of Photoplethysmography

2.5.1 Pressure Photoplethysmography

It represents the change in intravascular pressure. In this the Photoplethysmography is measured in carotid artery, aorta and soon.

2.5.2 Volume Capacity Photoplethysmography

It represents the change in vascular volume capacity. In this Photoplethysmography is measured at tip of the finger or tip toe. Photoplethysmography basically means Volume Capacity

Photoplethysmography. Depending upon the method of signal processing it is classified as,

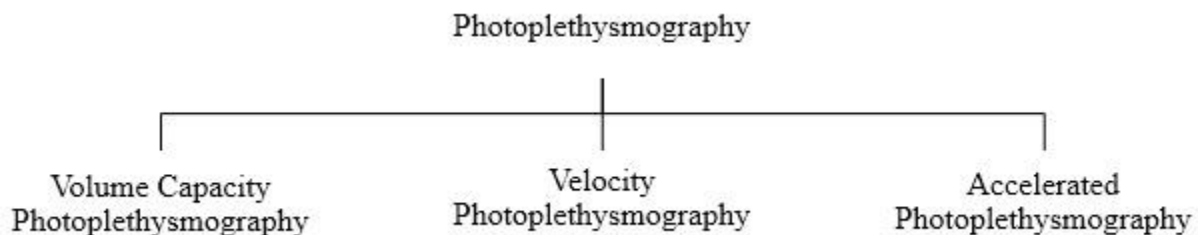


Figure 2.6: Types of Photoplethysmography

Photoplethysmography signifies the originally recorded waveform representing its original characteristics. The originality of the waveform helps to realize its specificity. However, the original waveform has certain limitations. Since the original waveform is flat, it is difficult to analyze the course of wave changes. To overcome this limitation, the original waveform is differentiated for its enhanced use in clinical applications. The differentiated value of Photoplethysmography is known as "Velocity Photoplethysmography". The concept of pulse wave change could be understood clearly with the use of Velocity Photoplethysmography. However, it is difficult to understand the process of pulse energy. Therefore, we differentiate this velocity pulse waveform to realize the process of pulse energy more specifically in clinical fields. This decisive value is called "Accelerated Photoplethysmography"[12].

2.6 Accelerated Photoplethysmography

The analysis of Photoplethysmography (PPG) is done in detail by taking its derivative twice to obtain Acceleration Photoplethysmography (APG). This interprets the original wave easily and leads to the recognition of inflection points more precisely[13].

2.7 Analysis of Accelerated Photoplethysmography

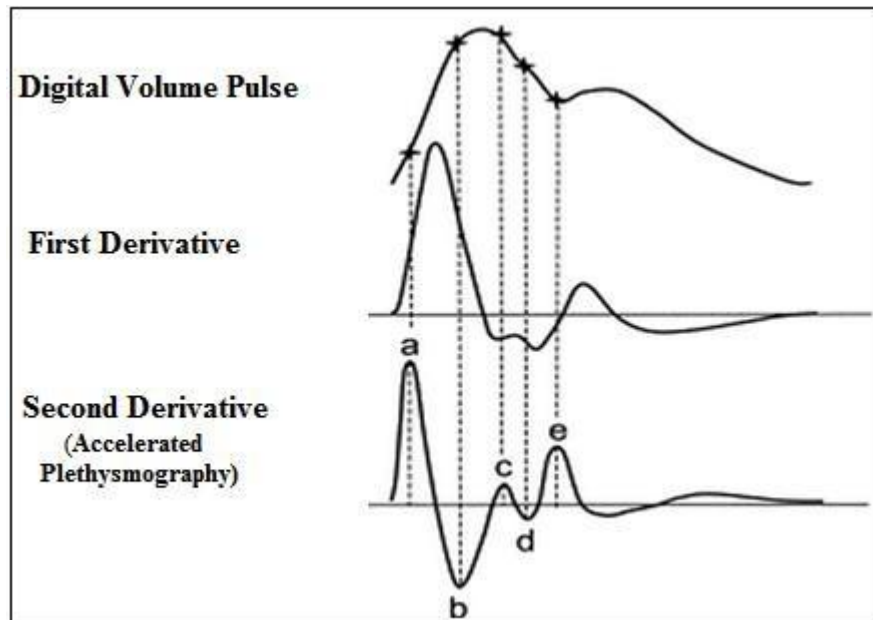


Figure 2.7: Accelerated Plethysmography waveform

APG consists of four systolic and one diastolic wave in each heartbeat cycle. These distinctive waves are: a, b, c, d and e where 'a' represents early systolic positive wave, 'b' represents early systolic negative wave, 'c' represents late systolic re-increasing wave, 'd' represents late systolic re-decreasing wave and 'e' represents diastolic positive wave.

The height from the baseline to the peak of each wave is considered as the value for each wave. The most appropriate waveform for heart rate calculations is 'a' wave because of its steepness and amplitude. The pattern of APG waveform is determined by proportion of 'b', 'c', 'd' and 'e' waves to 'a' wave [14]. Figure 2.7 shows the accelerated plethysmography waveform.

2.8 Classification of Accelerated Photoplethysmography

Depending upon the integrity of circulation APG is classified into 7 classes. The waveform varies from "normal" to "abnormal 6".

1) Normal- The wave of this kind commonly appears in a young and healthy person and in the person having good blood circulation. If the person is training, this normal wave is showed in spite of being in the middle age.

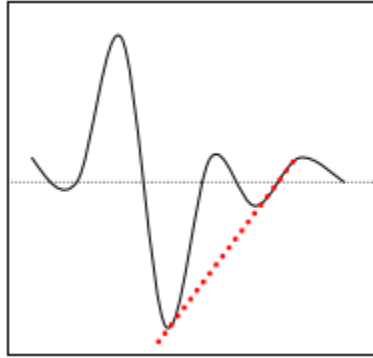


Figure 2.8: Normal APG waveform

2) Abnormal 1-The wave of this type is displayed in the human beings having a slight bad circulation, however in a better condition. This waveform has a unique feature that the peak 'c' is below the baseline but above the peak 'b', and the peak 'd' is above 'b'. Since the peaks 'c' and 'd' are getting down, it signifies that the blood circulation is heading towards the bad state.

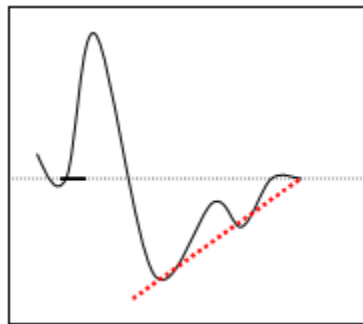


Figure 2.9: Abnormal 1 APG waveform

3) Abnormal 2-The waveform of this type indicates that the circulation of blood is in a relatively bad state. A noticeable characteristic of this waveform is that the peak 'd' is declining into the identical level as the peak 'b' in contrast to normal and abnormal-1 wave. Certain symptoms are that the person belonging to this type is in danger to get congestion and hands and feet get chilled.

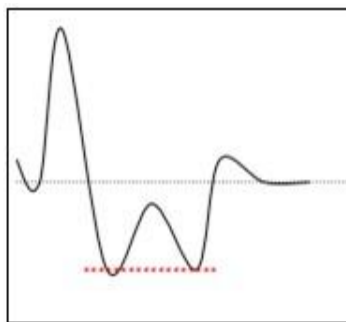


Figure 2.10: Abnormal 2 APG waveform

4) Abnormal 3-The waveform of this type indicates that the flow of blood is in a remarkably bad state. A marked characteristic is that the peak 'c' is at the same level as peak 'b' and peak 'd' in comparison to abnormal-2 waveform and thus becomes an indeterminate state. The persons of this kind show certain symptoms like hands and feet get chilled. Also they feel heavy in the head or feel like getting a hat on.

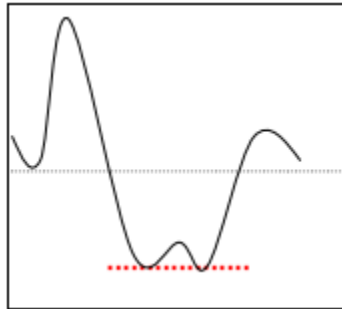


Figure 2.11: Abnormal 3 APG waveform

5) Abnormal 4- The waveform of this type is observed in individuals having a significantly bad circulation of blood. It has a special feature that the peak 'd' is below the peak 'b', and if the change is getting wide, it signifies that the circulation of blood is slowly going in the bad state. The person of this kind shows certain symptoms like abrupt weakness and pain, abnormality in the color of skin and thermo anesthesia.

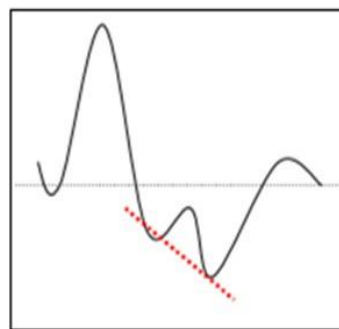


Figure 2.12: Abnormal 4 APG waveform

6) Abnormal 5- The waveform of this type shows that circulation of blood is in an extremely bad state. The peaks 'b' and 'c' are almost at the same level and the peak 'd' is in the far lesser location than the peaks 'b' and 'c'. The person of this kind shows certain symptoms like their hand and feet could become blue due to complications.

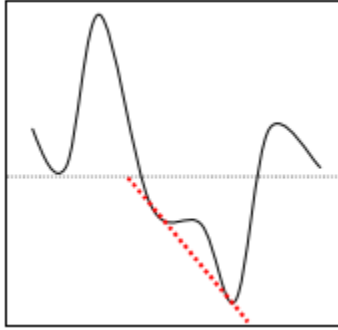


Figure 2.13: Abnormal 5 APG waveform

7) Abnormal 6- This wave indicates that the circulation of blood is in the worst condition. In such cases, abnormalities are often detected by ECG. This state is liable to infection even after a minor injury. There is a danger of stroke, dementia because of cerebrovascular abnormalities. This condition does not recover even after giving the medical treatment [12].

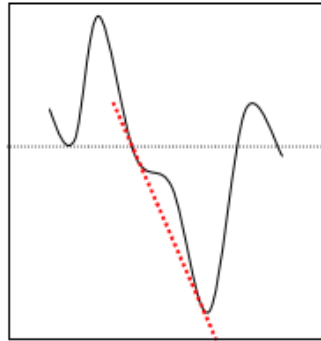


Figure 2.14: Abnormal 6 APG waveform

CHAPTER 3

LITERATURE SURVEY

Photoplethysmography signals provide valuable information about heart rates. The analysis of photoplethysmography signals is done to extract features used for various clinical applications. It is a prime detection tool. Photoplethysmography signal analysis has been widely used for detecting ayurvedic constituents. Earlier researchers analyzed questionnaires for the detection of human constituents [15-18]. In early study uniqueness of finger pulse profile was validated and it was established that it can be used as an alternative biometric parameter [19]. Some researchers proposed that a substantial relation lies between finger pulse features and the level of pitta in the human body [20-22]. Also a second derivative of finger pulse profile has been used to detect the pitta level [23-25].

Y. Iketani *et al.* (2000) clarified the characteristics of SDPTG and examined the factors effecting the wave pattern. The study was being conducted on 775 healthy subjects lying in a age group of 3-20 years. After the determination of blood pressure of left brachial artery in the resting sitting position, the fingertip PTG and SDPTG were measured automatically using a digital plethysmograph sensor placed at the cuticle of second digit of right hand. The values b/a , c/a , d/a , e/a and (SDPTG-AI) were used. It was observed that the increase in age increased the height, systolic blood pressure, c/a and e/a ratios and decreased b/a ratio and SDPTG-AI whereas increase in height decreased the b/a ratio and SDPTG-AI and increased ratios c/a and e/a . Also there was no significant correlation between blood pressure and indices of SDPTG. Also it was observed that in males, the SDPTG-AI decreased with age from 3-18 years and then increased and in females it decreased with age from 3-15 years and then increased [26].

J. Bhattacharya *et al.* (2001) studied digital blood volume pulsations, acquired non-invasively through a photo-plethysmographic device, for qualitative evaluation of overall clinical status and characterization of complicated cardiovascular dynamics of the subject. They implemented a novel concept for recognizing the most influential non-sinusoidal periodicity implanted in the data series and to obtain the related periodic components. The identification and separation of periodic components was performed using a moving window to adapt the variations of the physiological

oscillations. They also introduced the characterization of the principal system considering nonlinear dynamical analysis. It was concluded that the normal subjects are shown to act as a low-dimensional system whereas the diseased subjects show comparatively high dimensional activity [27].

I. Himonen *et al.* (2003) explored the expansive properties of vascular tree noninvasively in human body as a function of aging with the use of shape of peripheral pulse wave. It was confirmed that the pulse wave must be examined as the superposition of two distinct waves i.e. the incident wave and the reflected wave. The incident wave travels from heart to periphery and the reflected wave travels from the periphery and the region of wave reflection to the heart. The incident wave is dependent on the left ventricular ejection and the arterial firmness, whereas the reflected wave is associated to arterial firmness and the potential regions of wave reflection. In the young adults, where arteries are expandable, the pulse wave velocity is relatively low. In older subjects, where the arteries are less expandable the pulse wave velocity is high [28].

M. Soltane *et al.* (2004) presented Artificial Neural Network approaches to classify PPG signal into two different classes. The PPG data used was recorded from two groups of volunteers which consisted 37 healthy (Type 1) and 11 pathologies (Type 2) within an age group of 21 and 64 years. It was observed that the two classes were reclassified effectively using backpropagation-training algorithm employed by multilayer perceptron neural network. An accuracy of 100% was achieved for the training data sets and 94.7% for testing data sets. Out of 170 samples used for testing, 114 were healthier and 56 samples were pathologies [8].

H. Takada *et al.* (2004) analyzed the validity of an APG system to calculate heart rate variability rather than using ECG. For this a new type of Acceleration Plethysmography (APG) machine and a software was developed. The system worked to show heart rate variability by making use of coefficient of variation of a-a intervals (CV_{aa} %). An ECG and PPG (using a two channel APG system) were recorded simultaneously and difference between the a-a interval (T_{aa}) of an APG and the R-R interval of an ECG was examined. The APG waveform was recorded for 26 diabetic and 121 healthy subjects and average CV_{aa} % for normal and diabetic subjects for each age category was calculated. It was observed that differences between the R-R interval and the T_{aa}

interval were inside the range of 10 msec and the multiple correlation coefficient was 0.999175. Also the mean CVaa% decreased with age and was 0.2-1.5% higher than the mean coefficient of variation of the R-R intervals in all age categories. It was concluded that the APG system is appropriate to evaluate heart rate variability [29].

J. Simek *et al.* (2005) conducted a study to investigate the second derivative of finger arterial pressure waveform (SDFAP) in 120 middle-aged subjects with normal health and in 24 subjects with required hypertension. The normalized magnitudes i.e. b/a, c/a, d/a, e/a of five consecutive peaks of SDFAP (a, b, c, d, e) were found. It was established that both hypertension and aging decrease the peripheral arterial pressure in the period of early systole and increase in the period of late systole. The early systolic indices i.e. b/a and c/a ratios discriminate individually amongst subjects with necessary healthy controls and hypertension. These indices might reflect structural alteration of arterial walls in subject with required hypertension. The late systolic indices i.e. d/a and e/a primarily reflect pressure augmentation and do not convey independent information [30].

S.C. Millasseau *et al.* (2006) illustrated the background to the contour analysis of digital volume pulse. They described the relation of the technique to contour analysis of the pressure pulse. It was deduced that determination of DVP optically is a simple method for analyzing pulse contour. Identical to the pressure pulse, DVP is effected by pressure wave reflection in the systemic vasculature and by large artery stiffness. Vascular tone and arterial stiffness can be assessed rapidly by the means of contour analysis of DVP. Applications include the characterization of arterial ageing, assessment of endothelial function and arterial stiffness [31].

S. Chaplot *et al.* (2006) proposed an novel method by using wavelets as an input to the neural network self-organizing maps and support vector machine for classification of magnetic resonance (MR) images of a human brain. The MR brain images were classified as normal or abnormal. The research was conducted on 52 MR brain images and an accuracy of 94% was obtained by using neural network self-organizing maps and an accuracy of 98% was achieved from support vector machines. It was concluded that support vector machine classifier have a higher classification rate as compared to self-map-based approach [32].

J. Yao *et al.* (2007) applied derivatives of photoplethysmographic signal to examine two important issues: discriminability between different subjects and consistency within an individual subject. The experimental results demonstrated that by employing the statistical tools, the features of an individual's photoplethysmographic signal can be described precisely and can be used for identification purposes as bio-measures [33].

R. Gonzalez *et al.* (2008) analyzed the PPG signal using a computer-based photoplethysmographic analyzer. The first, second and fourth derivative of signal were calculated. This study was being conducted on 38 subjects, 19 subjects with previously detected cardiovascular diseases (diabetes mellitus, atherosclerosis and hypertension) and 19 healthy volunteers. The calculated parameters: photoplethysmographic augmentation index, stiffness index, and the ratios b/a , c/a , d/a , e/a showed significant differences between healthy and unhealthy subjects. It was concluded that the photoplethysmographic augmentation index has been a non-invasive indicator for vascular assessments [34].

S. Usman *et al.* (2009) established the correlation between diabetes and premature vascular aging. They used the second derivative of photoplethysmograph (SDPPG) for monitoring the arterial condition of twenty three human subjects. In formal method SDPPG which substituted the formal SDPPG aging index (SDPPG-AI) was selected as a suitable method to be applied. It was observed that as compared to the healthy subjects, twenty-three diabetic patients exhibited higher index of vascular aging [35].

D. Korpas *et al.* (2009) presented a review paper which discussed about various methods of measuring a pulse wave and its analysis. The main focus was being made on the pulse wave measurement parameters and the results obtained. The parameters to be evaluated can be assessed from the time domain, velocity domain, frequency domain and derivations. They also considered the concept of pulse wave measurement and current experience. Pulse wave changes in different parts of circulation and is dependent on pathophysiological or physiological state of an organism. It is prone to some heart diseases and results in early wave reflection. Even though this technology has certain drawbacks, it is still an encouraging non-invasive tool for indicating the state of cardiovascular system in both experimental and clinical setting [36].

M.Elgendiet *al.* (2010) developed an algorithm for detection of a-waves in the second derivative of pulse plethysmogram. The algorithm was developed for signals with low amplitude, high frequency noise, non-stationary effects, after exercise and irregular heartbeats. Accurate detection of a-waves in the second derivative of photoplethysmogram can be used to calculate the variability in heart rate. The performance of proposed methodology was tested on recorded measurements of twenty seven healthy male human subjects measured at rest and after doing exercise. An overall average sensitivity of 100% and positive predictivity of 99.88% was achieved over 27 recorded measurements containing a total of 3370 heartbeats [37].

M.Elgendiet *al.* (2010) used acceleration plethysmography to calculate heart rate (HR) and heart rate variability (HRV). They proposed an algorithm to determine the length of a-a interval. The test was conducted on 26 recorded measurements to check the performance of the network. It was observed that the heart rate indices, SDNN (standard deviation of duration of heartbeats) and rMSSD (root mean square of the distinction of following heartbeats) showed negative correlation with the heart rate and a strong positive correlation between them. This indicated that the 20 second acceleration plethysmography recordings are enough to reliably measure the heart rate variability [14].

D.Jangetal.(2010)calculatedSDPTGusinganalgorithmwhichisthecombinationoflinear fitting algorithm and low pass FIR filters. Their algorithm performed better than a low pass FIR filter and was similar to a higher order FIR low pass filter. It was concluded that their proposed methodology was rational to calculate SDPTG with less computational complexity and small time delay. Also it can be used as a substitute of higher order low pass FIR filter to estimate the SDPTG [38].

R.MRozieta*l.*(2010)usedsecondderivative(SDPPG)methodofPPGtomonitorthearterial conditionsofelevenhealthysubjects.Theacquireddatawasusedtoanalyzethechangesinsecond derivative at rest and immediately 10 minutes after exercise. It was concluded that the individuals before exercise have high index of vascular aging as compared to after exercise. Results also proved SDPPG as a potential method to monitor arterial condition of an exerciser [39].

B.Thakker *et al.* (2010) compared the power spectrum of radial pulse signals of healthy subjects and the subjects suffering from gastrointestinal disorders. The radial pulse signal resulted in changes in pulse power spectrum on account of variations in its morphology in abnormal health conditions. It was noticed that pulse signal carried information of pulse morphologies in the frequency band of 0 to 20 Hz. The power spectrum examination of pulse in normal subjects exhibited that the energy in 0 to 4 Hz band was slightly higher as compared to the rest of the bands. In subjects with abnormal health, right and left hand pulse signals showed changes in the distribution of energy among frequency bands. The abnormal subjects showed elevation of energies in pulse band (4 to 10 Hz). Due to elevation of energies, the two groups were reclassified with accuracy of 90%, sensitivity of 89.7% and specificity of 90.5% for RV pulse point of 5th band. It was concluded that the three bands showed clear difference in the terms of pulse energy. Out of these, the band 5 with 8 to 10 Hz frequency range is more effectual in distinguishing abnormal and normal subjects [40].

M.Singhet *et al.* (2011) analyzed finger pulse profile of Photoplethysmography (PPG) for detecting tridosha. According to the ancient science of Ayurveda, any imbalance in the three doshas i.e. vata, pitta and kapha, make human beings suffer. Normally these doshas are detected by experienced masters by pressing the radial artery in the wrist with their three fingers. In this research finger pulse profile of all 10 fingers of 7 healthy subjects is acquired using a BIOPAC MP150 data acquisition system. It was found that in all 70 cases without exception the autocorrelation for a given finger of subject is always higher than correlation with corresponding finger of any other subject [19].

M.Elgendi (2012) discussed about Photoplethysmography (PPG). He discussed about artifacts in the PPG signal, existing indexes and characteristic features of a PPG waveform to evaluate for diagnoses. He also discussed about the increasing importance of PPG, for being a non-invasive, convenient and cheap diagnostic tool. It was concluded that a common structure of any PPG diagnostic system comprises of three stages preprocessing, feature extraction and diagnosis where the main emphasis of this review was the preprocessing and feature extraction stages [13].

M.Singh *et al.* (2012) analyzed the features extracted from finger pulse plethysmogram to find the link between enhanced pitta level and peripheral finger pulse. The data was being acquired for three subjects from both left and right hand, before and instantly after lunch. The three parameters namely A2/A1, TP2/TPT and TP1/TPT were extracted. It was observed that the variance of TP2/TP1 in ring finger and A2/A1 in middle finger, dropped consistently in both left and right hands for all the subjects [23].

M.Theodore *et al.* (2013) presented an implantable accelerometer to detect plethysmograms directly. The sensor provided a new method for continuous monitoring of blood pressure. The parameters: Pulse Transit Time (PTT) and Reflected Wave Transit Time (RWTT) showed a very high correlation with the systolic blood pressure. After variations in the blood pressure it was observed that the blood pressure from the RWTT agreed better with the theory and simplified the approach. The RWTT for 1800 pulses matched accurately with the systolic blood pressure with a mean deviation of 4.3% and a correlation coefficient of 0.96 [41].

M.Singh *et al.* (2014) explained an automated method of identifying the salient features of PPG in the form of an algorithm. The algorithm developed was for normal young subjects. It eliminated the tedious task of extracting features manually and also reduced the risk of error. The algorithm developed gave an accuracy of 100%. It was concluded that extracting features automatically is much easier and saves time [42].

D'Onofrio *et al.* (2015) used photoplethysmography to measure heart rate during physical exercise. They created a wearable wrist photoplethysmography by using phototransistors and ultra-bright LED's which allowed users to keep a track of their heart rate while exercising. The PPG signal was created using a PIC processor coded through language C++. Signal processing algorithms were performed to filter out noise because of movements [43].

CHAPTER4

PROBLEMDEFINITION

According to Ayurveda, Pitta level in the normal healthy human body increases during mid-day and after taking meals. Increase in Pitta otherwise may be due to some disease. This study is being conducted with a motive of finding features that may directly link to the enhanced level of Pitta. For this purpose, certain features extracted from the second derivative of Pulse Plethysmography (PPG) may be used. Our focus of research is to:

- Optimally select those features which may give high accuracy of enhanced Pitta level detection
- To develop a suitable Classifier for this detection

CHAPTER 5

PROPOSED SOLUTION

The aim of this study is to design and validate a High Pitta Classifier. For this purpose, the features extracted from the second derivative of Photoplethysmography has been analyzed and reduced optimally using different methods like Fisher Linear Discriminant Analysis and Correlation. Different threshold values has been taken to select features after correlation.

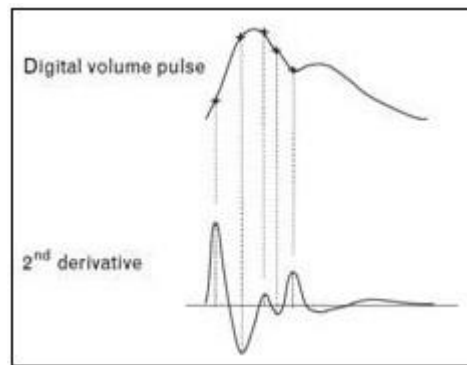


Figure 5.1: A Photoplethysmography waveform and its second derivative

Three feature sets namely: Truncated Feature Set, Reduced Feature Set and Super Reduced Feature Set have been obtained. Data of 25 healthy subjects have been used in this study. The classification of these signals has been done to accurately separate high Pitta level and low Pitta level. These feature sets are classified using different classification techniques like Artificial Neural Networks (single layer and multi-layer networks) and LIBSVM. The classification techniques have been implemented in MATLAB. The suitability of Feature sets is also checked for best results. The process illustrated above has been executed and the results have been discussed in the proceeding chapters.

6.1 Methodology

The methodology used in this study to design a High Pitta classifier is described below. Various stages has been used. The flowchart describing the process of reduction of features optimally and their classification is shown below in figure

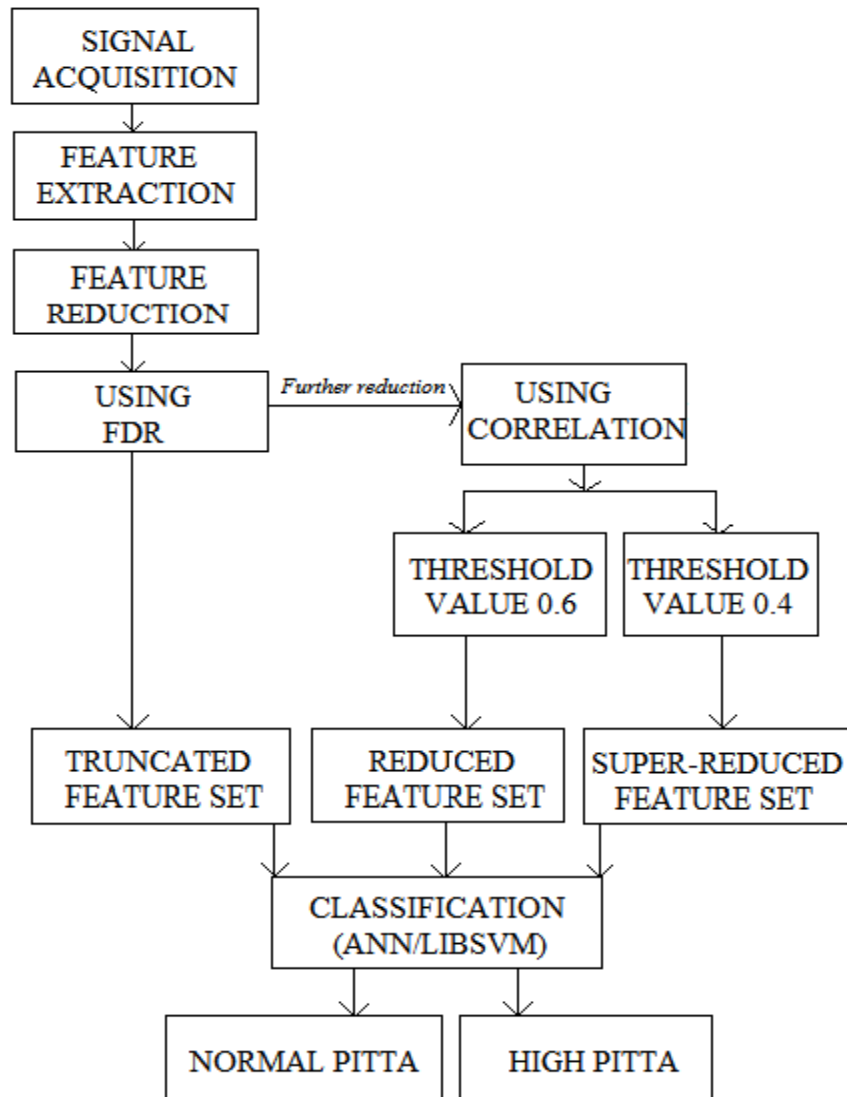


Figure 6.1: Flow Chart describing the methodology

6.2 Data Collection

An MP150 System and Acknowledges software was used to record the data from index, middle and ring fingers of both the hands for 25 healthy subjects. The PPG was acquired for a given subject on the same day at three different instances-

- (i) **Class A**- One and a half hour after breakfast but before 10:30 am. The early part of the day ensures lower Pitta level while one and a half hour delay after taking meals subdues enhanced Pitta on account of meal digestion.
- (ii) **Class B**- Immediately before lunch provided lunch is taken between 1-2 pm. The mid-day usually enhances Pitta level.
- (iii) **Class C**- Fifteen minutes after lunch. Again mid-day ensures higher Pitta level, while taking meals also helps in maintaining high Pitta level and it enhances it further [44].

The data used is documented in Post graduate dissertation titled “Automatic Feature Extraction in Accelerated Plethysmography” [44].

The second derivative of the primary PPG is derived to obtain Accelerated Plethysmography (APG) as shown in Figure 1. APG stabilizes the baseline and separates the components of the waveform more clearly as compared to the first derivative [45]. From APG waveform five distinctive peaks: a, b, c, d and e were extracted as shown in Figure 6.2.

The amplitude ratios b/a , c/a , d/a and e/a were calculated. Further average and standard deviation of each ratio was obtained. Thus, a total of 8 features were obtained for each finger. Since the data was acquired from six fingers, we have a total of 48 features for each subject [42].

The entire process of extracting features and calculating proportions and their average and standard deviation was done by using a computer algorithm [42]. For the sake of convenience these 48 features are referred to as “**Gross Feature Set**”.

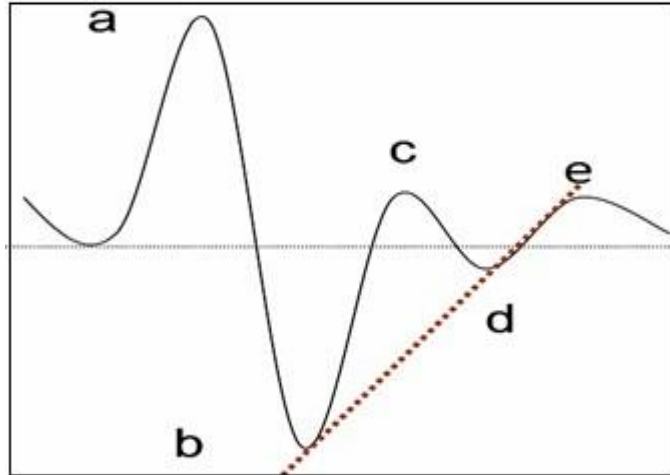


Figure 6.2: Second derivative of photoplethysmography waveform[46]

6.3 Feature Reduction

The data acquired is processed for selected optimal features for enhanced Pitta detection. For this purpose the data has been divided into three Comparative Groups: Comparative Group 1 of After Breakfast (Class A) and Before Lunch (Class B), Comparative Group 2 of After breakfast (Class A) and After lunch (Class C) and Comparative Group 3 of Before Lunch (Class B) and After Lunch (Class C). For the three Comparative Groups, detection of enhanced Pitta can be done using 48 extracted features of APG. To optimally select the smallest number of features for each comparative group various methods can be applied. In this study, Linear Fisher Discriminant Analysis and Correlation have been employed.

6.3.1 Feature Reduction Using Linear Fisher Discriminant Analysis

Fisher linear discriminant analysis is a widely-used technique for pattern classification and finds a linear discriminant that yields optimal discrimination between two classes [47]. The value of Fisher Discriminant Ratio (FDR) is given as,

$$FDR = \frac{|\mu_1 - \mu_2|}{\sqrt{\sigma_1^2 + \sigma_2^2}} \quad (6.1)$$

Here σ is the standard deviation, μ is the average and the subscript represents the two classes.

Using the above formula, the FDR was calculated between:

- Comparative Group 1
- Comparative Group 2
- Comparative Group 3

Fisher discriminant ratio for all the three Comparative Groups has been arranged in a descending order and those features which have FDR ratio above the defined threshold i.e. '0.25' are selected.

The features obtained after Fisher linear discriminant analysis are referred to as "**Truncated Feature Set**".

6.3.2 Further Feature Reduction Using Correlation

The "Truncated Feature Set" obtained has been further correlated to optimally reduce the number of features for further analysis. Correlation is a statistical measure that specifies the extent to which two or more variables vary together. A positive correlation specifies the extent to which these variables increase or decrease in parallel; a negative correlation specifies the extent to which one variable increases as the other decreases. A correlation matrix has been obtained for each Comparative Group independently. Different threshold values have been set. The thresholds set are:

- 0.4
- 0.6

The feature pair having correlation above this threshold have been selected. From these selected pair of features, the feature having lower FDR is discarded. All other features having lower correlation are also selected. When '0.6' correlation is set, the feature set obtained is referred to as "**Reduced Feature Set**" and when '0.4' correlation is set, the feature set obtained is referred to as "**Super Reduced Feature Set**".

6.4 Classification

MATLAB was used to develop algorithm to classify the data into two classes: High Pitta and Low Pitta. Classification refers to the process of distinguishing to which category a new observation belongs to, based on training set of data consisting instances whose category membership has been known. Classifier has been used for classification. Classifier refers to the mathematical function which is employed by algorithm and maps input data into a particular category. In this study, two classifiers have been used, as listed below:

- LIBSVM
- ANN (Artificial Neural Network)

6.4.1 LIBSVM

LIBSVM is a software that is being used for support vector classification, distribution estimation and regression. It has various features like efficient multi-class classification, cross-validation for the selection of best model, availability of various inbuilt kernels like linear kernel, polynomial kernel, RBF kernel etc. [48]. The support-vector network is the learning machine for classifying the data in two groups. The conceptual idea implemented by the machine is that the input vectors are mapped non-linearly into a very large dimension feature space. The linear decision surface is being constructed in the feature space. High generalization ability of the support vector machine is ensured by this decision surface [49]. Figure 6.3 shows the basic classification criteria of support vector machine.

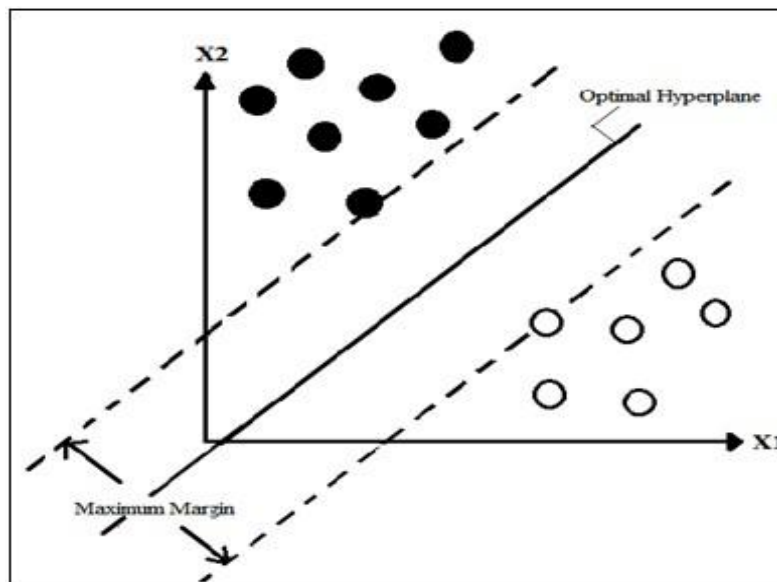


Figure 6.3: General Support Vector Classification

Classification accuracy is then calculated accordingly depending upon how many signals are classified correctly. Out of a total of 50 samples, training has been performed on 68% of data. Two different kernels i.e. Radial Basis Function (RBF) kernel and Polynomial Kernel have been used. Best values of cost factor and gamma is determined and the best model has been developed under observation. The best model obtained was tested on remaining 32% to test the performance of the network.

6.4.2 Artificial Neural Networks

Artificial Neural networks (ANN) are the biological structures and are inspired by the functioning of the human nervous system. These have a wide range of applications in the field of classification, pattern recognition etc. Figure 6.4 shows the basic structure of ANN.

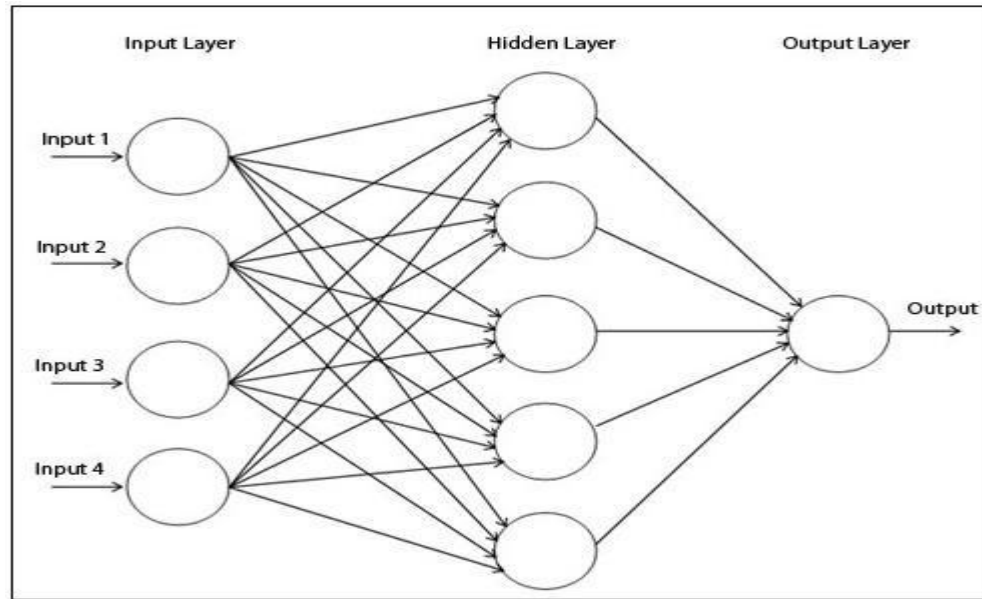


Figure 6.4: Basic Structure of ANN[50]

A feed-forward back Propagation Network type is used while developing a classifier. To obtain the forward propagation a training pattern has been applied to the ANN and is propagated through the network to obtain the continuous value of output. This output value is then compared to the required value of the pattern and an error value is being generated. The synaptic weights of the neurons are adjusted by backpropagating the error value[51]. The data of 25 healthy subjects have been considered for classification. The network has been trained using 34 samples and a separate 16 samples are kept to test the performance of the network. The number of neurons in the input layer correspond to the number of input features. The number of hidden layers have been varied. The number of neurons in the hidden layers are also varied. Sigmoid transfer function has been chosen for all the layers.

CHAPTER 7

RESULTS AND DISCUSSION

APG has the potential to detect the Ayurvedic dosha Pitta. In this study, three comparative groups have been made and features are reduced to obtain “Truncated Feature Set”, “Reduced Feature Set” and “Super Reduced Feature Set”. These feature sets are classified into two classes namely high Pitta and low Pitta. The results of this study have been compiled below.

7.1 Feature Reduction Using Fisher Linear Discriminant Analysis

FDR of Comparative Group 1 i.e. After Breakfast (Class A) and Before Lunch (Class B) is shown below in Table 7.1. Out of a total of 48 features i.e. “Gross Feature Set”, the highlighted portion indicates the 17 features that have FDR above the threshold value ‘0.25’ and these features are referred to as the “**Truncated Feature Set**”.

Table 7.1: Feature selection using FDR (Comparative Group 1)

S.NO	FEATURES	FDR VALUE
1	LEFT INDEX e/a AVERAGE	0.485540668
2	RIGHT MIDDLE e/a AVERAGE	0.388081853
3	LEFT RING b/a AVERAGE	0.38513289
4	RIGHT INDEX d/a AVERAGE	0.349564697
5	RIGHT MIDDLE d/a AVERAGE	0.34447214
6	RIGHT RING b/a STANDARD DEVIATION	0.339491678
7	RIGHT INDEX b/a STANDARD DEVIATION	0.329570973
8	LEFT INDEX b/a AVERAGE	0.323443261
9	RIGHT RING d/a STANDARD DEVIATION	0.304748162
10	RIGHT RING e/a STANDARD DEVIATION	0.295245403
11	LEFT INDEX d/a STANDARD DEVIATION	0.285547823
12	RIGHT INDEX e/a STANDARD DEVIATION	0.28252309
13	RIGHT MIDDLE d/a STANDARD DEVIATION	0.266119946
14	LEFT INDEX d/a AVERAGE	0.261269716
15	RIGHT MIDDLE e/a STANDARD DEVIATION	0.257547542
16	LEFT MIDDLE c/a AVERAGE	0.254284819
17	RIGHT INDEX c/a STANDARD DEVIATION	0.249709265
18	LEFT MIDDLE d/a AVERAGE	0.242835192

The features selected are highlighted

19	LEFT RING d/aAVERAGE	0.2252015
20	RIGHT INDEX d/a STANDARDDEVIATION	0.223197182
21	RIGHT RING d/aAVERAGE	0.222401213
22	RIGHT MIDDLE c/a STANDARDDEVIATION	0.203795798
23	RIGHT MIDDLE b/a STANDARDDEVIATION	0.203700172
24	RIGHT INDEX c/aAVERAGE	0.184903361
25	RIGHT INDEX e/aAVERAGE	0.173166284
26	LEFT MIDDLE e/a STANDARDDEVIATION	0.160832503
27	LEFT MIDDLE c/a STANDARDDEVIATION	0.158693257
28	RIGHT RING b/aAVERAGE	0.158094588
29	RIGHT MIDDLE c/aAVERAGE	0.15478553
30	LEFT INDEX e/a STANDARDDEVIATION	0.153762373
31	LEFT INDEX c/a STANDARDDEVIATION	0.146298243
32	RIGHT INDEX b/aAVERAGE	0.140509813
33	LEFT MIDDLE d/a STANDARDDEVIATION	0.139464934
34	LEFT RING d/a STANDARDDEVIATION	0.12641301
35	RIGHT RING c/a STANDARDDEVIATION	0.122199424
36	RIGHT MIDDLE b/aAVERAGE	0.106500236
37	LEFT MIDDLE b/aAVERAGE	0.098607982
38	RIGHT RING e/aAVERAGE	0.08451596
39	LEFT RING e/aAVERAGE	0.08213197
40	LEFT RING c/aAVERAGE	0.079521212
41	LEFT RING c/a STANDARDDEVIATION	0.079356719
42	LEFT INDEX b/a STANDARDDEVIATION	0.07632933
43	LEFT RING b/a STANDARDDEVIATION	0.072563243
44	LEFT RING e/a STANDARDDEVIATION	0.035008898
45	LEFT INDEX c/aAVERAGE	0.019502961
46	LEFT MIDDLE b/a STANDARDDEVIATION	0.016101735
47	RIGHT RING c/aAVERAGE	0.009127493
48	LEFT MIDDLE e/aAVERAGE	0.00811542

Fisher discriminant ratio of Comparative Group 2 i.e. After breakfast (Class A) and Afterlunch (Class C) is summarized below in Table 7.2. From “Gross Feature Set”, 18 features having FDR above ‘0.25’ have been selected. This “**Truncated Feature Set**” of 18 features is considered for further analysis.

Table 7.2: Feature selection using FDR (Comparative Group2)

S.NO	FEATURES	FDR VALUE
1	LEFT MIDDLE d/a STANARDDEVIATION	0.43154904
2	LEFT MIDDLE b/a STANDARDEVIATION	0.416672613
3	LEFT MIDDLE e/a STANDARDEVIATION	0.404427618
4	LEFT INDEX d/aAVERAGE	0.338085848
5	RIGHT RING e/a STANDARDEVIATION	0.336539478
6	RIGHT INDEX b/aAVERAGE	0.327794377
7	LEFT RING d/aAVERAGE	0.312003219
8	RIGHT INDEX b/a STANDARDEVIATION	0.310400067
9	RIGHT RING b/aAVERAGE	0.308010964
10	LEFT RING e/aAVERAGE	0.306157011
11	RIGHT RING d/aAVERAGE	0.297259497
12	RIGHT MIDDLE e/a STANDARDEVIATION	0.296454759
13	LEFT INDEX c/a STANDARDEVIATION	0.296178405
14	LEFT RING c/a STANDARDEVIATION	0.276053601
15	LEFT MIDDLE c/a STANDARDEVIATION	0.274148472
16	RIGHT MIDDLE b/aAVERAGE	0.271858207
17	RIGHT INDEX c/aAVERAGE	0.253260108
18	LEFT MIDDLE d/aAVERAGE	0.252925157
19	LEFT INDEX d/a STANDARDEVIATION	0.23009828
20	LEFT RING b/aAVERAGE	0.229535601
21	LEFT RING e/a STANDARDEVIATION	0.217640114
22	RIGHT MIDDLE d/aAVERAGE	0.19626043
23	LEFT INDEX b/a STANDARDEVIATION	0.19493547
24	RIGHT MIDDLE b/a STANDARDEVIATION	0.193815811
25	LEFT MIDDLE e/aAVERAGE	0.188646499
26	RIGHT RING b/a STANDARDEVIATION	0.185018002
27	LEFT RING b/a STANDARDEVIATION	0.183427953
28	RIGHT MIDDLE c/aAVERAGE	0.164838647
29	LEFT MIDDLE b/aAVERAGE	0.161065448
30	RIGHT MIDDLE e/aAVERAGE	0.132672492
31	RIGHT MIDDLE d/a STANDARDEVIATION	0.122061308
32	LEFT RING c/aAVERAGE	0.098458169
33	RIGHT RING c/aAVERAGE	0.095583867
34	LEFT INDEX e/a STANDARDEVIATION	0.093824833

35	RIGHT INDEX d/a STANDARDDEVIATION	0.068214163
36	RIGHT INDEX d/aAVERAGE	0.068125337
37	RIGHT RING c/a STANDARDDEVIATION	0.067069265
38	LEFT RING d/a STANDARDDEVIATION	0.063243873
39	RIGHT MIDDLE c/a STANDARDDEVIATION	0.061978282
40	RIGHT RING d/a STANDARDDEVIATION	0.056271453
41	LEFT INDEX e/aAVERAGE	0.053551454
42	LEFT MIDDLE c/aAVERAGE	0.031814104
43	RIGHTINDEX e/a STANDARDDEVIATION	0.030889449
44	LEFT INDEX b/aAVERAGE	0.018778868
45	RIGHT INDEX e/aAVERAGE	0.01024219
46	RIGHT INDEX c/a STANDARDDEVIATION	0.006230603
47	LEFT INDEX c/aAVERAGE	0.001945723
48	RIGHT RING e/aAVERAGE	0.00058241

The features selected are highlighted.

Fisher discriminant ratio of Comparative Group 3 i.e. Before lunch (Class B) and After lunch (Class C) is shown below in Table 7.3. Out of total 48 features, 18 features having FDR above 0.25 have been selected. The 48 features represent the “Gross Feature Set” and the highlighted 18 features represent the “**Truncated Feature Set**”.

Table 7.3: Feature selection using FDR (Comparative Group 3)

S.NO	FEATURES	FDR VALUE
1	LEFT INDEX d/aAVERAGE	0.557494638
2	LEFT RING d/aAVERAGE	0.51046367
3	RIGHT INDEX b/aAVERAGE	0.48464012
4	RIGHT RING d/aAVERAGE	0.477976282
5	RIGHT MIDDLE d/aAVERAGE	0.470670476
6	LEFT MIDDLE d/aAVERAGE	0.4474165
7	LEFT INDEX e/aAVERAGE	0.446649895
8	LEFT MIDDLE b/a STANDARDDEVIATION	0.404636742
9	RIGHT MIDDLE b/aAVERAGE	0.399124209
10	RIGHT INDEX d/aAVERAGE	0.384797748
11	LEFT INDEX d/a STANDARDDEVIATION	0.379325084
12	LEFT MIDDLE d/a STANDARDDEVIATION	0.361774591
13	LEFT INDEX c/a STANDARDDEVIATION	0.353952096
14	RIGHT INDEX d/a STANDARDDEVIATION	0.289303038

15	LEFT MIDDLE e/a STANDARDDEVIATION	0.287046195
16	RIGHT RING d/a STANDARDDEVIATION	0.266290367
17	RIGHT INDEX c/a STANDARDDEVIATION	0.251379439
18	RIGHT MIDDLE c/a STANDARDDEVIATION	0.245837624
19	RIGHT INDEX e/a STANDARDDEVIATION	0.232513464
20	LEFT RING e/a AVERAGE	0.21938762
21	RIGHT RING b/a STANDARDDEVIATION	0.211815021
22	RIGHT MIDDLE d/a STANDARDDEVIATION	0.2062529
23	LEFT RING c/a STANDARDDEVIATION	0.205916869
24	LEFT MIDDLE c/a AVERAGE	0.2034347
25	LEFT MIDDLE c/a STANDARDDEVIATION	0.201324425
26	LEFT MIDDLE e/a AVERAGE	0.1961526
27	LEFT RING b/a AVERAGE	0.186118637
28	LEFT RING e/a STANDARDDEVIATION	0.172466289
29	LEFT RING b/a STANDARDDEVIATION	0.163652908
30	LEFT RING d/a STANDARDDEVIATION	0.160553312
31	RIGHT INDEX e/a AVERAGE	0.149608892
32	RIGHT MIDDLE e/a AVERAGE	0.133032306
33	RIGHT RING e/a STANDARDDEVIATION	0.11512928
34	LEFT INDEX b/a AVERAGE	0.099117588
35	RIGHT RING c/a AVERAGE	0.091537371
36	RIGHT INDEX c/a AVERAGE	0.078056978
37	RIGHT INDEX b/a STANDARDDEVIATION	0.071286412
38	RIGHT MIDDLE c/a AVERAGE	0.069389691
39	LEFT MIDDLE b/a AVERAGE	0.06567369
40	RIGHT RING e/a AVERAGE	0.061981437
41	RIGHT MIDDLE e/a STANDARDDEVIATION	0.058210431
42	LEFT INDEX b/a STANDARDDEVIATION	0.039579349
43	LEFT INDEX c/a AVERAGE	0.025365308
44	RIGHT RING c/a STANDARDDEVIATION	0.024710639
45	LEFT INDEX e/a STANDARDDEVIATION	0.018679264
46	RIGHT MIDDLE b/a STANDARDDEVIATION	0.018036483
47	LEFT RING c/a AVERAGE	0.017969417
48	RIGHT RING b/a AVERAGE	0.01787147

The features selected are highlighted.

7.2 Further Reduction in Feature Set using Correlation

The “Truncated Feature Set” obtained after Fisher Linear Discriminant Analysis is further correlated with each other to optimally reduce the number of features for further analysis.

- **Taking Correlation Threshold Value as ‘0.6’**

Firstly, a threshold value of 0.6 for correlation has been taken and feature pairs having correlation above this threshold are selected. From these selected pairs of features, the feature having lower FDR is discarded. All other features having lower correlation are also selected. The correlation matrix obtained in Comparative Group 1 is summarized in Figure 7.1. From a total of 17 features in “Truncated Feature Set”, 12 features were shortlisted for further analysis.

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	1																
2	0.78519	1															
3	0.032765	-0.18193	1														
4	0.246365	0.358479	0.24162	1													
5	0.264326	0.489834	0.277949	0.856412	1												
6	-0.10557	0.054748	0.230998	0.499212	0.455004	1											
7	0.044202	0.269801	-0.23386	-0.02993	0.221539	-0.01887	1										
8	0.155566	0.057281	-0.04033	-0.54416	-0.28774	-0.5081	0.164722	1									
9	-0.18356	-0.28219	0.099856	-0.1942	-0.1811	0.084789	-0.10732	-0.10251	1								
10	-0.31226	-0.174	-0.04248	-0.09238	-0.0632	0.377195	0.120103	-0.13494	0.634626	1							
11	0.062691	0.010087	0.16274	-0.38413	-0.21599	-0.26226	0.288793	0.359871	0.107074	0.116093	1						
12	-0.07571	-0.24287	0.526719	-0.18487	-0.13048	-0.09057	0.021046	0.270063	0.366271	0.204614	0.431978	1					
13	-0.09863	-0.02119	-0.27652	-0.20317	-0.10894	-0.09397	0.236812	0.356759	0.214473	0.341443	0.374904	0.257291	1				
14	0.318911	0.38481	0.077364	0.556382	0.592645	0.307372	0.285394	-0.1527	-0.11636	-0.04812	0.056159	-0.20051	-0.0871	1			
15	-0.13003	0.066323	-0.44224	-0.14653	-0.141129	-0.00142	0.2983333	0.127856	0.178263	0.415135	0.192935	0.140409	0.7368	-0.05006	1		
16	-0.13956	-0.32052	0.350504	0.333828	0.144613	0.380266	-0.34724	-0.5049	-0.05387	0.087982	-0.323	-0.21975	-0.25963	0.234939	-0.30516	1	
17	-0.39644	-0.43065	0.175117	-0.1211	-0.10247	0.182688	0.023953	0.097274	0.254967	0.141848	0.261668	0.576538	0.258073	-0.11772	0.108715	-0.20463	1

Figure 7.1: Feature selection using Correlation matrix (Comparative Group 1)

The following 12 features are referred to as “Reduced Feature Set” and these features might link to the enhanced pitta level. Table 7.4 represents the “**Reduced Feature Set**”.

Table 7.4: Reduced Feature Set (Comparative Group 1)

S.NO	Features
1	Left index e/aaverage
2	Left ring b/aaverage
3	Right index d/aaverage
4	Right ring b/a standarddeviation
5	Right index b/a standarddeviation
6	Left index b/aaverage
7	Right ring d/a standarddeviation
8	Left index d/a standarddeviation

9	Right index e/a standarddeviation
10	Right middle d/a standarddeviation
11	Left middle c/aaverage
12	Right index c/a standarddeviation

Similarly, correlation between 18 features selected from the Comparative Group 2 is found and certain features are discarded. The matrix obtained is shown in the Figure 7.2. The “Reduced Feature Set” of Comparative Group 2 is given in Table 7.5.

S.N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	1																	
2	0.527474	1																
3	0.946451	0.04269	1															
4	-0.08239	0.0332	-0.09113	1														
5	0.31008	-0.02878	0.29724	-0.01684	1													
6	-0.25524	-0.39227	-0.24086	-0.04014	-0.37813	1												
7	-0.14557	0.20756	-0.11609	0.72871	-0.33185	0.05943	1											
8	-0.04852	0.33903	0.04731	0.22678	0.1201	-0.13941	0.19369	1										
9	-0.04718	-0.06867	-0.08271	-0.15852	-0.3741	0.18466	-0.02456	-0.06523	1									
10	-0.09655	-0.02046	-0.01635	0.22165	-0.19532	-0.26602	0.48488	0.03434	0.33191	1								
11	0.1679	-0.04148	0.11111	0.4203	-0.25436	0.00217	0.23002	-0.25981	0.21438	0.01944	1							
12	0.15882	-0.00024	0.10219	0.01664	0.59427	-0.37921	-0.17002	0.39682	-0.11735	-0.12769	-0.04019	1						
13	-0.09504	0.019757	-0.13393	-0.31127	-0.12962	-0.07047	0.047475	0.07056	0.32649	-0.03239	-0.33152	0.05331	1					
14	-0.00246	-0.21243	-0.04784	-0.00894	0.08006	-0.11008	-0.10417	-0.0727	-0.28629	-0.154	0.29814	0.08813	-0.1314	1				
15	0.82628	0.56321	0.85144	-0.14477	0.16192	-0.25737	-0.07692	0.0917	-0.14703	0.00794	-0.01433	0.13424	-0.08931	0.03991	1			
16	-0.32546	-0.26102	-0.38709	0.11013	-0.42545	0.5647	-0.07423	0.09759	0.12901	-0.35229	0.16507	-0.34845	-0.23081	-0.08591	-0.32518	1		
17	-0.09389	-0.21782	-0.10789	0.31042	-0.22029	0.63887	0.36414	-0.12398	0.07959	0.03094	0.11879	-0.45232	-0.24159	-0.07049	-0.05081	0.53424	1	
18	0.16443	0.25855	0.15102	0.79159	-0.07595	-0.1303	0.76449	0.21874	-0.11124	0.21758	0.42605	0.05283	-0.05201	-0.11845	0.14334	-0.01955	0.28212	1

Figure 7.2: Feature selection using Correlation matrix (Comparative Group 2) Table

7.5: Reduced Feature Set (Comparative Group 2)

S.NO	Features
1	Left middle d/a standarddeviation
2	Left middle b/a standarddeviation
3	Left index d/aaverage
4	Right ring e/a standarddeviation
5	Right index b/aaverage
6	Right index b/a standarddeviation
7	Right ring b/aaverage
8	Left ring e/aaverage
9	Right ring d/aaverage
10	Left index c/a standarddeviation
11	Left ring c/a standarddeviation
12	Right middle b/aaverage

Similarly, correlation between 18 features selected from the Comparative Group 3 is found and certain features are discarded. The matrix obtained is shown in the Figure 7.3. The “**Reduced Feature Set**” of Comparative Group 3 is given in Table 7.6.

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	1																	
2	0.544641	1																
3	-0.15653	-0.06538	1															
4	0.450479	0.769838	-0.38664	1														
5	0.378331	0.48873	-0.41134	0.717578	1													
6	0.596108	0.676095	-0.29882	0.634251	0.699717	1												
7	0.490032	0.257773	-0.15224	0.216234	0.017527	-0.007	1											
8	-0.03824	0.198495	-0.06865	0.149546	0.368639	0.11274	0.083996	1										
9	-0.06475	0.181229	0.472377	-0.27593	-0.4429	-0.21719	0.223673	0.08319	1									
10	0.41616	0.57531	-0.22755	0.731733	0.852922	0.680817	-0.02917	0.04399	-0.43406	1								
11	0.404182	-0.0898	-0.33875	-0.17349	-0.07978	0.287642	-0.03427	-0.25123	-0.09244	-0.10718	1							
12	-0.19864	0.021773	-0.15261	0.275672	0.627349	0.294106	-0.26257	0.42329	-0.25981	0.408182	-0.14557	1						
13	0.18282	-0.19035	-0.22763	-0.29495	-0.16011	0.113899	-0.10451	-0.27417	-0.04582	-0.23841	0.785712	-0.076695	1					
14	-0.03843	-0.13363	-0.05443	-0.04292	-0.34004	-0.28825	-0.01756	-0.07171	0.026035	-0.32618	0.370932	-0.050092	0.374274	1				
15	-0.21282	-0.0881	-0.07154	-0.02955	0.298708	-0.10321	-0.02057	0.57377	0.035793	-0.04274	-0.19223	0.614327	-0.080112	-0.01233	1			
16	-0.11651	-0.0296	-0.15247	0.04046	-0.17911	-0.2968	0.250706	0.01462	0.083516	-0.23113	-0.0285	-0.046393	0.184013	0.660853	0.121332	1		
17	0.064746	-0.1627	-0.06503	-0.07991	-0.18032	-0.15698	-0.08178	-0.04497	-0.09841	-0.27237	0.328701	-0.003644	0.484517	0.812965	0.134229	0.546609	1	
18	-0.097	-0.22335	-0.18864	-0.06957	0.26579	0.007437	-0.26693	0.50701	-0.21732	-0.10261	0.044596	0.450415	0.151046	0.19408	0.621426	0.051092	0.53483	1

Figure 7.3: Feature selection using Correlation matrix (Comparative Group3)Table

7.6: Reduced Feature Set (Comparative Group3)

S.NO	Features
1	Left index d/aaverage
2	Left ring d/aaverage
3	Right index b/aaverage
4	Left index e/aaverage
5	Left middle b/a standarddeviation
6	Right middle b/aaverage
7	Left index d/a standarddeviation
8	Left index c/a standarddeviation
9	Right index d/a standarddeviation

- **Taking Correlation Threshold Value as ‘0.4’**

When the threshold value of 0.4 for correlation is being set, 7 features are obtained from the Comparative Group 1, 8 features from Comparative Group 2 and 4 features from Comparative Group 3. The correlation matrix showing the selected features for Comparative Group 1, Comparative Group 2 and Comparative Group 3 is summarized in Figure 7.4, Figure 7.5 and Figure 7.6 respectively. The “**Super Reduced Feature Set**” for the three Comparative Groups is listed in Table 7.7, Table 7.8 and Table 7.9.

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	1																
2	0.78519	1															
3	0.032765	-0.18193	1														
4	0.246365	0.358479	0.24162	1													
5	0.264326	0.489834	0.27795	0.856412	1												
6	-0.10557	0.054748	0.231	0.499212	0.455004	1											
7	0.044202	0.269801	-0.2339	-0.02993	0.221539	-0.01887	1										
8	0.155566	0.057281	-0.0403	-0.54416	-0.28774	-0.5081	0.164722	1									
9	-0.18356	-0.28219	0.09986	-0.1942	-0.1811	0.084789	-0.10732	-0.10251	1								
10	-0.31226	-0.174	-0.0425	-0.09238	-0.0632	0.377195	0.120103	-0.13494	0.634626	1							
11	0.062691	0.010087	0.16274	-0.38413	-0.21599	-0.26226	0.288793	0.359871	0.107074	0.116093	1						
12	-0.07571	-0.24287	0.52672	-0.18487	-0.13048	-0.09057	0.021046	0.270063	0.366271	0.204614	0.431978	1					
13	-0.09863	-0.02119	-0.2765	-0.20317	-0.10894	-0.09397	0.236812	0.356759	0.214473	0.341443	0.374904	0.257291	1				
14	0.318911	0.38481	0.07736	0.556382	0.592645	0.307372	0.285394	-0.1527	-0.11636	-0.04812	0.056159	-0.20051	-0.0871	1			
15	-0.13003	0.066323	-0.4422	-0.14653	-0.14113	-0.00142	0.298333	0.127856	0.178263	0.415135	0.192935	0.140409	0.7368	-0.05006	1		
16	-0.13956	-0.32052	0.3505	0.333828	0.144613	0.380266	-0.34724	-0.5049	-0.05387	0.087982	-0.323	-0.21975	-0.25963	0.234939	-0.30516	1	
17	-0.39644	-0.43065	0.17512	-0.1211	-0.10247	0.182688	0.023953	0.097274	0.254967	0.141848	0.261668	-0.576538	0.258073	-0.11772	0.108715	-0.20463	1

Figure 7.4: Feature Selection using Correlation matrix (Comparative

Group1)Table 7.7: Super Reduced Feature Set (Comparative

S.NO	Features
1	Left index e/aaverage
2	Left ring b/aaverage
3	Right index d/aaverage
4	Right index b/a standarddeviation
5	Right ring d/a standarddeviation
6	Left index d/a standarddeviation
7	Right middle d/a standarddeviation

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	1																	
2	0.527474	1																
3	0.946451	0.04269	1															
4	-0.08239	0.0332	-0.09113	1														
5	0.31008	-0.02878	0.29724	-0.01684	1													
6	-0.25524	-0.39227	-0.24086	-0.04014	-0.37813	1												
7	-0.14557	0.20756	-0.11609	0.72871	-0.33185	0.05943	1											
8	-0.04852	0.33903	0.04731	0.22678	0.1201	-0.13941	0.19369	1										
9	-0.04718	-0.06867	-0.08271	-0.15852	-0.3741	0.18466	-0.02456	-0.06523	1									
10	-0.09655	-0.02046	-0.01635	0.22165	-0.19532	-0.26602	0.48488	0.03434	0.33191	1								
11	0.1679	-0.04148	0.11111	0.4203	-0.25436	0.00217	0.23002	-0.25981	0.21438	0.01944	1							
12	0.15882	-0.00024	0.10219	0.01664	0.59427	-0.37921	-0.17002	0.39682	-0.11735	-0.12769	-0.04019	1						
13	-0.09504	0.019757	-0.13393	-0.31127	-0.12962	-0.07047	0.047475	0.07056	0.32649	-0.03239	-0.33152	0.05331	1					
14	-0.00246	-0.21243	-0.04784	-0.00894	0.08006	-0.11008	-0.10417	-0.0727	-0.28629	-0.154	0.29814	0.08813	-0.1314	1				
15	0.82628	0.56321	0.85144	-0.14477	0.16192	-0.25737	-0.07692	0.0917	-0.14703	0.00794	-0.01433	0.13424	-0.08931	0.03991	1			
16	-0.32546	-0.26102	-0.38709	0.11013	-0.42545	0.5647	-0.07423	0.09759	0.12901	-0.35229	0.16507	-0.34845	-0.23081	-0.08591	-0.32518	1		
17	-0.09389	-0.21782	-0.10789	0.31042	-0.22029	0.63887	0.36414	-0.12398	0.07959	0.03094	0.11879	-0.45232	-0.24159	-0.07049	-0.05081	0.53424	1	
18	0.16443	0.25855	0.15102	0.79159	-0.07595	-0.1303	0.76449	0.21874	-0.11124	0.21758	0.42605	0.05283	-0.05201	-0.11845	0.14334	-0.01955	0.28212	1

Figure 7.5: Feature Selection using Correlation matrix (Comparative Group2)

Table 7.8: Super Reduced Feature Set (Comparative Group2)

S.NO	Features
1	Left middle d/a standarddeviation
2	Left index d/aaverage
3	Right ring e/a standarddeviation
4	Right index b/aaverage
5	Right index b/a standarddeviation
6	Right ring b/aaverage
7	Left index c/a standarddeviation
8	Left ring c/a standarddeviation

S.NO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	1																	
2	0.544641	1																
3	-0.15653	-0.065383	1															
4	0.450479	0.769838	-0.386635	1														
5	0.378331	0.48873	-0.411344	0.717578	1													
6	0.596108	0.676095	-0.298819	0.634251	0.699717	1												
7	0.490032	0.257773	-0.152244	0.216234	0.017527	-0.006998	1											
8	-0.03824	0.198495	-0.068647	0.149546	0.368639	0.11274	0.0839963	1										
9	-0.06475	0.181229	0.472377	-0.275926	-0.442898	-0.217189	0.2236726	0.0831876	1									
10	0.41616	0.57531	-0.227547	0.731733	0.852922	0.680817	-0.029168	0.0439929	-0.4340562	1								
11	0.404182	-0.089805	-0.338751	-0.173485	-0.079782	0.287642	-0.034266	-0.251227	-0.0924403	-0.1071804	1							
12	-0.19864	0.021773	-0.152605	0.275672	0.627349	0.294106	-0.262572	0.4232886	-0.2598074	0.4081817	-0.145574	1						
13	0.18282	-0.19035	-0.227633	-0.29495	-0.160108	0.113899	-0.104507	-0.274172	-0.045815	-0.2384063	0.7857117	-0.076695	1					
14	-0.03843	-0.133633	-0.05443	-0.042922	-0.340043	-0.28825	-0.017564	-0.071709	0.0260351	-0.3261834	0.3709315	-0.050092	0.3742742	1				
15	-0.21282	-0.088096	-0.071538	-0.029554	0.298708	-0.103209	-0.020571	0.5737742	0.0357931	-0.0427359	-0.192229	0.6143269	-0.080112	-0.012333	1			
16	-0.11651	-0.029601	-0.152466	0.04046	-0.179111	-0.296797	0.2507063	0.0146181	0.083516	-0.2311256	-0.028501	-0.046393	0.184013	0.6608529	0.1213322	1		
17	0.064746	-0.1627	-0.065032	-0.079909	-0.180318	-0.156983	-0.081784	-0.044969	-0.098408	-0.2723735	0.3287013	-0.003644	0.4845167	0.8129649	0.1342289	0.5466087	1	
18	-0.097	-0.22335	-0.188637	-0.069572	0.26579	0.007437	-0.266931	0.5070144	-0.2173217	-0.1026148	0.0445957	0.450415	0.1510464	0.19408	0.6214262	0.051092	0.5348299	1

Figure7.6: Feature Selection using Correlation matrix (Comparative Group3)Table 7.9: Super Reduced Feature Set (Comparative Group3)

S.NO	Features
1	Left index d/aaverage
2	Right index b/aaverage
3	Left middle b/a standarddeviation
4	Right index d/a standarddeviation

Reduction in number of features for all three Comparative Groups is made on the basis of (i) Threshold value of 0.25 of FDR to arrive at “Truncated Feature Set” (ii) Threshold value of 0.6 of correlation to arrive at “Reduced Feature Set” (iii) Threshold value of 0.4 of correlation to arrive at “Super Reduced Feature Set”. The number of features selected in these sets for the three Comparative Groups is given in Table 7.10.

Table 7.10: Selected features for enhanced PittaDetection

FeatureSet	Number ofFeatures		
	Comparative Group1	Comparative Group2	Comparative Group3
Gross FeatureSet	48	48	48
Truncated FeatureSet	17	18	18
Reduced FeatureSet	12	12	9
Super Reduced FeatureSet	7	8	4

7.3 Classification

7.3.1 Using LIBSVM as aClassifier

LIBSVM is widely used for data classification. Firstly, radial basis function kernel (default order 3) has been used and two fold cross-validation is performed. Secondly data is classified using low order polynomial kernel. The order of polynomial kernel is varied i.e. order 2 and order 3. Each feature set has been classified using these kernels. The accuracies achieved while classifying different Comparative groups are listed below. Table 7.11 shows the accuracies achieved while classifying Comparative Group 1. The attained accuracies are represented graphically in Figure 7.7.

Table 7.11: Accuracies achieved while classifying Comparative Group 1

FeatureSet	Accuracy achieved using different kernels(%)		
	Radial BasisFunction	Polynomial (order2)	Polynomial (order3)
Truncated FeatureSet	68.75	68.75	75
Reduced FeatureSet	75	62.5	68.75
Super Reduced FeatureSet	62.5	68.75	62.5

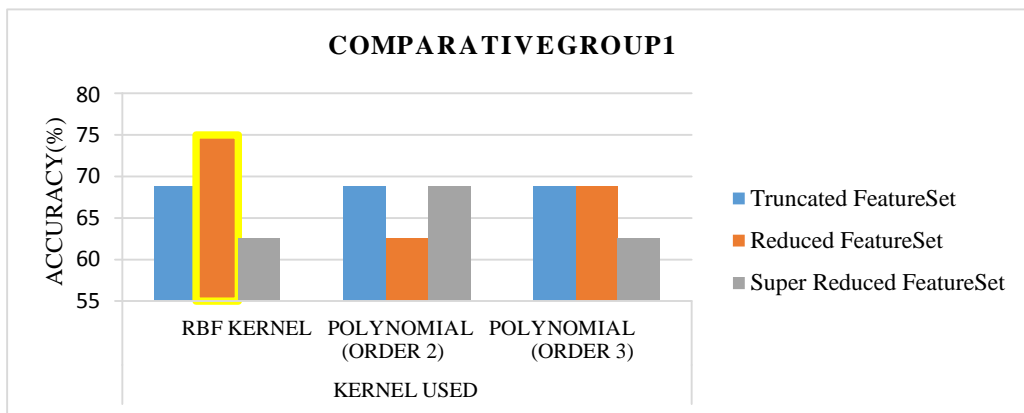


Figure 7.7: Graphical representation of accuracies achieved while classifying Comparative Group 1

Table 7.12 and Table 7.13 show accuracies achieved while classifying Comparative Group 2 and Comparative Group 3 respectively. The attained accuracies for Comparative Group 2 and Comparative Group 3 are represented graphically in Figure 7.8 and Figure 7.9.

Table 7.12: Accuracies achieved while classifying Comparative Group 2

FeatureSet	Accuracy achieved using different kernels(%)		
	Radial BasisFunction	Polynomial (order2)	Polynomial (order3)
Truncated FeatureSet	68.75	62.5	68.75
Reduced FeatureSet	75	68.75	62.5
Super Reduced FeatureSet	68.75	62.5	68.75

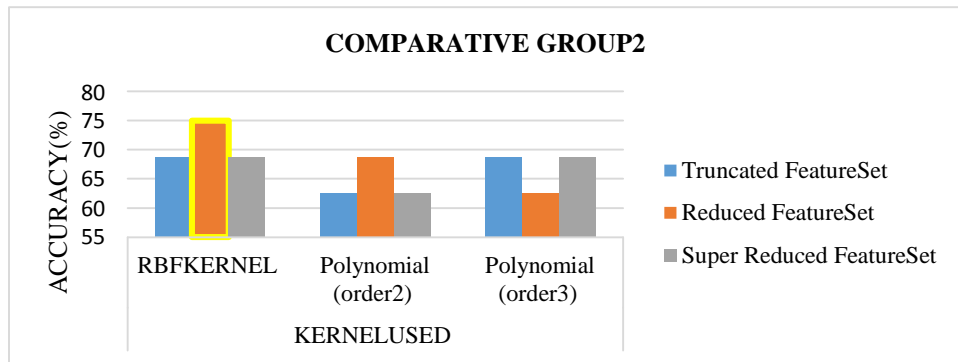


Figure 7.8: Graphical representation of accuracies achieved while classifying Comparative

Group 2 Table 7.13: Accuracies achieved while classifying Comparative Group 3

FeatureSet	Accuracy achieved using different kernels(%)		
	Radial BasisFunction	Polynomial (order2)	Polynomial (order3)
Truncated FeatureSet	62.5	62.5	62.5
Reduced FeatureSet	68.75	68.75	68.75
Super Reduced FeatureSet	62.5	62.5	62.5

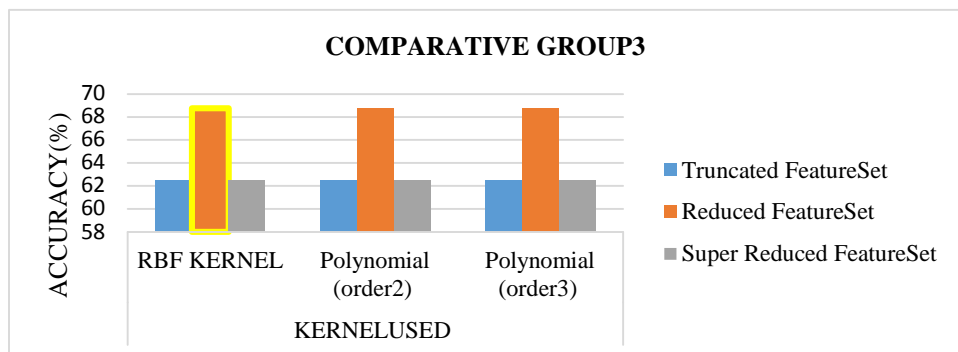


Figure 7.9: Graphical representation of accuracies achieved while classifying Comparative Group 3

The highlighted bar indicates the best accuracy achieved. It has been observed that the best accuracies are achieved when Radial Basis Function kernel is used. An accuracy of 75% is attained while classifying Comparative Group 1, an accuracy of 75% is attained while classifying Comparative Group 2 and an accuracy of 68.75% is attained while classifying Comparative Group 3. Also reduced feature set is giving us the consistent results for the enhanced Pitta detection. The confusion matrix for the best accuracies obtained while classifying reduced feature set is formed and further sensitivity and specificity are calculated and are shown in Table 7.14. The information about the actual and predicted class is contained in the confusion matrix. TP (true positive) here depicts the number of samples correctly classified as High Pitta. TN (true negative) signifies the number of samples correctly classified as Low Pitta. FN (false negative) and FP (false positive) signifies the number of samples incorrectly classified as low Pitta and high Pitta respectively. The confusion matrix is shown below in Figure 7.11.

		PREDICTED CLASS	
		LOW PITTA	HIGH PITTA
ACTUAL CLASS	LOW PITTA	True Negative (TN)	False Positive (FP)
	HIGH PITTA	False Negative (FN)	True Positive (TP)

Figure 7.10: Formulation of Confusion Matrix

		PREDICTED CLASS	
		LOW PITTA	HIGH PITTA
ACTUAL CLASS	LOW PITTA	8 (TN)	3 (FP)
	HIGH PITTA	1 (FN)	4 (TP)

		PREDICTED CLASS	
		LOW PITTA	HIGH PITTA
ACTUAL CLASS	LOW PITTA	6 (TN)	3 (FP)
	HIGH PITTA	1 (FN)	6 (TP)

		PREDICTED CLASS	
		LOW PITTA	HIGH PITTA
ACTUAL CLASS	LOW PITTA	7 (TN)	5 (FP)
	HIGH PITTA	0 (FN)	4 (TP)

Figure 7.11: (a) Confusion Matrix (Comparative Group1) (b) Confusion Matrix (Comparative Group2)
(c) Confusion Matrix (Comparative Group3)

Table 7.14: Classification results with Reduced FeatureSet

Classificationresults	Comparative Group1	Comparative Group2	Comparative Group3
Accuracy(%)	75	75	68.75
Sensitivity(%)	80	85.71	80
Specificity(%)	72.72	66.66	60

7.3.2 Using ANN as a classifier

Firstly, we have designed the network using three layers i.e. input layer, hidden layer and an output layer. The number of neurons in the hidden layer were increased one by one to obtain the best results. The number of input neurons varied for each feature set of Comparative Groups. However the number of neurons in the output layer were fixed. Table 7.15, Table 7.16 and Table 7.17 shows the results of classification for each comparative group, obtained by varying the number of neurons. The graphical representation of accuracies achieved for each feature set are shown below in Figure 7.12, Figure 7.13 and Figure 7.14.

Table 7.15: Accuracies obtained by using Truncated FeatureSet

Number of Neurons	Accuracy		
	Comparative Group 1(%)	Comparative Group 2(%)	Comparative Group 3(%)
2	81.30	81.30	68.80
3	75	75	68.80
4	75	68.80	68.80
5	68.80	68.80	75
6	68.80	81.30	75
7	68.80	81.30	68.80

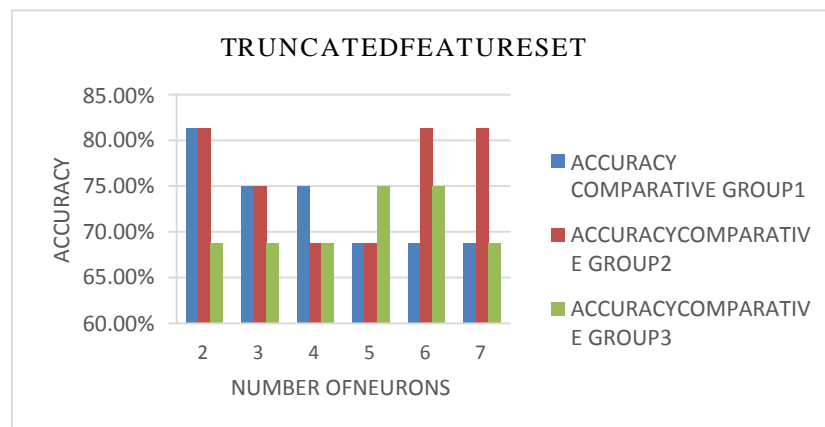


Figure 7.12: Graphical representation of accuracies obtained by Truncated FeatureSet

Table 7.16: Accuracies obtained by using Reduced FeatureSet

Numberof Neurons	Accuracy		
	Comparative Group 1(%)	Comparative Group 2(%)	Comparative Group 3(%)
2	81.30	87.50	68.80
3	75	87.50	68.80
4	81.30	75	68.80
5	75	81.30	68.80
6	68.80	81.30	75
7	75	75	75

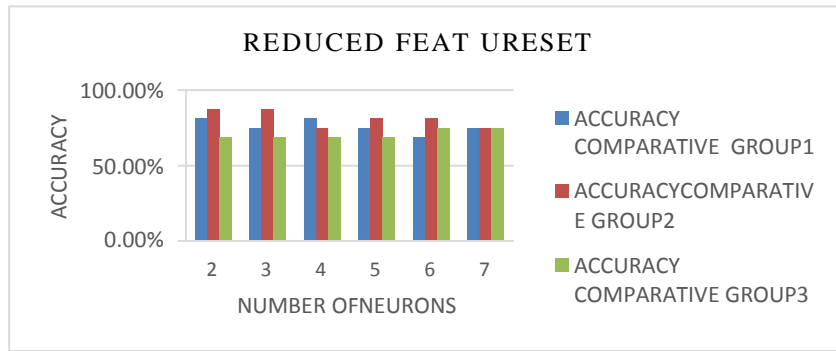


Figure 7.13: Graphical representation of accuracies obtained by Reduced FeatureSetTable

7.17: Accuracy obtained by using Super Reduced FeatureSet

Numberof Neurons	Accuracy		
	Comparative Group 1(%)	Comparative Group 2(%)	Comparative Group 3(%)
2	81.30	81.30	62.50
3	75	75	62.50
4	75	81.30	62.50
5	68.80	68.80	68.80
6	81.30	68.80	68.80
7	75	75	68.80

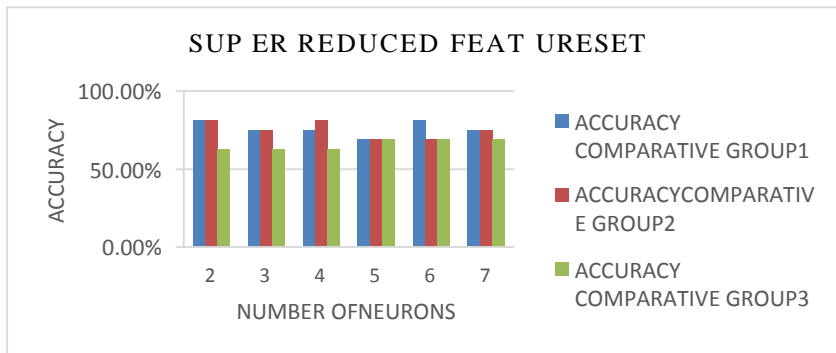


Figure 7.14: Graphical representation of accuracies obtained by super reduced featureset

It has been observed that the Comparative Group 1 and Comparative Group 2 are classified easily whereas Comparative Group 3 is not easily classified. The number of neurons used in hidden layers while classifying Comparative Group 3 are more as compared to the neurons used while classifying Comparative Group 1 and Comparative Group 2. Also it has been found that the best results are attained while classifying “Reduced Feature Set”. Thus, the features of this feature set could be used for further consideration. Further, the number of hidden layers have been increased to two, and the number of neurons have been varied in each hidden layer. The results so obtained for each feature set are shown below in Table 7.18, Table 7.19 and Table 7.20. The graphical representation of the accuracies achieved is shown below in Figure 7.15, Figure 7.16 and Figure 7.17.

Table 7.18: Accuracy obtained by using Truncated Feature Set

Number of Neurons	Accuracy		
Hidden layer(1,2)	Comparative Group1(%)	Comparative Group2(%)	Comparative Group3(%)
2,4	62.50	68.80	68.80
2,5	68.80	62.50	56.30
2,6	62.50	50.00	56.30
3,5	75.00	56.30	68.80

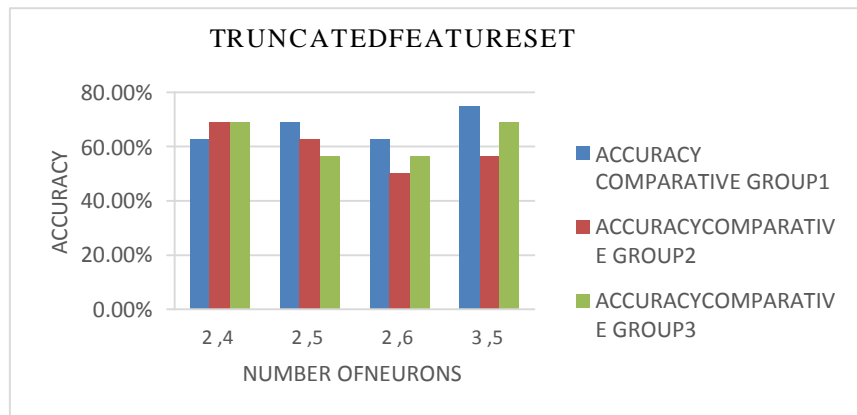


Figure 7.15: Graphical representation of accuracies obtained by Truncated feature set Table

7.19: Accuracy obtained by using Reduced Feature Set

Number of Neurons	Accuracy		
Hidden layer(1,2)	Comparative Group1(%)	Comparative Group2(%)	Comparative Group3(%)
2,4	75.00	75.00	62.50
2,5	62.50	68.80	56.30
2,6	62.50	62.50	62.50
3,5	50.00	62.50	56.30

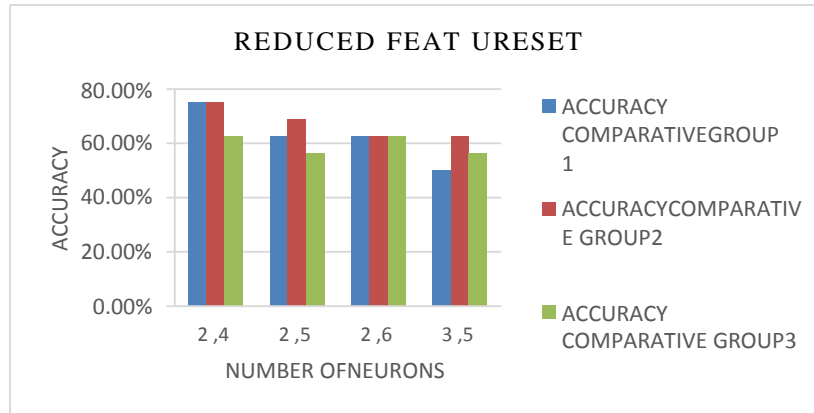


Figure 7.16: Graphical representation of accuracies obtained by using Reduced FeatureSetTable

7.20: Accuracy obtained by using Super Reduced FeatureSet

Number of Neurons	Accuracy		
Hidden layer (1,2)	Comparative Group1(%)	Comparative Group2(%)	Comparative Group3
2,4	43.80	62.50	56.30
2,5	62.50	56.30	62.50
2,6	68.80	75.00	56.30
3,5	75.00	62.50	62.50

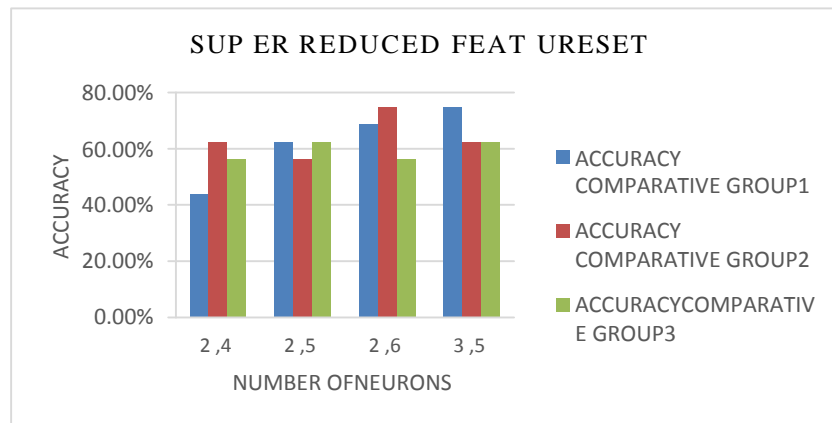


Figure 7.17: Graphical representation of accuracies obtained by using Super Reduced FeatureSet

The accuracy of the network decreased when the number of hidden layers are increased. Since the network is trained effectively using a single hidden layer, there is no need to increase the complexity of the system by increasing the number of layers. Thus, considering all the above results it has been observed that the best results are obtained while classifying “Reduced Feature Set”. An accuracy of 81.30% is achieved using 2 neurons in the hidden layer while classifying Comparative Group 1, 87.50% is achieved using 2 neurons in the hidden layer while classifying

Comparative Group 2 and 75% is achieved using 6 neurons in the hidden layer while classifying Comparative Group3.

Table 7.21: Best Accuracies Achieved

Comparative Groups	Number of Hidden Layers	Number of Neurons	Accuracy Achieved(%)
Comparative Group1	1	2	81.30
Comparative Group2	1	2	87.50
Comparative Group3	1	6	75

Confusion Matrix

The Confusion Matrix showing best results attained while classifying Reduced Feature Set of the three Comparative Groups is shown below. The values of accuracy, sensitivity and specificity in terms of true negative, true positive, false negative and false positive are given below.

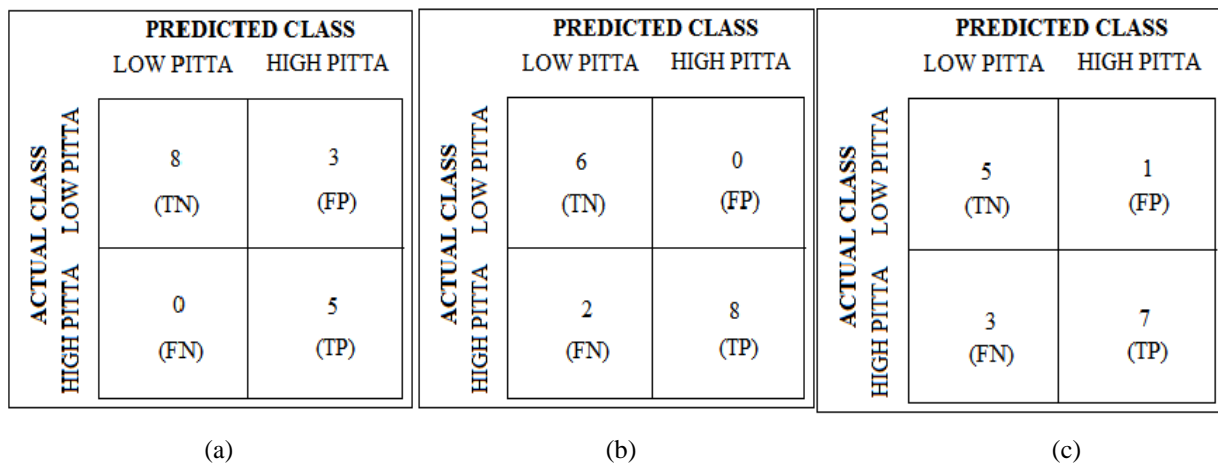


Figure 7.18: (a) Confusion Matrix (Comparative Group1) (b) Confusion Matrix (Comparative Group2)

(c) Confusion Matrix (Comparative Group3)

The confusion matrix of the best trained network for the three Comparative Groups is illustrated in Figure 10. The values of accuracy, sensitivity and specificity are calculated as listed below in Table 7.22. The values obtained are given in Table 7.23.

Table 7.22: Accuracy, Sensitivity and Specificity Parameters from Confusion Matrix

Accuracy	$TN+TP/(TP+TN+FP+FN)$
Sensitivity	$TP/(TP+FN)$
Specificity	$TN/(TN+FP)$

Table 7.23: Classification results with Reduced FeatureSet

ClassificationResults	Comparative Group1	Comparative Group2	Comparative Group3
Accuracy(%)	81.25	87.5	75
Sensitivity(%)	100	80	70
Specificity(%)	72.72	100	83.33

8.1 Conclusion

Pitta is one of the three Ayurvedic Doshas. This Dosha occurs even in normal subjects especially in the middle of the day and during the middle of the digestion. Photoplethysmography signals acquired from the three fingers of both hands of 25 healthy subjects are used for the detection of Pitta Dosha. Second derivative of photoplethysmography known as Accelerated Plethysmography (APG) has been employed for this purpose. 48 features from APG have been considered for high Pitta detection. For efficient classification, reduction in a total of 48 features for all three Comparative Groups has been made on the basis of (i) Threshold value of '0.25' of FDR to obtain "Truncated Feature Set" (ii) Threshold value of 0.6 of correlation to obtain "Reduced Feature Set" (iii) Threshold value of 0.4 of correlation to obtain "Super Reduced Feature Set". The obtained feature set has been classified effectively into two classes namely: High Pitta and Low Pitta, using different classification techniques. While performing LIBSVM based classification, it has been observed that Comparative Group 1 and Comparative Group 2 are classified effectively with an accuracy of 75% whereas Comparative Group 3 achieved an accuracy of 68.75%. The reduced feature set has been giving the consistent results for the enhanced Pitta detection. Further, after comprehensive exercise to develop ANN based enhanced Pitta classifier the following points emerged: (i) Since we have obtained the best accuracy of 87.5% for high Pitta detection, we may conclude that Pitta classification using APG is feasible (ii) Comparative Group 1 classifies high Pitta on the basis of the effect of Mid-day only. 81.30% accuracy is achieved using Artificial Neural Network having 2 neurons in the hidden layer (iii) Comparative Group 2 classifies on the basis of mid-day as well as digestion following the consumption of meals. 87.5% accuracy is achieved using Artificial Neural Network having 2 neurons in the hidden layer. This indicates that the consumption of meals also has some role in the enhanced Pitta level (iii) Comparative Group 3 classifies on the basis of digestion following the consumption of meals. 75% accuracy is achieved using Artificial Neural Network having 6 neurons in the hidden layer (iv) Since the best results are obtained while classifying Reduced Feature Set, this feature set is the best suitable for detection of intensified Pitta level (v) Single layer network is the most appropriate network (vi) Effect of mid-

day is prominent (vii) Effect of consumption of meals is also there (viii) Effect of mid-day is more as compared to consumption of meals as the classification of Comparative Group 3 requires more number of neurons and gives less accuracy (xi) Classification using Artificial Neural Networks is more efficient than using LIBSVM.

8.2 Future Scope

No study is complete in itself and always have a scope for more improvement. The features selected in this dissertation work can be classified more efficiently using another classifier to achieve a higher accuracy.

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