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# A Non-Invasive Approach to detect Diabetic Mellitus (DM) and Diabetic Retinopathy (DR) using Tongue color, texture and Geometry features

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# **ABSTRACT:**

Diabetes Mellitus is a major health issue in worldwide. To detect Diabetic Mellitus (DM) and Non-Proliferative Diabetic Retinopathy (NPDR) in its early stages, a non-invasive approach is proposed which uses color texture & geometry features for diagnosis. A tongue color gamut is established with 12color representing the tongue features. The texture values of blocks strategically located on the tongue surface, with the additional mean of all eight blocks, are used to distinguish the nine tongue texture features. Finally, 113 features extracted from tongue images based on measurement, distance, areas, and their rations represent the geometry features. With the combination of these features was can distinguish DM, NPDR & healthy person from their tongue images.

# Keywords:

Diabetes mellitus, Non-proliferative, Retinopathy, Color gamut.

# **INTRODUCTION**

Diabetes Mellitus (DM) and its hurdles leading to Diabetic Retinopathy (DR) are soon to become one of the 21st century's main health affecting troubles. This represents a huge financial trouble to healthcare bureaucrats and governments. A Fasting Plasma Glucose (FPG) test is the regular method which is in practice by many medical professionals to diagnose Diabetes Mellitus.

This FPG test is performed after the patient has gone at least 12hr without food and requires taking a sample of the patient blood in order to analyze its blood glucose levels. Even though this method is exact, it can be considered invasive and slightly painful therefore, there is a need to expand a detection method. To do this we have extracted 3 major attributes of tongue color, texture & geometry. We have used the color gamut to showcase the probable colors observed on a tongue image. Gabor filter of second order is used to choose the textures of tongue geometric features.

A grouping of all these features is used to classify a tongue images into normal, diabetic and NPDR category. Also separate analysis done over color, texture and geometry features. But when these three features are shared, it gives better results.

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# METHODOLOGY

Experiments were performed using a clinical image dataset given by the laboratory of Traditional Medical Syndromes, Shanghai University of TCM. First, a tongue image was developed by a saliency window. Second, we initialized the tongue area as the upper part and inferior stage set matrix. Third, a double geo-vector flow (DGF) was planned to detect the tongue region in the image such that the geodesic flow was assessed in the lower part, and the geo-gradient vector flow was assessed in the upper part.

The flow of proposed algorithm is as follows,

- 1. Input image is selected from tongue image database.
- 2. Pre-process the image to remove noise.
- 3. For color features,
  - 12 colors are extracted & converted to corresponding LAB values
  - 12 Euclidian distances is calculated
  - Mean average & standard deviation is calculated.
- 4. For texture features,

The tongue image is divided in 8 blocks strategically located on tongue. Gabor filter is used for texture feature extraction of each block

5. For geometry features, extra various shape features and their rations using mathematical formulae.

6. For matching,

- Divide the database into training and testing test
- SVM is used for training & classification
- Determine whether the input image is DM/NPDR/Healthy.
- 7. Use sequential feature selection (SFS), to select best features for matching.
- 8. Result.

# **Problem Identified:**

• There are various problems with current practices for treating DM.

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• Patients should go to their wound clinic on a regular basis and their wounds to be checked by their clinicians. This repeated clinical estimate is not only inconvenient and more time consuming for patients and clinicians, but also represents a major health care cost because patients may need special transportation. e.g., ambulances

• Patient has to travel with Diabetics to their clinics to report about the problem. This may increase the seriousness of the DM instead of curing it.

• Patient travel exposure may cause a very serious problem for them.

• The BEDT does not stop properly on the actual tongue boundary because for each image, initial curve defined manually, so fake edges mayinterfere with the evolution.

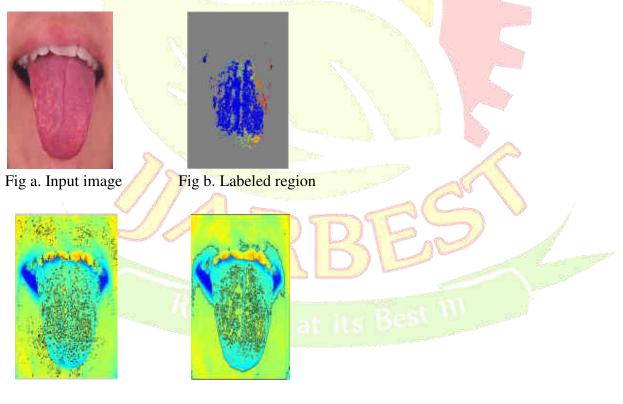


Fig c. detected objects

Fig d. final detected Grains

The main purpose is given by

• Patient's travel exposure is significantly reduced. Also it will reduce the patients stress.

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- Doctor can easily assess the problem through images and its segmentation. So the proper report can be given to the patient on time.
- A non-invasive way to identify Diabetic Mellitus(DM) &Non-proliferative Diabetic Retinopathy(NPDR)
- Based on three collection of classification namely Colour, Texture and Geometry.
- Classifies Healthy & DM/NPDR samples using three groups of features haul out from tongue images.

We have implemented a non-invasive system to use tongue images and perceive diabetes mellitus & non proliferative diabetic retinopathy using color, texture & geometry features together. This technique requires minimum human intervention & can be used at the diabetes screening laboratories.

S.n	Title	Algorithm	Classifian	Disadvantages
	Titte	Algorithm	Classifier	Disadvantages
<b>0</b> 1.	An advance for	Edge Detector,	Universe SVM	1. Further enhancement
	Tongue Diag <mark>nosing</mark>	Region Growing	classifier	to the system can be done
	with Sequential Image			by civilizing the
	Processing Method			localized intensity
				methods and edge
	AN N			detection algorithms.
		1 500	126	2. Region growing
		ANR21	RIPA	algorithm (RGA), it
~			DIF	lacking of certain
		-		disadvantages
		esearch at	its Best W	experienced by old-
				fashioned region
				increasing built on
				competing seeds.
2.	An Optimized Tongue	Color correction,	Polynomial-	1. One problem is that
	Image Color	RGB color space	regression-based	the color images
	Correction Scheme		algorithm and	produced by digital

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		Support-vector	cameras are usually
		regression	device-dependent(for
		(SVR)-based	specific camera)
		algorithm	2. The other problem is,
			in the specific device-
		. (A)	dependent color space, it
			is tricky to compute the
			color distinction that can
			be useful for the tongue
		A CONTRACTOR OF A CONTRACTOR A	segmentation and
			diagnosis.
3.	Statistical Analysis of The JSEG	one-class	1. Tongue images were
	Tongue Images for segmentation	SVM algorithm	usually collected by
	Feature method is utilized		various digital cameras
	Extraction and here		without strict control of
	Diagnostics		the luminance and
	12		environmental
		AV	Conditions, and a color
	VA Dr	200	correction procedure was
	- NRI	KIEN	not involved in the post-
			processing stage Hence,
	1 Comment	III tered	most of these images are
	research at	its beat	of poor quality and not
			applicable.
			2. need to tongue image
			acquisition device or
			tongue image analyzing

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			M	algorithms, can further be studied to promote the development of computerized tongue image analysis.
4.	Unsupervised	Spatial		1. There is no clear
	Segmentation of	segmentation.		boundary.
	Color-Texture	JSEG		However, it is often over
	Regions in Images and	segmentation,		segmented into several
	Video	<b>SPATIOTEMPOR</b>		regions
		ALSEGMENTATI		2. pixel based analysis
		ON AND		,so this technique is
	V c	TRACKING, video		much accurate.
		segmentation		
5.	A novel approach	1.computerized	spatial gray-tone	Analyze only texture and
	based on computerized	tongue examination	dependency matrices	also classifier is not well
	image analysis for	system(CTES)	(SGTDM)	utilized in this method.
	traditional Chinese	2.chromatic	565	
	medical diagnosis of	algorithm and	SIDE	
	the tongue	textural		
		algorithm	We Best W	
6.	Micro aneurysms	region growing,	Linear discriminated	A micro aneurysms
	Detection in Color	block based	analysis (LDA)	Detection sensitivity of
	Fundus Images	segmentation	was chosen as	56% at 5.7 false positive
			the simplest effective	per image was achieved.
			classification	
			technique.	

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### CONCLUSION

In this paper we proposed a non invasive method to detect diabetes mellitus. The 12 color representing the tongue color gamut is detected. Normally the human tongue contains numerous features to identify disease is the most prominent method. There is only few published work to detect diabetes mellitus using tongue image features.

A noninvasive approach to classify Healthy/DM and NPDR/DM-sans NPDR samples using three groups of features extracted from tongue images was proposed. These three groups include color, texture, and geometry. This project will helpful for the DM Patients and Doctors. Patient's travel exposure is considerably abridged. Also it will decrease the patients stress. Doctor can easily evaluate the trouble through images and its segmentation. So, the correct statement can be given to the patient on occasion.

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