

APPLICATION OF DEEP LEARNING FOR VISION HEALTH

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ABSTRACT:

Human body each organ is equally important, especially the sensory organ (eye). With vision the human is blind so sensory organs are very important and each organ are performing various functions. Eye is a sensory organ where the vision is the most important function of it. Generally, after 40 years of age people causes vision problems. A area in eye which is cloudy in the lens of eyes which effects in blurry or hazy vision is known as cataract. The paper gives the details cataract is a clouding of the eye's lens that causes vision problems. A smaller dataset is used to train the current systems, and they have a overfitting issue. This paper also gives the distinguish between a cataracted eye and a healthy eye using neural network models. The convolutional neural network model aids in the detection of cataracts. There are 34 layers in the CNN model. The picture passes through several convolution and pooling layers. At the final layer, the output is thus obtained appropriately. A deep neural network model is used by the suggested system to identify cataracts in eye images.

The deep learning concept of neural networks for the detection of cataracts, a common eye disorder causing hazy vision by opacification of the lens. Cataract is a significant cause of blindness, particularly among individuals above the age of 50. Detection and early treatment are essential to prevent vision loss. The system introduced applies a convolutional neural network (CNN) to inspect eye images and differentiate between cataract and normal eyes.

Existing systems are founded on small datasets, leading to overfitting, or dedicated hardware like fundus cameras, which limit their use. This work is aimed at designing an easily accessible system that could be operated easily by the public to detect potential cataracts. The system employs a ResNet-152 model of 34 layers, inspecting images through convolution and pooling layers in sequence. The model is passed through preprocessing functions like noise removal, grayscale, and segmentation via the OpenCV library and Hough Circles algorithm for pupil detection. The pre-processed image is then fed into the trained CNN model to classify, deciding on potential cataract subtypes (nuclear sclerotic, cortical, and posterior subcapsular).

The model was coded with Python3 and trained using publicly available images from Kaggle.com. Results indicate promising accuracy in identifying cataractous and non-cataractous eyes. The system is aimed at facilitating quick and efficient cataract detection, allowing for earlier treatment and improved patient outcomes, especially among remote communities with poor access to specialist eye care.

Keywords — Neural networks, cataract, computer vision, CNN (Convolutional Neural Network), RNN (Recurrent Neural Network).

INTRODUCTION:

This paper presents a system using neural networks for cataract identification, a major cause of blindness across the globe. The system uses a Convolutional Neural Network (CNN) that analyzes standard eye images, distinguishing between cataractous and healthy eyes, with the aim of creating an accessible system within the reach of the masses. As compared to other systems using fundus images from specialized equipment or prone to overfitting due to small data sets, this approach uses standard eye images to increase accessibility.

The system uses a ResNet-152 model with 34 layers. The images are preprocessed using noise reduction, conversion to grayscale, and segmentation, achieved through the OpenCV library with the Hough Circles algorithm for pupil identification. The preprocessed image is then input into the trained CNN

model for classification that also distinguishes cataracts into definite subtypes: nuclear sclerotic, cortical, and posterior subcapsular.

Written in Python3 with the inclusion of TensorFlow, Keras, and NumPy modules, the model was trained using a data set of eye images downloaded from Kaggle.com. Initial results show good discrimination between cataractous and non-cataractous eyes. By enabling faster and more efficient detection of possible issues with cataracts, this system holds the potential to offer earlier intervention and better patient outcomes, particularly with underserved populations that lack access to specialized vision care. The system also saves patient data and CNN results to a cloud database.

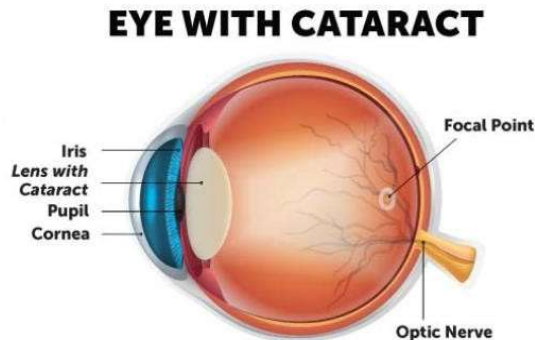


Fig.1: Eye visualization (Cataract)

Fig. 1 Human sensory organs, especially the eyes, are crucial for vision. Cataracts, which are a clouding of the lens of the eye, are a prevalent condition resulting in blurred vision, especially after the age of 40, in more than 65.2 million people worldwide. According to the National Blindness and Visual Impairment Survey India 2015–19, cataracts are the leading cause of blindness in individuals above 50 years. The existing systems like to operate with smaller datasets, resulting in overfitting problems, or need fundus or slit lamp images, which are not easily available. The report of the World Health Organization (WHO) also mentioned that the high expense of eye treatment, especially in rural regions, is one of the primary causes of vision loss. This paper suggests a deep learning system to distinguish between cataractous and normal eyes based on routine ocular images to address these issues.

The system proposed employs a Convolutional Neural Network (CNN) in the ResNet-152 architecture with 34 layers to perform an ocular image analysis. The system stores patient information after the registration process, including demographics, lifestyle, and medical history. Registered patients are provided access to a home page that provides information on prevention and various eye conditions. The ResNet-152 model is accessible to any end user to upload and examine eye images to detect cataracts. The system will notify if the likelihood of cataract development has been evaluated. The process involves image acquisition, where the user uploads

a JPG image. Preprocessing involves noise reduction, image enhancement, and conversion to grayscale; grayscale images can enhance efficiency by maintaining necessary qualities without adding to the load of processing. Segmentation is performed to locate and extract the pupil using the HoughCircles algorithm through OpenCV. The pre-processed image is then classified by the ResNet-152 model to determine whether cataracts are present and to classify them into subtypes, that is, nuclear sclerotic, cortical, or posterior subcapsular.

The ResNet-152 architecture uses sequentially ordered 3x3 kernel-sized filters and are selected to avoid overfitting behaviors of other models like AlexNet, whose kernel-sized filters are huge. According to the paper, universal health coverage for eye care treatment needs to be extended. Weights and input from the previous layer are multiplied by a matrix vector to produce a dense layer. The new temporary parameters are provided by values in the matrix. The model was written

using Python3 with TensorFlow, Keras, and NumPy, trained using images from Kaggle.com, with CPU as the processing option. The model was created using the TensorFlow, Keras, and NumPy modules. The weights were initially provided with random values. The weights were changed to the end values slowly over the training process. The images from Kaggle.com were used as the training data. Initial results using a simple CNN model provided about 0.52 accuracy. ResNet-152 performed much better to about 0.7 on validation sets.

LITERATURE SURVEY:

Human sensory organs, particularly the eyes, are a major contributor for vision. Cataracts, as the opacity of the eye lens, are a prevalent condition that results in blurring of vision, especially in individuals over 40 years of age, thus affecting over 65.2 million people across the world. The National Blindness and Visual Impairment Survey India (2015-19) reports that cataracts are the leading cause of blindness in individuals over 50 years of age. The report by the World Health Organization (WHO) highlights that the high cost of eye treatment, particularly in rural regions, is a major contributing factor towards loss of vision. Existing systems tend to use smaller datasets, thus causing overfitting, or require specialist imaging techniques, like fundus or slit lamp images, which restricts access to the common public. The study [3,8] mentions the utilization of limited fundus images, for which appropriate tools have to be used.

This paper presents a deep learning system capable of differentiating between cataractous and normal eyes by employing standard ocular images in order to address these challenges. Most of the existing systems employed during this time frame were using fundus images or slit lamp images for detection. The system presented here tries to make the process of categorization easy for cataracts and makes it user-friendly for non-experts. Ophthalmologists can carry out cataract patient treatment through procedures best suited for different types of cataracts in a reduced time span.

The system utilizes a ResNet-152 model consisting of 34 layers to scan the uploaded standard eye images. The system stores patient information, including demographics, lifestyle, and medical history, securely in a cloud database, which can be accessed on authentication. The ResNet-152 model can be used by any end user to upload and scan eye images to detect cataracts. The steps include image acquisition, noise removal, image conversion to grayscale, and pupil segmentation using the Hough Circle algorithm using OpenCV. Registered patients are provided with access to a home page that provides information on prevention and other eye diseases. Grayscale images make the processing more efficient by retaining the required qualities and reducing the processing burden at the same time. The preprocessed image is then classified by the ResNet-152 model to

determine the presence of cataracts and classify them into subtypes. The system uses the RNN method to classify images, utilizing features derived from 5,378 images for detection. Few other research works [2,9] utilized a single perceptron training model to classify eye disorders into three different categories. The accuracy rate of the system was 90.82%. The ResNet-152 architecture utilizes sequentially stacked 3x3 kernel-sized filters, which have been chosen to avoid overfitting issues typical of other models like AlexNet, using larger kernel-sized filters. As explained in the paper, there is a requirement for universal healthcare coverage to be extended to cover eye care treatments.

The model was executed using Python 3 with TensorFlow, Keras, and NumPy, on Kaggle.com images, with CPU execution. Initial results with a simple CNN model provided around 0.52 accuracy. The ResNet-152 significantly enhanced this to around 0.7 on validation data. The models provide results for classification with labels for cataractous and non-cataract eye images.

Features	Paper [1]	Paper[2,9]	Paper [3]	Paper[7]	Paper[8]	Proposed system
Accuracy	96.1%	94.69%	90.82%	Only feature extraction	95.479%	Depends on data
Dataset size	420 images	Not available	Not available	5378 images	243 images	Dynamic google images
Type of image used	Slit lamp	Slit lamp	Fundus image	Slit lamp	Fundus image	Regular eye images
Classification in	3 types	3 types	4 types	1 types	2 types	4 types
Algorithm used	SVM	Single Perceptron Training Model	CNN	RNN, SVR	Decision Tree, BPNN, SMO	CNN, VGG16 model(16 layers)

3.1.

Fig.2:Comparison of existing models and proposed model

Figure 2 shows that fundus images or slit lamp images were utilized for detection in the majority of the systems that were in use at the time. But as previously said, this could not be possible to obtain in isolated, impoverished regions of the world. The earlier systems made use of perceptron models, SVM, BPNN, SVR, RNN, SMO, and so forth. Additionally, classification varies throughout earlier systems. Only a small number of them have divided the photos into two or three subcategories.

PROPOSED METHODOLOGY:

The convolutional neural network model and standard eye pictures are employed in the suggested approach to identify cataract illness.

System architecture :

The detection model is depicted in fig.2 to define the flow of the proposed system.

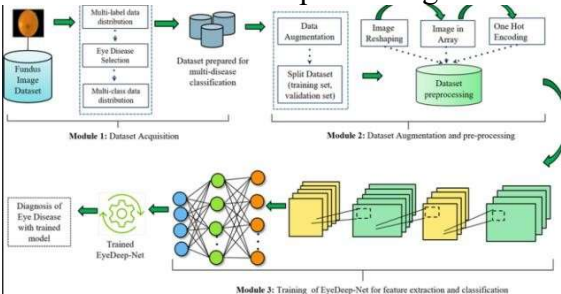


Fig.3:System architecture of the proposed system :

After completing the registration process, the patient's information is stored in the system. The registration procedure gathers demographic data about the patient, including age, lifestyle, habits, alcohol and/or tobacco use, family history of cataracts, history of ocular injuries or surgeries, use of steroids or other drugs, and other illnesses. Following successful authentication, the user will be taken to the home page, which includes general details about different eye conditions, prevention tips, and descriptions of each condition's symptoms. Making use of the ResNet-152 Anyend user can use the model built into the system to check for cataracts in their eyes. He or she only needs to click on an eye image and upload it to the server. The image will then be analysed and the outcomes computed using the trained model. It would be recommended that he see the closest ophthalmologist if the likelihood of cataract development is determined to be suitably elevated.

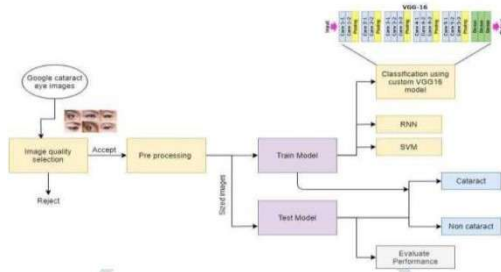
Personally identifiable information and CNN model results are stored in a cloud database.

METHODOLOGY:

Before a result is displayed, the process undergoes several steps. The sub processes that go into identifying cataract illness are shown in the modular diagram depicted in Figure 6.

Load Image:

The eye image is uploaded by the user to the server for identification. The picture needs to be captured using the JPG extension, and its size will be adjusted in accordance with specifications of



the model.

Fig. 4 Modular Diagram

Preprocessing:

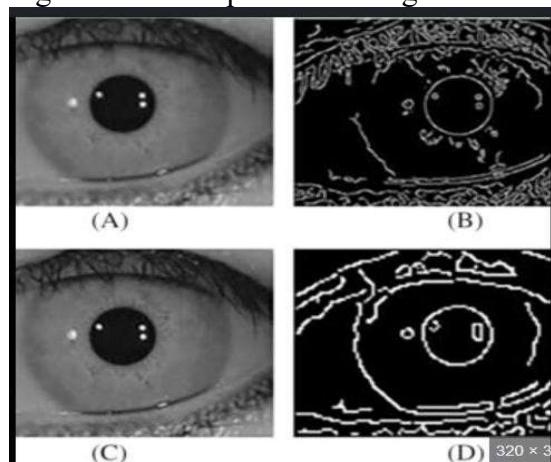
During preprocessing, the input data is reshaped and molded such that it may be entered into the CNN model. The image's noise is eliminated or reduced to tolerable levels. Certain aspects have improved. Finally, the picture is grayscale.

Grayscale

Grayscaled photos are smaller and contain less information than RGB images. For more rapid and effective processing of photos, the model performs better with a grayscale image. Thus, the gray scaling technique is used. The use of grayscale is justified by the fact that it preserves the image's key characteristics while lessening the CPU's computational load because B/W images occupy less space than RGB images.

Segmentation:

The first step involves identifying and then extracting the students. This can be achieved with the help of the OpenCV library in Python. The Hough Circles are utilized all throughout the segmentation procedure. Hough Circles recognize circles in a picture. Having identified and peeled off, then the



students forwarded for more evaluation.

Fig. 5:

HOUGH CIRCLES ALGORITHM:

Source: [4]

Figure 5 illustrates the steps involved in eye Hough Circles.

Processed image in to the trained model

The system feeds the preprocessed image into the model when it has been obtained, where it moves across the model's multiple layers.

CLASSIFICATION

The proposed approach tries to further classify the image into cataract subtypes once determined that it contains cataracts.

There are many types of cataracts:

1. Nuclear sclerotic
2. The cortical
3. There are subcapsular

The ResNet-152 is a convolutional neural network model that contains 34 unique layers. It is considered one of the most accurate vision model architectures currently available. Several real-time health care applications have used it.

THE RES NET MODEL

On the ILSVRC2015 classification problem, recently proposed residual networks (ResNets) achieve state-of-the-art performance and enable training of networks with up to 1000 layers of high depth [11]. Images are reclassified using the ResNet model. It is made up of several 3×3 kernel-sized filters that are arranged sequentially. The AlexNet, on the other hand, has huge kernel-sized filters (11 in the first convolutional layer and 5 in the second). ResNet model was employed because the size of layers that may result into overfitting for the layers of VGG and AlexNet models. Beyond that, assuming no more use of layers it drastically decreases this problem. Therefore, a weight and input from the previous layer are multiplied into a matrix of vector to compute a dense layer. The contents of the vector are the variables in the temporally parameters calculated during the execution of the function with back propagation in place.

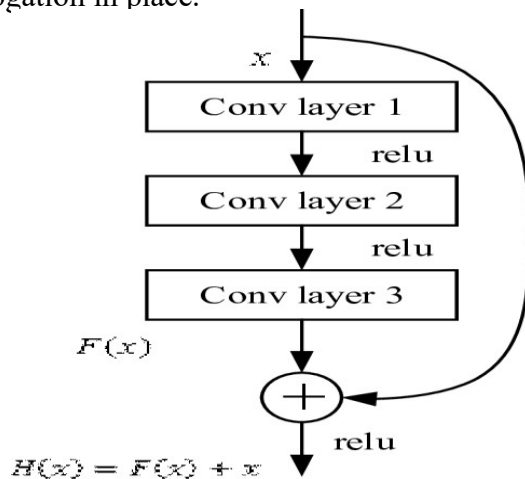


Fig. 6: ResNet layer

Source: [11]

A representation of the many layers in the ResNet-152 model is shown in Fig 3. This model is made up of Max Pooling layers, convolutional layers, Fully connected layers and activation layers. The Max Pooling layer uses 2×2 sized filters, whereas the convolutional layer uses 3×3 size filters.

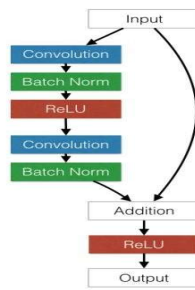


Figure 1. A ResNet basic block

Fig.7:ResNet Architecture [11]

The architecture of the ResNet model is shown in Fig. 4. Each layer's input size and filter count are shown in the diagram. There are 512 layers in the fourth and fifth convolution layers, 64 filter layers in the first convolution layer, 128 filter layers in the second convolution layer, and 256 filter layers in the third.

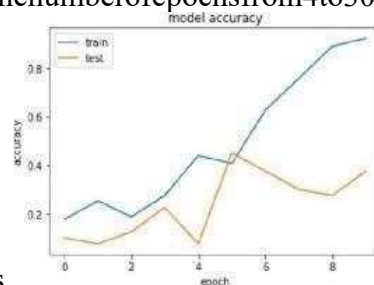
IMPLEMENTATION:

Python3 is used to write the Convolutional Neural Network model, which is then implemented in Jupyter notebooks. Instead of using a GPU, we used CPU for processing. The model was created using the Tensorflow, Keras, and Numpy modules. The weights were initially assigned at random.

The weights were gradually adjusted to the final values throughout the training session. The photos were taken from the open sources on Kaggle.com that are accessible for research purposes.

RESULT AND ANALYSIS:

Initially, we used four or five alternating convolution and pooling layers. With a loss of even 7.35, the accuracy was close to 0.52. ResNet-152 Next, with 34 convolutional layers and pooling with pre-trained weights was employed. For validation data, the accuracy was around 0.7 and the loss was in the range of 0.4. By altering the number of epochs from 4 to 30, we found that the accuracy of the model



reached a maximum at 7 epochs.

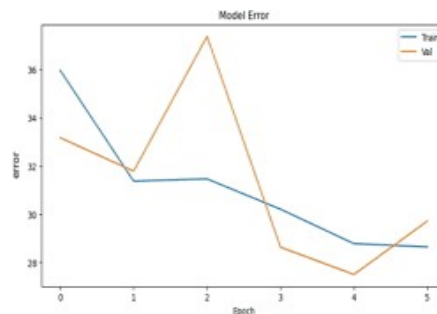
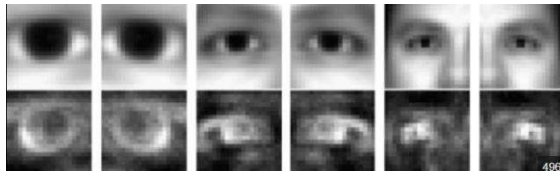


Fig8:Model Accuracy

Fig9:ModelLoss

Figure 8 and 9 represent the model accuracy and model loss graphs, the bifurcation of train and test is represented in the same figure.

```
Epoch 1/6
- 101s - loss: 0.0436 - accuracy: 0.9930 - val_loss: 0.0080 - val_accuracy: 0.8000
Epoch 2/6
- 109s - loss: 0.0308 - accuracy: 1.0000 - val_loss: 0.0061 - val_accuracy: 0.7500
Epoch 3/6
- 103s - loss: 0.0225 - accuracy: 1.0000 - val_loss: 0.1299 - val_accuracy: 0.7500
Epoch 4/6
- 104s - loss: 0.0191 - accuracy: 1.0000 - val_loss: 0.0238 - val_accuracy: 0.9000
Epoch 5/6
- 124s - loss: 0.0170 - accuracy: 1.0000 - val_loss: 2.0691 - val_accuracy: 0.8500
Epoch 6/6
- 110s - loss: 0.0135 - accuracy: 1.0000 - val_loss: 1.9487e-04 - val_accuracy: 0.7000
```

**Fig.10: Data beinglabelled bythemodelascataractornon-ctaract**

The model's output, where eye pictures are identified as either cataractous or non-ctaract, as displayed in figure 10. Figure 11 illustrates the layer's type and weights in the finished model.

Layer (type)	Output Shape	Param #
block1_conv1 (Conv2D)	(None, 224, 224, 64)	1792
block1_conv2 (Conv2D)	(None, 224, 224, 64)	36928
block1_pool (MaxPooling2D)	(None, 112, 112, 64)	0
block2_conv1 (Conv2D)	(None, 112, 112, 128)	73856
block2_conv2 (Conv2D)	(None, 112, 112, 128)	147584
block2_pool (MaxPooling2D)	(None, 56, 56, 128)	0
block3_conv1 (Conv2D)	(None, 56, 56, 256)	295168
block3_conv2 (Conv2D)	(None, 56, 56, 256)	590880
block3_conv3 (Conv2D)	(None, 56, 56, 256)	590880
block3_pool (MaxPooling2D)	(None, 28, 28, 256)	0
block4_conv1 (Conv2D)	(None, 28, 28, 512)	1180160
block4_conv2 (Conv2D)	(None, 28, 28, 512)	2359808
block4_conv3 (Conv2D)	(None, 28, 28, 512)	2359808
block4_pool (MaxPooling2D)	(None, 14, 14, 512)	0
block5_conv1 (Conv2D)	(None, 14, 14, 512)	2359808
block5_conv2 (Conv2D)	(None, 14, 14, 512)	2359808
block5_conv3 (Conv2D)	(None, 14, 14, 512)	2359808
block5_pool (MaxPooling2D)	(None, 7, 7, 512)	0
flatten (Flatten)	(None, 25088)	0
fc1 (Dense)	(None, 4096)	102764544
fc2 (Dense)	(None, 4096)	16781312
predictions (Dense)	(None, 1000)	4097000
Total params: 138,357,544		
Trainable params: 138,357,544		
Non-trainable params: 0		

Fig.11: Weightparametersin eachlayerofmodel**CONCLUSION:**

In order to create a convolutional neural network model, weights are acquired through training the model on a big dataset of images and non- pictures of cataract eyes.

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