



A survey on artificial intelligence based techniques for diagnosis of hepatitis variants

Adetokunbo M. John-Otumu ^{a,*}, Godswill U. Ogba ^b, Obi C. Nwokonkwo ^c

^{a, b, c} Department of Information Technology, Federal University of Technology, Owerri, Nigeria

ARTICLE INFO

Article history:

Received 6 June 2020

Received in revised form
25 June 2020

Accepted 27 June 2020

Available online
28 June 2020

Keywords:

Artificial intelligence
Artificial neural network
Fuzzy logic
Genetic algorithm
Hepatitis variants
Soft computing

ABSTRACT

Hepatitis is a dreaded disease that has taken the lives of so many people over the recent past years. The research survey shows that hepatitis viral disease has five major variants referred to as Hepatitis A, B, C, D, and E. Scholars over the years have tried to find an alternative diagnostic means for hepatitis disease using artificial intelligence (AI) techniques in order to save lives. This study extensively reviewed 37 papers on AI based techniques for diagnosing core hepatitis viral disease. Results showed that Hepatitis B (30%) and C (3%) were the only types of hepatitis the AI-based techniques were used to diagnose and properly classified out of the five major types, while (67%) of the paper reviewed diagnosed hepatitis disease based on the different AI based approach but were not classified into any of the five major types. Results from the study also revealed that 18 out of the 37 papers reviewed used hybrid approach, while the remaining 19 used single AI based approach. This shows no significance in terms of technique usage in modeling intelligence into application. This study reveals furthermore a serious gap in knowledge in terms of single hepatitis type prediction or diagnosis in all the papers considered, and recommends that the future road map should be in the aspect of integrating the major hepatitis variants into a single predictive model using effective intelligent machine learning techniques in order to reduce cost of diagnosis and quick treatment of patients.

<https://doi.org/10.37121/jase.v3i1.83>

1. Introduction

Hepatitis is a soreness of the liver tissue. The term *hepatitis* originates from the Greek words: *hêpar* (ἥπαρ), which means "liver"; and *-itis* (-ίτις), connoting "inflammation" [1]. Though some persons with hepatitis may not show signs or symptoms, some may develop symptoms like yellow staining of the skin and whites of the eyes, poor desire for food, diarrhea, abdominal pain, vomiting and tiredness. Hepatitis disease could be serious if

it is not resolved within the first six months; perhaps, delicate if it exceeds six months. The delicate case could steps forward to never-ending hepatitis, leading to liver malfunction, malignant cells and heightened liver failure [2].

Hepatitis variants are majorly of five (5) different types namely Hepatitis A, B, C, D, and E, usually caused by virus [3]. However, heavy alcohol usage, toxins, autoimmune diseases, non-alcoholic steato hepatitis (NASH) and infections can cause the

* Corresponding author.

Adetokunbo M. John-Otumu  <https://orcid.org/0000-0002-3138-4639> e-mail: adetokunbo.johnotumu@futo.edu.ng

disease. Hepatitis A and Hepatitis E mostly spread by infected water and food while Hepatitis B is primarily transferred through body fluids; either sexually transferred, from mothers to babies at childbirth (during pregnancy) or through blood transfusion, as in hepatitis C where contaminated instrument like needles and sharp objects, can spread the disease. The five different types of hepatitis viruses have the capability to cause severe disease, but the maximum numbers of deaths all over the world are as a result from chronic hepatitis virus B or hepatitis C disease contamination [4].

According to [5] about 33% of the world population have hepatitis B disease; between 300 - 400 millions of people also have chronic hepatitis B. Hepatitis B is extremely endemic and most likely affects a likely rate of 5 – 8% of the entire populace in Africa [6]. Nevertheless, it is anticipated that about 19 million adults are infected with the chronic hepatitis C in the Central and West Africa [4]. Hepatitis D can be transmitted only to persons infected with Hepatitis B. Apart from hepatitis C and E, other variants are avertable with immunization. In the case of unrelieved viral hepatitis, antiviral medications are normally suggested except in situation, which limit the life expectancy of the patient. A healthy diet, physical activity and weight loss are suggested for NASH. A liver transplant sometimes are suggested for both heightened and never-ending liver failure. It is worth mentioning that a patient should consult specialists at the early stage for further diagnosis and treatment, and the use of artificial intelligence for diagnosis of the disease could be essential [7].

The main purpose of this survey is to consult widely from published literatures about the concept of the dreaded hepatitis disease, it's variants and infection modes and more especially how computers based on the concept of artificial intelligence has helped in providing alternative and fast means of probing and prognosis of the dreaded diseases based on the comments and recommendation in [7].

2. Literature Review

The concept of artificial intelligence (AI) was first devised by John McCarthy during the mid-fifties in a conference at Dartmouth College [8]. Artificial intelligence describes the ability of a machine or artefact to perform similar kinds of functions that characterize human thought [9]. It is a kind of intelligence designed, development and deployed to

machines that enables them reason correctly in order to handle more complex and imprecise task autonomously that ordinary would have required the intervention of human beings. AI is a rapidly growing tool that can overcome most of the limitations of the traditional-based techniques [10]. Machine leaning, natural language processing, knowledge representation, reasoning, etc., are central problem areas of AI [11], [12]. Some AI techniques such as fuzzy logic (FL), artificial neural networks (ANN), rule based expert system (RBES), genetic algorithm (GA), case based reasoning (CBR), soft computing (SC) and hybrid systems, have been used to model intelligence in medical diagnostic applications [7], [13] and it has formed new research area for computer scientist [14].

2.1. Fuzzy Logic

Fuzzy Logic (FL), an AI technique addresses uncertainty in knowledge and can be used to simulate human cognitive thought processes for example reasoning and thinking [11]. According to [15], FL prototype was intellectualized by L. A. Zadeh in 1965, but it took extra nine years for it to become extensively acknowledged [16]. Fig. 1 shows the FL system, comprising four major parts: fuzzifier module, knowledge base, inference engine, and defuzzification module [17].

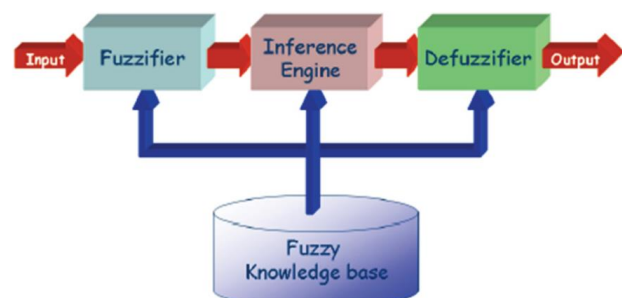


Fig. 1 Fuzzy logic system [17]

Despite the fact that FL reasons on a higher level using linguistic variables like that of humans, it still has concerns arising from the inability to learn properly, though appreciably good in other areas like imprecision tolerance, explanation ability and knowledge representation [13]. Several researchers have recently used the concept of FL to model intelligence into medical applications for diagnosis of ailments such as Lassa fever [18], [19], Lung Cancer [20], Hepatitis B [21]-[23], Typhoid Fever [24], HIV [25], Back pain [26], Arthritis [27], Breast Cancer [28], Diabetes [29], [30], Pelvic Inflammatory Disease [31], Leprosy [32], Multi-Fever [33], Medical Diagnosis [34], Diseases classifier [35],

Asthma and Chronic Obstructive Pulmonary Disease [36]-[38], Prostate cancer [39], Peptic Ulcer [40], Multiple Sclerosis [41], Gonorrhoea [42], Enteric Fever [43], Cat Anal Gland Cancer [44].

2.2. Expert System

Expert System (ES) as a subdivision of AI utilizes human knowledge to resolve issues that involves human's proficiency; though most ES developed before now utilizes specialized software called shells, recent ES uses strictly rule-based and other AI based techniques. The rule-based expert systems uses rules to represent the expert knowledge and these rules are always called upon whenever they are needed to resolve issues, though it has challenges such as ineffective search system, imprecision acceptance, flexibility, knowledge breakthrough a well as its lack of capacity to learn [13]. Long-established rule-based expert systems are being utilized globally to diagnose medical conditions such as malaria and typhoid [45], fever [46], viral infection [47], influenza [48], memory loss disease [49], Lassa fever [50], [51], dengue fever [52], blood testing [53], and human diseases [54]-[55]. ES will continue to advance for unambiguous utilizations in medical diagnosis owing to invasion of novel and enormous information, which makes experts to be dedicated [56].

2.3. Artificial Neural Networks

Artificial neural networks (ANN) are non-algorithmic approach for processing information that is motivated by biological neurons systems [57]. There are no less than 100 billion interconnected neurons in the human brain meant for reading and processing of sensory input data in the human senses. ANN is a low level computational makeup that learns using supervise, unsupervised and reinforcement learning techniques. In recent times, the ANN has been classified as a significant part of AI due to the initiation of the back-propagation algorithm that facilitates the adjustment of network hidden layers of neurons under supervised network training [58]. As a significant tool in machine learning, can be utilized for medical diagnosis. According to [59] ANN is very good for example in areas like knowledge recovery, learning, imprecision tolerance, maintainability and adaptability. Fig. 2 depicts a single perception or neuron consisting of three major layers: input, hidden and output. The first layer receives the input signals, which propagate through the hidden (middle) layer with final results at the output layer.

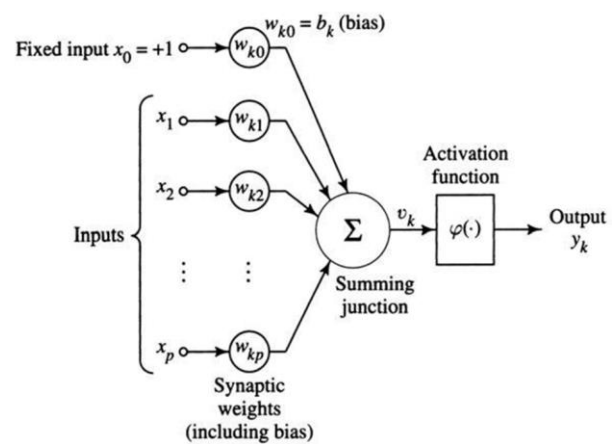


Fig. 2 Non-linear model of a neuron [17]

The concept of ANN has also been used by different researchers to model complex intelligence into applications for medical probing and prognosis such as Glomerulonephritis [60], Hepatitis B and C diagnosis [61]-[68].

2.4. Genetic algorithm

Genetic algorithm (GA) is merely a search tool that is based on the principle of survival of the fittest [11] that enables biological class to get used to its surroundings in order to compete efficiently for resources. The essential thought of GA is to uphold population of chromosomes; representing candidate solutions to a particular problem, which will change more than a period through contest and restricted deviation [69]. GA is tough and potent in complicated situations where the space is frequently huge, sporadic, multifaceted and inadequately unspoken. GA has been functional in an extensive variety of difficulty areas, though it immediately guarantees a satisfactory solution in a rapid manner, perhaps, not a global best possible resolution to a given problem.

Basic operations of the GA is illustrated in Fig. 3. The power of GA has been combined with other AI techniques by some researchers to proffer diagnostic solution to some medical conditions such as tuberculosis [6], [70], Nurse rostering problem [71] and diabetes mellitus [72].

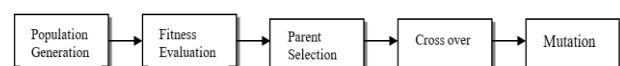


Fig. 3 Basic operations of genetic algorithm [11]

2.5. Neuro-Fuzzy Hybrid Systems

Hybrid systems can be referred to as the integration of the weaknesses and the strengths of two or more techniques to resolve a common drawback in order to yield a better result or performance. The complex nature of ANN and fuzzy logic have been hybridized for

the purpose of finding better solutions to problems in fault diagnosis, predictive analysis, health diagnosis, etc. [73].

Consequently, many computer scientist / researchers have bond the design of fuzzy logic with neural network to form a hybrid system referred to as neuro-fuzzy model (Fig. 4) in order to diagnose different medical ailment such as Lassa fever [13], cells classification either as cancerous or non-cancerous [17], lung disease [74], breast cancer [75], tuberculosis [76]-[78], thyroid diseases [79], heart disease diagnosis [80], multiple sclerosis [81], diagnosis of Ebola hemorrhagic fever [82], monkey pox diseases [83], disease diagnosis [84], leukemia [85], bipolar disorder [86], Alzheimer [87], malaria [88], colon cancer [89], thyroid disorder [90], and autism recognition [91].

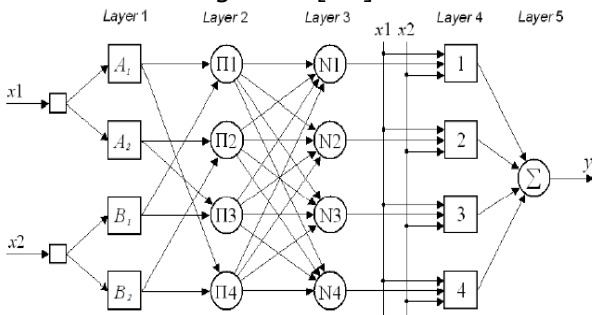


Fig. 4 Schematic of an adaptive neuro-fuzzy model [92]

2.6. Case Based Reasoning

According to [13] the Case Based Reasoning (CBR) relies strongly on the procedure of reasoning by similarity in order to resolve a novel problem; the set of procedures are as follows: (i) there is a new problem, how can it be solved?; (ii) evaluate the new problem to all the problems scenarios that has been solved in the past, in order to determine which scenario the new problem bear a resemblance to the most; (iii) reprocess the solution of the most alike previous problem by changing it to get an answer for the current problem; and (iv) lastly, store the current problem and its solution as a reference purpose for resolving future problems. The Euclidean distance nearest neighbor algorithm is one of the many algorithms that can be used to design CBR intelligence in solving problems as structured in Fig. 5.

2.7. Soft Computing

The term soft computing (SC) was introduced by L. A. Zadeh, the inventor of FL, who described SC as a collection of methods aimed to utilize the tolerance for imprecision and uncertainty in order to achieve a low cost solution with robustness and tractability. The

main components of SC are neuro computing, fuzzy Logic and probabilistic reasoning. It should be noted that the role model of SC is the human mind. A typical structure of SC model is depicted in Fig. 6.

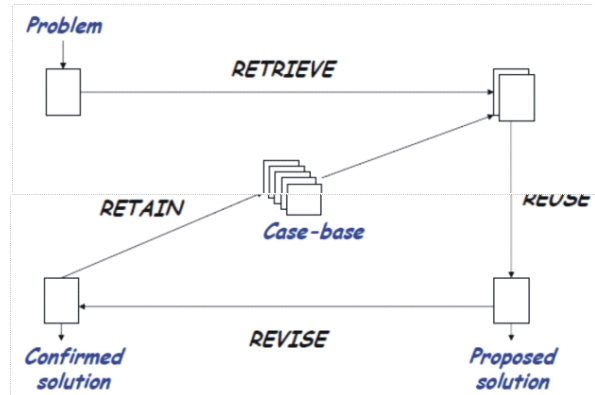


Fig. 5 Structure of a case based reasoning system [13]

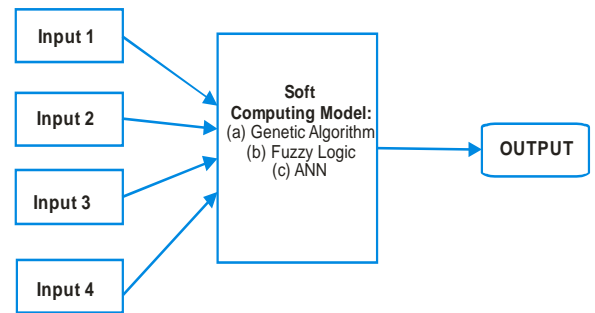


Fig. 6 A typical structure of soft computing model

Characteristics of soft computing are that (a) it does not requires any mathematical modeling of problem solving; (b) it may not yield the precise solution; (c) the algorithms are adaptive i.e., it can adjust to the change of dynamic environment; and (d) it uses some biological inspired methodologies such as genetics, evolutionary computing, ant colony, particle swarming, human nervous system, etc.

Recently, research scholars in the field of computational intelligence have also used soft computing approach to diagnose different medical conditions such as Tuberculosis [11], [70], [93], Stroke [94], Diabetes Mellitus [72], [95], Medical Diagnosis [96], Disease Diagnosis [97], Glaucoma Disease [98], Childhood Autism [99], Common Skin Diseases [100], Image Diagnosis [101]. However, the usage of AI techniques for medical diagnosis generally and prognosis and probing of Hepatitis in particular has highly increased. Early treatment of patients with diseases can lead to effective control if the disease is detected early [7].

A summary of the core related works done on hepatitis detection and classification using artificial intelligence based techniques is presented in a tabular format.

Table 1 Summary of related works done on general hepatitis disease diagnosis (Unclassified)

Author	Techniques	Strengths	Weaknesses
Henok [3] Kh et al. [64] Ansari et al. [68] Ozyilmaz and Yildirim [108] Ozyilmaz and Yildirim [120] Onursal et al. [121]	Artificial neural network (ANN) – A single technique)	Adaptive learning, self-organization, real time operations, fault tolerance through redundant information coding and generalized capacity	Has difficulty in deciding number of layers and the number of neurons; it usually cannot be initialized with prior knowledge; not easy to check if the solution is plausible; solutions from its learning process cannot be easily interpreted; and it uses only training data available
Imianvan and Obi [23]	Fuzzy clustering means (FCM) – A single technique	It provides users friendly approach of presentation, easy to understand and implement; provides efficient performance, easy extension of base knowledge; and has capacity to represent inherent uncertainties of human knowledge with linguistic variables.	It has problems finding suitable membership values; requires more fine tuning and simulation before operational; sometimes difficult to develop fuzzy model; depends on the existence expert to determine the inference logical rule; and not robust in relation to topological changes
Karlik [112]	Naive Bayes classifiers (NBC) – A single technique	It is easy to implement, requires a small amount of training data to estimate the test data with less training period.	It implicitly assumes that all the attributes are mutually independent, and makes a very strong assumption on the shape of data distribution
Sathyadevi [116]	Classification and regression tree (CART) algorithm – A single technique	It can inherently perform multiclass classification; can provide model interpretability and can handle both numerical and categorical data; has nonlinear relationships among features and do not affect the performance of the decision trees.	A small change in the dataset can make the tree structure unstable which can cause variance; decision tree learners create under fit trees if some classes are imbalanced; hence, it is recommended to balance the data set prior to fitting with the decision tree.
Bascil and Oztekin [63]	Probabilistic neural network (PNN) – A hybrid technique	It is much faster than multilayer perception network; generates accurate predicted target probability scores; approaches Bayes optimal classification; relatively insensitive to outliers; and is more accurate than multilayer perception network.	It is slower than multilayer perception networks at classifying new cases and it requires more memory space to store the model.
Mahdieh et al. [102]	Genetic algorithm and adaptive neuro-fuzzy (GAANF) – A hybrid technique	The methodologies are tolerant to imprecision and vagueness; can solve problems with an element of uncertainty as is found in real life; can construct and perceive linguistic variables; capable of delivering appropriate solutions to problems; can deal with issues consisting of non-statistical data; and can form equations based on a range of overlapping values instead of those with hard boundaries.	The dialogue system is not user friendly; does not follow multiple approaches; lacks the tree structure; and is often difficult to model.
Waheed et al. [103] Rahmon et al. [119] Dogantekin et al. [106]	Adaptive neuro-fuzzy Adaptive network based on fuzzy	It is robust and efficient model, has massive parallelism and ability to model imprecise and qualitative knowledge, learning in data-rich environments into the system, and uncertainty is possible using the fuzzy logic	It has the problem of finding suitable membership values; no dynamic rule creation or redundancy; has difficulty in handling more than one output systems; and more difficult to train and to model
Mehrbakhsh et al. [114]	Neuro-fuzzy model (Hybrid techniques)		

Table 1 Summary of related works done on general hepatitis ... (Continuation)

Author	Techniques	Strengths	Weaknesses
Hui-Ling et al. [104]	Local fisher discriminant analysis (LFDA) and Support Vector Machines (SVM) – A hybrid technique	It can learn automatically; can be extended to deal with non-linear dimensionality reduction situations; best for performing supervised dimensionality reducing metric learning; be used to solve multiple measurement problems; works relatively well when there is clear margin of separation between classes; more effective in high dimensional spaces; effective in cases where number of dimensions is greater than the number of samples; and is relatively memory efficient	It has issues with small sample size and when the discriminative information are not in the means of classes; not suitable for large data sets; does not perform very well, when the data set has more noise; under perform in cases where number of features for each data point exceeds the number of training data sample; and no probabilistic explanation for the classification done as the SVM classifier works by putting data points, above and below the classifying hyper plane.
Mehdi et al. [105]	Fuzzy Hopfield neural network (FHNN) – A hybrid technique	It is good for content type of address memory and for solving some kind of optimization problems; does not have any type of network learning algorithm; and patterns are simply stored by using and setting weights to the lower network energy.	It has issues with memory capacity; has discrepancy limitation; spurious states of attraction, orthogonality between patterns; weight symmetry; and local minima problems
Calisir and Dogantekin [107]	Principal Component Analysis-Least Squares Support Vector Machines (PCA-LSSVM) – A hybrid technique	It removes correlated features; improves visualization and performance; reduces over fitting; works relatively well when there is clear margin of separation between classes; more effective in high dimensional spaces; and is relatively memory efficient.	It is not suitable for large data sets; information loss; under perform in cases where number of features for each data point exceeds the number of training data sample; and there is no probabilistic explanation for the classification done as the SVM classifier works by putting data points, above and below the classifying hyper plane.
Polat and Gunes [109]	Feature selection (FS) and artificial immune recognition system with fuzzy resource allocation – A hybrid technique	Good for reducing the number of input variables when developing a predictive model; desirable to reduce the computational cost of modeling; improves performance of the model; provides users friendly presentation approach; and has the capacity to represent inherent uncertainties of human knowledge with linguistic variables	It has problems finding suitable membership values; requires more fine tuning and simulation before operational; depends on the existence expert to determine the inference logical rule; and is sometimes difficult to model.
Sartakhti et al. [110]	Support vector machine and simulated annealing – A hybrid technique	It more effective in high dimensional spaces; can deal with arbitrary systems and cost functions; statistically guarantees finding an optimal solution; is relatively easy to code, even for complex problems; and generally gives a “good” solution.	It is not suitable for large data sets; can repeatedly anneals with a very slow schedule, especially if the cost function is expensive to compute; and cannot tell whether it has found an optimal solution.
Khorashadizade and Rezaei [111]	Reduction feature (RF) and machine learning (ML) – A hybrid technique	It removes multi-co linearity resulting in improvement of machine learning model; decreases the number of dimension, making the data less sparse and more statistically significant for machine learning	It is computationally intensive; and has higher risk of over fitting.

Table 1 Summary of related works done on general hepatitis ... (Continuation)

Author	Techniques	Strengths	Weaknesses
Neshat et al. [113]	Case based reasoning (CBR) and particle swarm optimization (PSO) – A hybrid technique	It is intuitive, requires no knowledge elicitation to create rules or methods, this makes development easier; solves unconstrained minimization problems efficiently; has easy maintenance; uses fully connected topology; and can be applied in solving many diverse problems using animal behaviors	It has complex computation; occupies large storage and large processing time; adaptation may be difficult; can easily fall into local optimum in high-dimensional space; and has a low convergence rate in the iterative process.
Yilmaz and Murat [115]	Rough set and extreme learning machine – A hybrid technique	It provides algorithmic approach, fast training using back propagation; has high performance, very effective for classification, regression, clustering, sparse approximation, compression and feature learning; can effectively analyze imprecise, and incomplete information; and additional or prior information about data not needed.	It does not work well for large data sets; cannot encode multiple layer of abstraction; and has very slow evaluation process.
Roslina and Noraziah [117]	Support vector machine and wrapper method – A hybrid technique	It is more effective in high dimensional spaces; has higher performance; less prone to local optima; can interact with the classifier; and can model feature dependencies	It is computationally intensive; not suitable for large data sets; and has higher risk of over fitting.
Saeed and Mahdi [118]	Artificial neural network and Support vector machine – A hybrid technique	Adaptive learning, self-organization, real time operations, fault tolerance, more effective in high dimensional spaces, and relatively memory efficient.	Has difficulty in deciding number of layers and the number of neurons; not easy to check if the solution is plausible; not suitable for large data sets; and no probabilistic explanation for the classification done.

Table 2 Summary of related works done on disease diagnosed: Hepatitis B

Author	Techniques	Strengths	Weaknesses
Dakshata and Seema [2]	Rule based – A single technique	It has natural expression; separation of control from the knowledge; has modularity of knowledge; has relevant knowledge pertinent to rules fire; consistency checking is possible; cost efficient; fast and accurate with less error rate; heuristic reasoning is possible; and utilization of uncertain knowledge	It requires exact matching; search engine may slow down as the rules increases; not appropriate for all problems; time consuming; has less learning capacity; and a more complex domain
Panchal and Shah [67]			
Amapwan and Blamah [61]	Artificial neural network – A single technique	Adaptive learning, self-organization, real time operations, fault tolerance through redundant information coding and generalized capacity	Has difficulty in deciding number of layers and the number of neurons; it usually cannot be initialized with prior knowledge; not easy to check if the solution is plausible; solutions from its learning process cannot be easily interpreted; and it uses only training data available
Raoufy et al. [62]			
Mahesh et al. [125]			
Gulzar et al. [122]	Fuzzy based – A single Technique	It provides users friendly approach of presentation, easy to understand and implement; provides efficient performance, easy extension of base knowledge; and has capacity to represent inherent uncertainties of human knowledge with linguistic variables.	It has problems finding suitable membership values; requires more fine tuning and simulation before operational; sometimes difficult to develop fuzzy model; depends on the existence expert to determine the inference logical rule; and not robust in relation to topological changes

Table 2 Summary of related works done on disease diagnosed: Hepatitis B (Continuation)

Author	Techniques	Strengths	Weaknesses
Maresh et al. [65]	Generalized regression neural network	It has high estimation accuracy; can handle noises inputs; requires only less number of datasets; and has a single pass learning.	It is computationally expensive, and there is no optimal method for improvement.
Ogah et al. [123]	(GRNN) – A single technique		
Mehdi and Yaghabi [21]	Neuro-fuzzy	It is robust and efficient model, has massive parallelism and ability to model imprecise and qualitative knowledge, learning in data-rich environments into the system, and uncertainty is possible using the fuzzy logic	It has the problem of finding suitable membership values; no dynamic rule creation or redundancy; has difficulty in handling more than one output systems; and more difficult to train and to model
Mehdi and Yaghabi [124]	Adaptive neural network fuzzy system (Hybrid techniques)		
Rezaee et al. [66]	A novel approach SVM + FCM – A hybrid technique	It is more effective in high dimensional spaces; relatively memory efficient; has the ability to model imprecise and qualitative knowledge; and uncertainty is possible using the fuzzy logic	It is not suitable for large data sets; has problems finding suitable membership values; requires more fine tuning and simulation before operational; could be difficult to model; and no probabilistic explanation for the classification done

Table 3 Summary of related works done on disease diagnosed: Hepatitis C

Author	Techniques	Strengths	Weaknesses
Jilani et al. [126]	Principal Component Analysis-Artificial neural network (PCA-ANN) – A hybrid technique	Adaptive learning, self-organization, real time operations, fault tolerance, improves performance and visualization, and reduces over fitting.	Has difficulty in deciding number of layers and the number of neurons; not easy to check if the solution is plausible; independent variables may become less interpretable; and information loss.

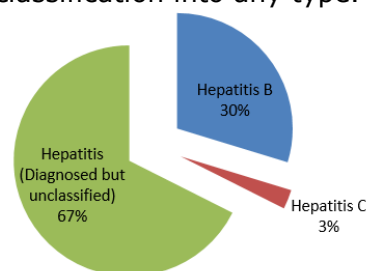
3. Methods

This section used the secondary data collection techniques to gather already published papers from open access journals over the Internet, and the papers structures were categorized according to hepatitis variants detection and classification, types of AI approaches, types of prediction techniques, etc., using descriptive statistical tools such as pie charts and bar graph for easy interpretation.

This survey considered thirty-seven (37) research papers on core hepatitis prediction and classification models for analysis based on their availability in open access journals as established in Tables 1, 2 and 3. Simple percentage ratio and number count were used for analysis; also criteria such as types of hepatitis predicted and classified, number of AI based approaches or techniques used in their models, and so on were considered based on the researcher's core expertise and experience in building intelligent systems.

4. Results and Discussion

This section evaluates and analyzes the different types of Hepatitis diseases predicted and diagnosed by the different research scholars using different types of techniques. Fig. 7 to Fig. 9 and Table 4 show the analyses of papers for hepatitis prediction. As observed (Fig. 7) 11(30%) of the authors used AI based techniques to predict and properly classify their diagnosis as Hepatitis Type B, 1(3%) diagnosed and classify as Hepatitis Type C while 25 (67%) diagnosed as Hepatitis without classification into any type.

**Fig. 7** Analysis of papers for hepatitis prediction

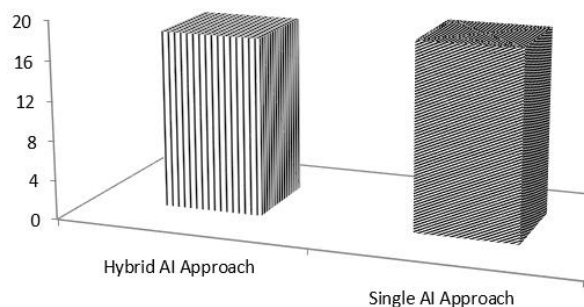


Fig. 8 Analysis of papers that used AI approach for Hepatitis prediction

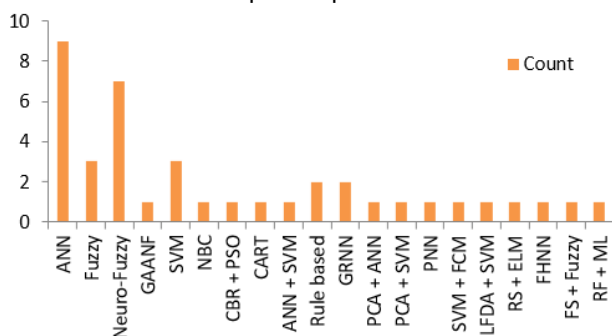


Fig. 9 Analysis of techniques used for Hepatitis Prediction

As earlier stated [2], hepatitis B is primarily transferred through body fluids; either sexually transferred, from mothers to babies at childbirth (during pregnancy) or through blood transfusion. This could be the obvious reason(s) or passion why the AI based researchers [2], [21], [61]–[62], [65]–[66], [122]–[125] corresponding to 30% (Fig. 7) decided to venture into such area, and possibly the other 25 (67%) of hepatitis detection but unclassified cases may also have been related to hepatitis B.

Fig. 8 shows that the AI based approach the researchers deemed fit to use in modeling and implementing their diagnostic applications is of no significant in terms of single or hybrid techniques, because 18 authors used the hybrid approach, while 19 used single approach, and all their predictive models were effective. But in terms of the actual techniques used by the authors for the hepatitis diagnosis.

Fig. 9 revealed that artificial neural network techniques tops the chart as nine (9) out of the thirty-seven (37) authors used the concept of ANN to model intelligence into their diagnostic application. This may be due to the fact that ANN learns and processes information efficiently using neurons like the biological neurons in human beings [17]. Next to the ANN is the hybridization of ANN and Fuzzy logic to form a formidable neuro-fuzzy model for more efficient results used by 7

authors.

It was noted by [3] that hepatitis has types (A, B, C, D and E) but Table 4 revealed that only two of the five types were predicted and properly classified by the various researchers using different AI based techniques: type B [2], [31], [61]–[62], [65]–[66], [122]–[125], and type C [126].

Table 4 Major hepatitis variants versus AI-based approach of hepatitis detected & classified

Parameter	Count
Major Hepatitis Variant (A, B, C, D & E) [3]	5
AI-based Approach for Hepatitis prediction and classification as Type B [2], [21], [61], [62], [65], [66], [122]–[125], and Type C [126]	2

It is also observed and noted that all the core 37 research papers selected and reviewed for hepatitis diagnosis using AI based techniques; almost all of them delved into the probing and prognosis of a single type of hepatitis prediction and classification or prediction only. This has become the very crux of this research survey because it is worrisome that almost the entire designed predictive model can only diagnose a single type of hepatitis viral infection considering the strength of the various artificial intelligence based techniques implemented. The various approaches are considered ineffective in terms of cost, alternative diagnosis pattern consideration and dispensation of treatment. Furthermore, since there are no research evidence to show the faintest possibility of integrating two or more out of the five major types of hepatitis viral disease infection in a single model for the ease of detection and classification in order to save lives; let alone the entire five major variants. This has become a major gap in knowledge as notice or observed from this comprehensive research survey conducted. It is our sincere opinion that scholars in the field of general artificial intelligence or computational intelligence should consider bridging or filling this research gap identified as the road map to the proper diagnosis and classification of the five major types of hepatitis disease.

5. Conclusion

In this paper, the concept of hepatitis disease was described and their infectious nature. The study also discussed the different major types of the dreaded hepatitis disease (type A, B, C, D, and E). The survey also

discussed about most of the AI-based approaches available for proper probing and prognosis of ailments. The results from the survey showed that most of the papers reviewed concentrated more on finding alternative solution to hepatitis type B, this may be due to its association with sexually transmitted disease, which of course is not a bad research idea but the other types should not be completely left out because they are very deadly as well.

The survey also identified that accurate treatment depends on the efficient method that is used in diagnosing the hepatitis disease, and thereby recommends that the future road map should be in the aspect of integrating the major Hepatitis variants into a single diagnostic or predictive model using either single or a combination of intelligent machine learning techniques such as fuzzy logic, artificial neural networks, case based reasoning, genetic algorithm, neuro-fuzzy technique, etc., for a more effective and efficient results.

As a guideline for designing and implementing highly effective and efficient artificial intelligence based information systems; this paper recommends that researchers should take cognizance of the various techniques and their strengths and weaknesses.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

References

- [1] P. Nancy, V. Sudha, and R. Akiladevi, "Analysis of feature selection and classification algorithms on hepatitis data", *Int. J Advanced Res Comp. Eng. Technol.*, vol. 6, no. 1, pp. 19–23, 2017.
- [2] P. Dakshata and S. Seema, "Artificial intelligence based expert system for hepatitis B diagnosis," *Int. J Modeling Optimization*, vol. 1, no. 4, pp. 362–366, 2011.
- [3] Y. A. Henok, "Adaptive learning expert system for diagnosis and management of viral hepatitis", *Int. J Artificial Intelli Applicat*, vol. 10, no. 2, pp. 33–46, 2019; doi: 10.5121/ijaia.2019.10204.33
- [4] World Health Organization "Prevention, care and treatment of viral hepatitis in the African region: framework for action, 2016–2020," Regional Office for Africa, 2017.
- [5] P. Korkmaz, N. Demirturk, A. Batirel, A. C. Yardimci, U. Cagir, S. A. Nemli, and F. Karakeçili, "Noninvasive models to predict liver fibrosis in patients with chronic hepatitis B: a study from Turkey," *Hepatitis Monthly*, vol. 17, no. 12, 2017.
- [6] R. K. Dhiman, *National Guidelines for Diagnosis & Management of Viral Hepatitis*, National Health Mission, India, 2018.
- [7] Q. K. Al-Shayea, "Artificial neural networks in medical diagnosis," *Int. J Computer Sci*, vol. 8, no. 2, pp. 150–154, 2011.
- [8] S. A. Oke, "A literature review on artificial intelligence", *Int. J Management Sci*, vol. 19, no. 4, pp. 535–570, 2008.
- [9] M. S. Okundamiya, *Modern concepts in artificial intelligence*, 2nd ed. Benin City: Stemic Publications, 2011.
- [10] M. S. Okundamiya, *Modelling and optimization of a hybrid energy system for GSM base transceiver station sites in emerging cities*, Ph.D. Thesis, University of Benin, Benin City, Nigeria, 2015.
- [11] M. O. Omisere, O. W Samuel, and E. J. Atajeromawo, "A genetic-neuro-fuzzy inferential model for diagnosis of tuberculosis," *Appl Computing Informatics*, 2015.
- [12] Y. Peng and X Zhang, "Integrative data mining in systems biology: from text to network mining," *Artificial Intelligence Med*, vol. 41, no. 2, pp. 83–86, 2007.
- [13] S. E. Nnebe, N. A. O. Okoh, A. M. John-Otumu, and E. O. Oshoiribhor, "A neuro-fuzzy case based reasoning framework for detecting Lassa fever based on observed symptoms," *American J Artificial Intelligence*, vol. 3, no. 1, pp. 9–16, 2019.
- [14] M. Nagarajasri, and M. Padmavathamma, "Threshold neuro fuzzy expert system for diagnosis of breast cancer," *International J Computer Applications*, vol. 66, no. 8, pp. 6–10, 2013.
- [15] G. J. Klir and Y. Bo, *Fuzzy sets, fuzzy logic, and fuzzy systems: selected papers by Lotfi A. Zadeh*, World Scientific Publishing Co., Inc., pp. 394–432, 1996.
- [16] E. H. Mamdani and A. Sedrak, "An experiment in linguistic synthesis with a fuzzy logic Controller," *Int. J Man-Machine Studies*, vol. 7, no. 1, pp. 1–13, 1975.
- [17] A. Omotosho, A. E. Oluwatobi, and O. R. Oluwaseun, "A neuro-fuzzy system for the classification of cells as cancerous or non-cancerous," *Int. J Medical Res Health Sci*, vol. 7, no. 5, pp. 155–166, 2018.
- [18] R. O. Osaseri, E. A. Onibere, and A. R. Usiobiafo, "Fuzzy Expert Model for Diagnosis of Lassa fever", *J Nigerian Association of Mathematical Physics*, vol. 27, no. 1, pp. 533–540, 2014.
- [19] E. F. Aminu, A. A. Ajani, O. R. Isah, A. Ilyasu, A. O. Isah, and A. Z. Hussaini, "A diagnosis system for Lassa fever and related ailments using fuzzy logic", *J Science, Technol. Mathematics & Education*, vol. 14, no. 2, pp. 18–30, 2018.
- [20] M. Hamad, "Lung cancer diagnosis by using fuzzy logic", *Int. J Computer Sci. & Mobile Computing*, vol. 5, no. 3, pp. 32–41, 2016.
- [21] N. Mehdi and M. Yaghobi, "Designing a fuzzy expert system of diagnosing the hepatitis B intensity rate and comparing it with adaptive

- neural network fuzzy system", In Proceedings of the World Congress on Engineering and Computer Science, San Francisco, Calif, USA, October 2009.
- [22] V. Ekong, E. Onibere, and A. Imianvan, "Fuzzy cluster means system for the diagnosis of liver diseases," *Int. J Computer Science & Technol.*, vol. 2, no. 3, pp. 5–12, 2011.
- [23] A. A. Imianvan, and J. C. Obi, "Diagnostic evaluation of hepatitis utilizing fuzzy clustering means", *World J Applied Sci & Technol.*, vol. 3, no. 1, pp. 23–30, 2011.
- [24] O. W. Samuel, M. O. Omisore, and B. A. Ojokoh, "A web based decision support system driven by fuzzy logic for the diagnosis of typhoid fever", *Expert System Application*, vol. 40, no. 1, pp. 4164–4171, 2013.
- [25] A. Imianvan, F. Anosike, and C. Obi, "An expert system for the intelligent diagnosis of HIV using fuzzy cluster means algorithm", *Global J Computer Sci. & Technol.*, vol. 11, no. 12, pp. 73–80, 2011.
- [26] A. Kadhim, A. Alam, and H. Kaur, "Design and implementation of fuzzy expert system for back pain diagnosis", *Int. J Innovation Technol. Creation & Eng.*, vol. 1, no. 9, pp. 16–22, 2011.
- [27] A. A. Imianvan, J. C. Obi, and O. I. Ehigior, "Prototype of a fuzzy cluster means decision support system for the differential diagnosis of arthritis", *J Institute of Mathematics & Computer Sci.*, vol. 22, no. 2, pp. 135–144, 2011.
- [28] J. C. Obi and A. A. Imianvan, "breast cancer recognition using fuzzy classifier", *Int. J Academic Res.*, vol. 3, no. 3, pp. 449–454, 2011.
- [29] A. A. Imianvan and J. C. Obi, "Prototype of fuzzy cluster means system for the diagnosis of diabetes", *Int. J Natural & Appl. Sci*, vol. 3, no. 2, pp. 60–72, 2011.
- [30] M. D. Okpor, "Prognosis diagnosis of gestational diabetes utilizing fuzzy classifier", *Int. J Computer Sci. & Network Security*, vol. 15, no. 6, 2015.
- [31] A. A. Imianvan and J. C. Obi, "Prognosis diagnosis of pelvic inflammatory disease utilizing logical fuzzy classifier expert structure", *Scientia Africana, An Int. J Pure and Appl. Sci*, vol. 11, no. 1, pp. 25–30, 2012.
- [32] J. C. Obi and A. A. Imianvan, "Analysis, diagnosis and prognosis of leprosy utilizing fuzzy classifier", *Bayero J Pure and Appl. Sci.*, vol. 5, no. 1, pp. 149–154, 2012.
- [33] I. B. Ajenaghughrure, P. Sujatha, and M. I. Akazue, "Fuzzy based multi-fever symptom classifier diagnosis model", *Int. J Technol. & Computer Sci.*, vol. 10, no. 1, pp. 13–28, 2017
- [34] V. Pabbi, "Fuzzy expert system for medical diagnosis", *Int. J Scientific and Res. Publications*, vol. 5, no. 1, pp. 1–7, 2015.
- [35] S. Seth, "MExS a fuzzy rule based medical expert system to diagnose the diseases", *IOSR J Eng.*, vol. 4, no. 7. pp. 57–62, 2014.
- [36] A. K. Anand, R. Kalpana, and S. Vijayalakshmi, "Design and implementation of a fuzzy expert system for detecting and estimating the level of asthma and chronic obstructive pulmonary disease", *Middle-East J Scientific Res.*, vol. 14, no. 11, pp. 1435–1444, 2013.
- [37] J. C. Obi and A. A. Imianvan, "Chronic obstructive pulmonary disease prognosis diagnosis utilizing fuzzy classifier proficient approach", *Nigerian J Sci. & Environ.*, vol. 12, no. 1, pp. 65–72, 2013.
- [38] A. A. Imianvan, O. N. Ogini, and J. C. Obi, "Application of fuzzy classifier to obsessive compulsive disorder identification and prognosis", *Nigerian J Sci. & Environ.*, vol. 12, no. 2, pp. 84–90, 2013.
- [39] M. J. P. Castanho, F. Hernandez, A. M. DeRe, S. Rautenberg, and A. Bills, "Fuzzy expert system for predicting pathological stage of prostate cancer", *Expert Systems with Applications*, vol. 20, no. 3, pp. 466–470, 2013.
- [40] A. A. Imianvan, and J. C. Obi, "Prototype of fuzzy cluster means system for the diagnosis of peptic ulcer", *J Computer Sci.*, vol. 23, no. 1, pp. 1–8, 2012.
- [41] A. A. Imianvan and J. C. Obi, "Cognitive analysis of multiple sclerosis utilizing fuzzy cluster means algorithm", *Int. J Artificial Intelligence & Applications*, vol. 3, no. 1, pp. 33–45, 2012.
- [42] J. C. Obi, and A. A. Imianvan, "Clustering of data utilizing fuzzy classifier expert system for identification of gonorrhoea in men", *Science Research Annals*, vol. 5, no. 1, pp. 8–13, 2013.
- [43] A. A. Imianvan and J. C. Obi, "Diagnostic analysis and prognosis assessment of enteric fever using fuzzy classifier", *Nigeria J Life Sci.*, vol. 4, no. 1, pp. 82–85, 2014.
- [44] J. C. Obi and A. A. Imianvan, "Detection of cat anal gland cancer utilizing a fuzzy graphical approach", *J Nigerian Institution of Production Engineers*, vol. 19, no. 1, pp. 111–117, 2015.
- [45] S. A. Fatumo, E. Adetiba, and J. O. Onaolapo, "Implementation of XpertMalTyph: an expert system for medical diagnosis of the complications of malaria and typhoid", *IOSR J Computer Eng.*, vol. 8, no. 5, pp. 34–40, 2013.
- [46] S. Tunmibi, O. Adeniji, A. Aregbesola, and D. Ayodeji, "A rule based expert system for diagnosis of fever", *Int. J Advanced Res.*, vol. 1, no. 7, pp. 343–348, 2013.
- [47] M. Patel, A. Patel, and P. Virparia, "Rule based expert system for viral infection diagnosis", *Int. J Advanced Res. Computer Science & Software Eng.*, vol. 3, no. 5, 2013.
- [48] M. S. Hossain, M. S. Khalid, S. Akter, and S. Dey, "A belief rule-based expert system to diagnose influenza", in proceedings of 9th Int. Forum on Strategic Technology, Bangladesh, November 2014, pp. 113–116.
- [49] R. H. Komal, and S. G. Vijay, "Rule-based expert system for the diagnosis of memory loss diseases", *Int. J Innovative Sci. Eng. & Technol.*, vol. 1, no. 3, pp. 5–14, 2014.
- [50] M. A. Hambali, A. A. Akinyemi, and J. D. Luka, "Expert system for Lassa fever diagnosis using rule based approach", *Annals Computer Science Series*, vol. 15, no. 2, pp. 68–74, 2017.

- [51] R. O. Osaseri, E. A. Onibere, and A. R. Usiobiafo, "Fuzzy expert model for diagnosis of Lassa fever", *J Nigerian Association of Mathematical Physics*, vol. 27, no. 1, pp. 533-540, 2014.
- [52] S. Karim, H. Suryaningsih, and A. Lause, "Expert system for diagnosing dengue fever", *Seminar Nasional Aplikasi Teknologi Informasi*, vol. 1, no. 1, pp. 21-23, 2007.
- [53] S. Alshaban and A. K. Taher, "Building a proposed expert system using blood testing", *J Eng. Technol. Res.*, vol. 1, no. 1, pp. 1-6, 2009.
- [54] R. A. Soltan, M. Z. Rashad, and B. El-Desouku, "Diagnosis of some diseases in medicine via computerized expert system", *Int. J Computer Sci. & Information Technol.*, vol. 5, no. 5, pp. 79-90, 2013.
- [55] K. P. P-Santosh, P. S. Dipti, and M. Indrajit, "An expert system for diagnosis of human diseases", *Int. J Computer Applications*, vol. 1, no. 13, pp. 71-73, 2010.
- [56] M. O. Omisore, O. W. Samuel, and E. J. Atajeromavwo, "A genetic-neuro-fuzzy inferential model for diagnosis of tuberculosis", *Appl. Computing & Informatics*, vol. 13, no. 1, pp. 27-37, 2017.
- [57] E. Solanki, A. Amit, and K. P. Chandresh, "Lung cancer detection and classification using curvelet transform and neural network", *Int. J Scientific Res. & Dev.*, vol. 3, no. 3, pp. 2668-2672, 2015.
- [58] A. Akhikpemelo, M. J. E. Evbogbai, and M. S. Okundamiya, "Fault detection on a 132KV transmission line using artificial neural network", *Int. Review of Electrical Eng.*, vol. 14, no. 3, pp. 220-225, 2019.
- [59] T. Manikandan, N. Bharathi, M. Sathish, and V. Asokan, "Hybrid neuro-fuzzy system for prediction of lung disease based on the observed symptom values", *J Chemical & Pharmaceutical Sci.*, vol. 8, no. 1, pp. 69-76, 2017.
- [60] G. Sumana, G. A. Babu, and R. S. Kumar, "Diagnosis of glomerulonephritis by an ANN based on physical symptoms and clinical observations of the blood samples", In *proceedings of the World Congress on Eng.*, vol. 2, no. 1, pp. 1 - 7, 2013.
- [61] R. A. Amapwan and N. V. Blamah, "The application of information technology in medical practices: using artificial neural network for the diagnosis of hepatitis B", *Int. J Informatics, Technol. & Computers*, vol. 5, no. 2, pp. 38-47, 2019.
- [62] M. R. Raoufy, P. Vahdani, S. M. Alavian, S. Fekri, P. Eftekhari, and S. Gharibzadeh, "A novel method for diagnosing cirrhosis in patients with chronic hepatitis B: artificial neural network approach", *J Medical Systems*, vol. 35, no. 1, pp. 121-126, 2011.
- [63] M. S. Bascil, and H. Oztekin, "A study on hepatitis disease diagnosis using probabilistic neural network", *J Medical Systems*, vol. 36, no. 3, pp. 1603-1606, 2012.
- [64] R. Kh, G. M. Rasegh, G. N. Chagha, and J. Haddania, "An intelligent diagnostic system for detection of hepatitis using multi-layer perceptron and colonial competitive algorithm", *J Mathematics & Computer Sci.*, vol. 4, no. 1, pp. 237-245, 2012.
- [65] C. Mahesh, E. Kannan, and M. S. Saravanan, "Generalized regression neural network based expert system for hepatitis b diagnosis", *J Computer Sci.*, vol. 10, no. 4, pp. 563-570, 2014
- [66] K. Rezaee, J. Haddadnia, and M. Rasegh-Ghezalbash, "A novel algorithm for accurate diagnosis of hepatitis B and its severity", *Int. J Hospital Res.*, vol. 3, no. 1, pp. 1-10, 2014.
- [67] D. Panchal and S. Shah, "Artificial intelligence based expert system for hepatitis B diagnosis", *Int. J Modeling and Optimization*, vol. 1, no. 4, pp. 362-370, 2011.
- [68] S. Ansari, I. Shafi, A. Ansari, J. Ahmad, and S. I. Shah, "Diagnosis of liver disease induced by hepatitis virus using artificial neural networks", In *IEEE 14th Int. Multitopic Conference (INMIC)*, pp. 8 - 12, 2011.
- [69] E. Lopez-Gonza, M. A. Lez, N. Rodri-guez-Ferna, and C. Mendana-Cuervo, "The logistic decision making in management accounting with genetic algorithms and fuzzy sets", *Mathematics with Soft Computing*, vol. 7, no. 1, pp. 229-241, 2000.
- [70] R. B. Vathana and R. Balasubbramanian, "Genetic-neuro-fuzzy inferential model for tuberculosis detection", *Int. J Appl. Eng. Res.*, vol. 13, no. 17, pp. 13308-13312, 2018.
- [71] F. I. Amadin and M. E. Bello, "A genetic neuro fuzzy approach for handling the nurse rostering problem", *Pacific J Sci. Technol.*, vol. 19, no. 1, pp. 198-205, 2018.
- [72] I. D. Oladipo and A. O. Babatunde, "Framework for a genetic-neuro-fuzzy inference system for diagnosis of diabetes mellitus", *Anale Seria Informatica*, vol. 13, no. 1, pp. 194-201, 2018.
- [73] W. Suparta and M. A. Kemal, *Modeling of tropospheric delays using ANFIS*, Switzerland, Springer International Publishing, 2016.
- [74] T. Manikandan, N. Bharathi, M. Sathish, and V. Asokan, "Hybrid neuro-fuzzy system for prediction of lung disease based on the observed symptom values", *J Chemical & Pharmaceutical Sci.*, vol. 8, no. 1, pp. 69-76, 2017.
- [75] M. Nagarajasri and M. Padmavathamma, "Threshold neuro fuzzy expert system for diagnosis of breast cancer", *Int. J Computer Applications*, vol. 66, no. 8, pp. 6-10, 2013.
- [76] M. Gumpy and I. Goni, "Neuro-fuzzy approach for diagnosing and control of tuberculosis", *Int. J Computational Sci. Information Technol. & Control Eng.*, vol. 5, no. 1, pp. 1-10, 2018.
- [77] I. Goni, C. U. Ngene, I. Manga, N. Auwal, and J. C. Sunday, "Intelligent system for diagnosing tuberculosis using adaptive neuro-fuzzy", *Asian J Res. Computer Sci.*, vol. 2, no. 1, pp. 1-9, 2018.
- [78] A. A. Imianvan and J. C. Obi, "Decision support system for the identification of tuberculosis using neuro-fuzzy logic", *Nigerian Annals of Natural Sci.*, vol. 12, no. 1, pp. 12-20, 2012.

- [79] T. M. Oladele, C. D. Okonji, A. Adekanmi, and F. F. Abiola, "Neuro-fuzzy expert system for diagnosis of thyroid diseases", *Annale Computer Science Series*, vol. 16, no. 2, pp. 45-54, 2018.
- [80] E. P. Ephzibah and V. Sundarapandian, "A neuro fuzzy expert system for heart disease diagnosis", *Computer Sci. & Eng.: An Int. J.*, vol. 2, no. 1, pp. 17-23, 2012.
- [81] M. E. Shaabani, T. Banirostam, and A. Hedayati, "Implementation of neuro fuzzy system for diagnosis of multiple sclerosis", *Int. J Computer Sci. & Network*, vol. 5, no. 1, pp. 157-164, 2016.
- [82] A. O. Egwali and J. C. Obi, "An adaptive neuro-fuzzy inference system for diagnosis of EHF," *Pacific J Sci. & Technol.*, vol. 16, no. 1, pp. 251-261, 2015.
- [83] J. J. Tom and N. P. Anebo, "A neuro-fuzzy based model for diagnosis of monkey pox diseases", *Int. J Computer Sci. Trends & Technol.*, vol. 6, no. 2, pp. 143-153, 2018.
- [84] S. Maskara, A. Kushwaha, and S. Bhardwaj, "Adaptive euro fuzzy expert system for disease diagnosis", *Int. J Innovations Eng. & Technol.*, vol. 10, no. 2, pp. 121-123, 2018.
- [85] J. C. Obi and A. A. Imianvan, "interactive neuro-fuzzy expert system for diagnosis of leukemia", *Global J Computer Sci. & Technol.*, vol. 11, no. 12, pp. 43-50, 2011.
- [86] A. A. Imianvan and J. C. Obi, "Diagnosis analysis of bipolar disorder using neuro-fuzzy logic", *World J Appl. Sci. & Technol.*, vol. 3, no. 11, pp. 63-72, 2011.
- [87] J. C. Obi, and A. A. Imianvan, "Decision support system for the intelligent identification of alzheimer using neuro-fuzzy logic", *Int. J Soft Computing*, vol. 2, no. 2, pp. 25-38, 2011.
- [88] J. C. Obi and A. A. Imianvan, "Decision support system for the diagnosis of malaria using neuro-fuzzy logic", *Int. J Natural & Appl. Sci.*, vol. 3, no. 2, pp. 36-49, 2011.
- [89] J. C. Obi, and A. A. Imianvan, "Fuzzy-neural approach for colon cancer prediction", *Scienta Africana, An Int. J Pure & Appl. Sci.*, vol. 11, no. 1, pp. 65-76, 2012.
- [90] A. A. Imianvan and J. C. Obi, "Application of neuro-fuzzy expert system for the probe and prognosis of thyroid disorder", *Int. J Fuzzy Logic System*, vol. 2, no. 2, pp. 1-11, 2012.
- [91] A. Imianvan and J. C. Obi, "Intelligent neuro-fuzzy expert system for autism recognition", *Nigerian J Sci. & Environ.*, vol. 12, no. 1, pp. 73-80, 2013.
- [92] J. Jang, "ANFIS: adaptive-network-based fuzzy inference system", *IEEE Transactions on Systems, Man, and Cybernetics*, vol. 23, no. 3, pp. 665-685, 1993.
- [93] S. Sebhatu, A. Kumar, and S. Pooja, "Applications of soft computing techniques for pulmonary tuberculosis diagnosis", *Int. J Recent Technol. & Eng.*, vol. 8, no. 3, pp. 1-9, 2019.
- [94] J. C. Obi, A. A. Imianvan, and V. E. Ekong, "Genetic neuro-fuzzy system for the intelligent recognition of stroke", *J Computer Sci. Application*, vol. 19, no. 1, pp. 24 - 31, 2012.
- [95] J. C. Obi and A. A. Imianvan, "Soft computing: a objective approach in varied diabetes recognition", *J Biomedical Eng. & Medical Imaging*, vol. 1, no. 5, pp. 23 - 33, 2014.
- [96] R. Kavita and B. Kavita, "A soft computing genetic-neuro fuzzy approach for data mining and its application to medical diagnosis", *Int. J Eng. & Advanced Technol.*, vol. 3, no. 1, pp. 5-8, 2013.
- [97] M. A. Alghamdi, S. G. Bhind, and M. A. Alam, "disease diagnosis using soft computing model: a digest", *Int. J Computer Applications*, vol. 102, no. 10, pp. 1-3, 2014.
- [98] M. Al-Akhras, A. Barakat, M. Alawaidhi, and M. Habib, "Using soft computing techniques to diagnose glaucoma disease", *J Infection & Public Health*, vol. 1, no. 1, pp. 1-8, 2019.
- [99] A. Pratap, C. S. Kanimozhiselvi, R. Vijayakumar, and K. V. Pramod, "Soft computing models for the predictive grading of childhood autism: a comparative study", *Int. J Soft Computing & Eng.*, vol. 4, no. 3, pp. 64 - 67, 2014.
- [100] K. S. Parikh, T. P. Shah, R. Kota, and R. Vora, "Diagnosing common skin diseases using soft computing techniques", *Int. J Bio-Science & Bio-Technol.*, vol. 7, no. 6, pp. 275-286, 2015.
- [101] V. Sivakrithika, S. S Merlin, and K. Sugirtha, "An efficient medical image diagnosis system using soft computing techniques", *J Theoretical & Applied Information Technol.*, vol. 36, no. 2, pp. 190-198, 2012.
- [102] A. Mahdieh, B. Nooshin, and A. Karim, "New hybrid hepatitis diagnosis system based on genetic algorithm and adaptive network fuzzy inference system", In 21st IEEE Iranian conference on electrical engineering (ICEE), 1 - 6, 2013
- [103] A. Waheed, A. Ayaz, I. Amjad, H. Muhammad, H. Anwar, R. Gauhar, K. Salman, U. K. Ubaid, K. Dawar, and H. Lican, "Intelligent hepatitis diagnosis using adaptive neuro-fuzzy inference system and information gain method", *Soft Computing*, vol. 1, no. 1, 1-8, 2018.
- [104] C. Hui-Ling, L. Da-You, Y. Bo, L. Jie, and W. Gang, "A new hybrid method based on local fisher discriminant analysis and Support Vector Machines for Hepatitis disease diagnosis", *Expert Systems with Applications*, vol. 38, no. 9, pp. 11796-11803, 2011.
- [105] N. Mehdi, M. Azra, R. Mina, and J. Hassan, "Diagnosing Hepatitis disease by using Fuzzy Hopfield Neural Network", *Annual Research and Review in Biology*, pp. 2709-2721, 2014.
- [106] E. Dogantekin, A. Dogantekin, and D. Avci, "Automatic hepatitis diagnosis system based on linear discriminant analysis and adaptive network based on fuzzy inference system", *Expert System Application*, vol. 36, no. 1, pp. 11282-11286, 2009.
- [107] D. Calisir and E. Dogantekin, "A new intelligent hepatitis diagnosis system: PCA LSSVM", *Expert System Application*, vol. 38, no. 10, pp. 10705-10708, 2011.

- [108] L. Ozyilmaz and T. Yildirim, "Artificial neural networks for diagnosis of hepatitis disease", In Int. Joint Conference on Neural Networks, vol. 1, pp. 586–589, 2003.
- [109] K. Polat and S. Gunes, "Hepatitis disease diagnosis using a new hybrid system based on feature selection and artificial immune recognition system with fuzzy resource allocation", *Digital Signal Process*, vol. 16, pp. 889–901, 2006.
- [110] J. S. Sartakhti, M. H. Zangoeei, and K. Mozafari, "Hepatitis disease diagnosis using a novel hybrid method based on support vector machine and simulated annealing", *Computer Methods & Programs in Biomedicine*, vol. 108, no. 2, pp. 570–579, 2012.
- [111] N. Khorashadizade and H. Rezaei, "New method for rapid diagnosis of Hepatitis disease based on reduction feature and machine learning", *J Advanced Computer Sci. & Technol.*, vol. 4, no. 1, pp. 148-155, 2015.
- [112] B. Karlik, "Hepatitis disease diagnosis using backpropagation and the naive bayes classifiers", *BURCH J Sci. & Technol.*, vol. 1, no. 1, pp. 4962–4971, 2011.
- [113] M. Neshat, M. Sargolzaei, A. N. Toosi, and A. Masoumi, "Hepatitis disease diagnosis using hybrid case based reasoning and particle swarm optimization", *ISRN Artificial Intelligence*, vol. 2012, doi: 10.5402/2012/609718
- [114] N. Mehrbakhsh, A. Hossein, S. Leila, I. Othman, and A. Elnaz, "A predictive method for hepatitis disease diagnosis using ensembles of neuro-fuzzy technique", *J Infection & Public Health*, vol. 12, no. 1, pp. 13–20, 2019.
- [115] K. Yilmaz and U. Murat, "A hybrid decision support system based on rough set and extreme learning machine for diagnosis of hepatitis disease", *Appl. Soft Computing*, vol. 13, no. 8, pp. 3429–3438, 2013.
- [116] G. Sathyadevi, "Application of CART algorithm in hepatitis disease diagnosis", Int. Conference on Recent Trends in Information Technology, Chennai, Tamil Nadu, pp. 1283-1287, 2011.
- [117] A. H. Roslina and A. Noraziah, "Prediction of hepatitis prognosis using support vector machine and wrapper method", 2010 Seventh Int. Conference on Fuzzy Systems and Knowledge Discovery, Yantai, pp. 2209-2211, 2010.
- [118] S. Shariati and M. M. Haghighi, "Comparison of ANFIS neural network with several other ANNs and support vector machine for diagnosing hepatitis and thyroid diseases", Int. Conference on Computer Information Systems and Industrial Management Applications (CISIM), Krakow pp. 596–599, 2010.
- [119] I. Rahmon, O. Omotosho, and F. Kasali, "Diagnosis of hepatitis using adaptive neuro-fuzzy inference system", *Int. J Computer Applications*, vol. 180, no. 38, pp. 46–53, 2018.
- [120] L. Ozyilmaz and T. Yildirim, "Artificial neural networks for diagnosis of hepatitis disease", In Int. Joint Conference on Neural Networks, vol. 1, no. 1, pp. 586–589, 2003.
- [121] Ç. Onursal, T. Feyzullah, and G. Şenol, "An application of multilayer neural network on hepatitis disease diagnosis using approximations of sigmoid activation function", *Dicle Medical J*, vol. 42, no. 2, pp. 150-157, 2015.
- [122] A. Gulzar, A. K. Muhammad, A. Sagheer, A. Atifa, S. K. Bilal, and S. A. Muhammad, "Automated diagnosis of hepatitis B using multilayer mamdani fuzzy inference system", *J Healthcare Eng.*, vol. 1, no 1., 2019
- [123] U. S. Ogah, P. B. Zirra, and O. Sarjiyus, "Knowledge based system design for diagnosis of hepatitis B virus using generalized regression neural network", *American J Computing & Eng.*, vol. 1, no. 1, pp. 1-19, 2017.
- [124] N. Mehdi and M. Yaghobi, "Designing a fuzzy expert system of diagnosing the hepatitis B intensity rate and comparing it with adaptive neural network fuzzy system," In Proceedings of the World Congress on Engineering and Computer Science, San Francisco, Calif, USA, October 2009.
- [125] C. Mahesh, V. G. Suresh, and B. Manjula, "Diagnosing hepatitis B using artificial neural network based expert system", *Int. J Eng. & Innovative Technol.*, vol. 3, no. 6, pp. 139–144, 2013.
- [126] T. A. Jilani, H. Yasin, and M. M. Yasin, "PCA-ANN for classification of hepatitis-C patients", *Int. J Computer Applications*, vol. 14, no. 7, pp. 56 – 67, 2011.