



## Advancing Medical Imaging with Capsule Networks for Diagnostic Accuracy

**Kabaleeswaran Sabapathi<sup>1</sup>, Chelliah Srinivasan<sup>2\*</sup>, Rajamanickam Sivaranjani<sup>3</sup>,  
Hemantha Kumar B. N.<sup>4</sup>, B. Suganthi<sup>5</sup>, B. Victoria Jancee<sup>6</sup>, Bharat Tidke<sup>7</sup>**

<sup>1</sup>Managing Enterprise Architect, Capgemini, Overland Park, Kansas, United States

**Email:** kabaleesabapathi@gmail.com - **ORCID:** 0009-0003-1977-9253

<sup>2</sup>Department of Computer Science and Engineering, Saveetha School of Engineering, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India

**\* Corresponding Author Email:** srinivasanchelliah@gmail.com - **ORCID:** 0000-0001-7086-6852

<sup>3</sup>Department of Electronics and Communication Engineering, Vaigai College of Engineering, Madurai, Tamil Nadu, India

**Email:** bharathi\_siva21@yahoo.com - **ORCID:** 0000-0001-5446-5602

<sup>4</sup>Master of Computer Application, ATME College of Engineering, Mysore, Karnataka, India.

**Email:** hemanthviet2006@gmail.com - **ORCID:** 0009-0000-7826-5939

<sup>5</sup>Department of Electronics and Communication Engineering, RVS College of Engineering and Technology, Coimbatore, Tamil Nadu, India.

**Email:** suganth.b@gmail.com - **ORCID:** 0000-0003-3280-2481

<sup>6</sup>Department of Electronics and Communication Engineering, St. Joseph's College of Engineering, Chennai, Tamil Nadu, India.

**Email:** victoriajanceeb@stjosephs.ac.in - **ORCID:** 0009-0005-8174-8997

<sup>7</sup>Symbiosis Institute of Technology Nagpur Campus, Symbiosis international (Deemed) University Pune, India

**Email:** batidke@gmail.com - **ORCID:** 0000-0003-2422-9128

### Article Info:

**DOI:** 10.22399/ijcesn.1802

**Received :** 27 February 2025

**Accepted :** 20 April 2025

### Keywords :

Medical Imaging,  
Capsule Networks,  
Diagnostic Accuracy,  
Disease Detection,  
Healthcare Innovation.

### Abstract:

The use of capsule networks into medical imaging as a means of advancing medical imaging is a possible path for improving diagnostic accuracy. The objective of this study is to enhance the interpretation and categorization of medical pictures by making use of the hierarchical and pose-sensitive representations that are made available by Capsule Networks. The purpose of this project is to improve the capability of machine learning models to reliably identify and categorize abnormalities, lesions, and other pathological findings in medical imaging data. This will be accomplished by capturing detailed spatial connections and including perspective invariance. The major goal is to improve doctors' early diagnosis abilities to improve patient outcomes and treatment times. When it comes to situations in which typical convolutional neural networks could have difficulty dealing with complicated structures or changes in position and appearance, this method is very helpful. Capsule Networks have the potential to improve medical imaging diagnostics by offering interpretable and contextually rich representations. This would enable physicians to have access to technologies that are more reliable and efficient for illness identification and diagnosis.

## 1. Introduction

Thanks to ground breaking developments in medical imaging, doctors now have access to previously unseen insights into a wide range of diseases, greatly improving the accuracy of their diagnoses. Capsule Networks (CapsNets) are one of these inventions that show promise for improving the accuracy of medical diagnostics. Taking cues from the way the

human visual system works, CapsNets attempt to solve problems that conventional Convolutional Neural Networks (CNNs) have such dealing with complicated picture data that contains hierarchical connections. This introductory piece explores the revolutionary possibilities of CapsNets in medical imaging, highlighting their function in improving diagnostic precision. Healthcare providers are able to make more nuanced and accurate interpretations

with CapsNets because they encapsulate spatial hierarchies better than CNNs. This allows for the extraction of deeper characteristics from medical pictures.

## 2. Related Works

Automating the interpretation of retinal images has traditionally been a difficult process; this work analyses the use of deep learning models, especially CNN, in this area. The author emphasizes the promise of deep learning for diabetic retinopathy risk assessment and early detection by examining state-of-the-art models, architectures, and methods [1]. Systems based on deep learning have recently become quite popular in the field of medical imaging and classification. By investigating skin abnormalities objectively and statistically, computer-assisted diagnostics enhance skin cancer detection [2]. Improved decision-making, faster diagnosis, improved patient outcomes, more efficiency, and reduced costs are all possible results. A recent study shown that deep learning algorithms can detect skin cancer with a 90% accuracy rate, which is on par with or even better than human physicians [3]. Classification and diagnosis of medical images have long been dominated by convolutional neural networks (CNNs). To better comprehend the hierarchical connections between various characteristics and entities, capsule networks have been proposed as a possible substitute for conventional convolutional neural networks [4]. Various layers of capsules collaborate to depict distinct traits or things, and routing algorithms establish connections between them based on how similar they are and the likelihood of a link [5].

The distinctive equivariance property of capsule neural networks (CapsNets) has allowed them to show promise despite their youth. A significant increase in prediction accuracy was achieved when brain tumors were classified in MRI images using CapsNets [6]. Based on the Capsule Network (CapsNet) concept and the U-Net architecture, the research developed a hybrid model called CapUnet. Since CapsNet was first suggested for use with 2D images, it is more suited to handling 2D data [7]. Because it can precisely pinpoint the frequency information corresponding to each instant, the CWT, a time-frequency transformation technique, is well-suited for studying nonstationary signals. By providing high-quality images of the digestive system, capsule endoscopy has enabled the early detection of abnormalities, such as precancerous lesions and early-stage malignancies [8]. This could lead to earlier intervention and better treatment results. The problems with deep learning aren't the only ones that transfer learning is associated with.

Rather, it has broad use in solving problems related to idea drift or multi-task learning. One of the most common solutions to deep learning difficulties, transfer learning supplies the massive amounts of data required to train DL models [9]. Choosing rich starting vectors is another difficulty for vector deep learning models like Capsule Net. Typically, RNN or convolutional networks provide these boards. Vector richness improves capsule model learning efficiency [10].

A two-stage endoscopic image classification approach that integrates a capsule network with mid-level CNN features is provided. The next capsule classification network may learn deformation-invariant associations between picture components with the help of the new lesion-aware CNN feature extraction module, which improves the encoding of detailed lesion information into midlevel CNN features [11]. Video Capsule Endoscopy (VCE) will eventually make use of these transformed images. It is not possible to include an extra Narrow-band imaging filter in VCE because of the spatial limits. The device's ability to detect and categorize different types of cancer would be improved as a result [12]. To find the best way to optimize 5G users' perception and experience, this research used the CapsNet approach. One new AI algorithm that's making waves is CapsNet, which can extract features and recognize patterns with ease. To improve the user experience and happiness of 5G users, CapsNets may be used to do individualized optimization based on their requirements and preferences [13]. The goal of the artificial neural network CapsNet is to achieve better segmentation and recognition by more closely imitating the behaviour of biological neural networks. A layer of smaller capsule networks within a larger network is what the word "capsule" refers to in this context. Capsules define the parameters of an object's characteristics [14].

Creating a CapsNet-based architecture for plant image extraction and classification that overcomes CNN drawbacks. Tuning the hyperparameters of CapsNet with the Adam optimizer [15]. Farmers now have an effective tool in the optimized CapsNet model for early disease detection and control, which boosts agricultural output and ensures a steady supply of food [16]. Due to the challenges and time-consuming nature of endoscopic access to small-sized polyps, ulcers, bleeding, and tumors in the small intestine, video capsule endoscopy was developed as a new technology to examine deeper regions of the small bowel [17]. For different centres to be able to test their multi-class classification models on the same test set, the quantity and kinds of classes in their data repositories must be comparable. Due to the lack of standardized vocabulary and nomenclature for frame-level

observations, the labels used for wireless capsule endoscopy differ greatly across data producers [18]. Because capsules often contain distinct semantic notions, CapsNet is fundamentally a more interpretable network than conventional neural networks. Most notably, CapsNet's detangled representations match up with visually recognizable attributes of input objects that humans can see [19]. One common way that neural networks are integrated with more conventional methods is as a backbone for feature extraction. Another common setup is to use the neural network as the final classifier, using features produced by more conventional approaches. The second method relies on more discriminative characteristics, which means a smaller training set and lower capacity models. A probabilistic neural network with non-linear least squares features formed the basis of an early hybrid approach [20-25].

### 3. Materials and Methods

Medical imaging is crucial to illness diagnosis and therapy. Capsule networks may improve diagnosis accuracy in imaging modalities. Emulating the human visual system, these networks capture hierarchical connections between visual elements to analyze medical pictures. Capsule networks can better reflect spatial hierarchies than CNNs, making them promise for medical imaging. Equation 1 shows the vanilla capsule Networks, where  $v_j$  denotes the output vector of capsule  $j$ ,  $s_j$  represents the input vector to capsule  $j$  and  $\|\bullet\|$  denotes the Euclidean norm. This equation computes the length of the output vector  $v_j$  based on the squashing function, which ensures that the output vector's length represents the probability of the presence of the entity detected by the capsule.

$$v_j = \frac{\|s_j\|^2 s_j}{1 + \|s_j\|^2 s_j} \quad (1)$$

Aiming for accuracy and efficiency drives medical diagnostics advancement. Recent advancements in capsule networks promise to improve medical imaging systems. These networks, inspired by the human visual system, promise improved diagnostic accuracy and therapeutic outcomes by rethinking medical image processing and interpretation. Capsule networks function in medical imaging because they can capture complex spatial hierarchies that CNNs cannot. Equation 2 shows the dynamic routing capsule networks, where  $c_{ij}$  denotes the

routing coefficient between capsule  $i$  in the lower layer and capsule  $j$  in the higher layer, and  $b_{ij}$  represents the logit (log-odds) that measures the compatibility between these capsules. This equation computes the routing coefficients, allowing capsules to collaborate effectively in representing higher-level features through iterative agreement.

$$c_{ij} = \frac{\exp(b_{ij})}{\sum_k \exp(b_{ik})} \quad (2)$$

Capsule networks are a transformative technology that might improve diagnostic accuracy and clinical decision-making in medical imaging. Their unique design and capabilities allow them to be used in many imaging modalities, outperforming regular CNNs and other approaches. Equation 3 shows the attention based capsule networks where  $v_j$  denotes the output vector of capsule  $i$ ,  $s_j$  represents the input vector to capsule  $j$  and  $a_{ij}$  is the attention weight indicating the importance of  $s_j$  for  $v_i$ . These weights are computed using a mechanism like softmax over the similarity scores between capsules. This equation captures how capsules selectively attend to relevant input capsules based on learned attention weights, enabling dynamic routing through the network.

$$v_i = \sum_{j=1}^N a_{ij} \bullet s_j \quad (3)$$

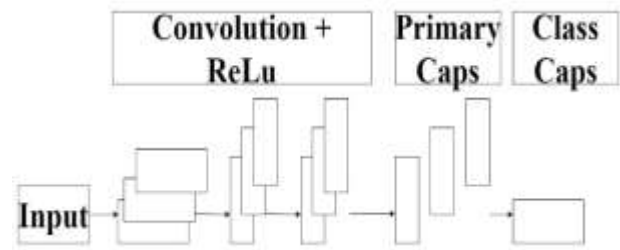
The integration of capsule networks into medical imaging has immense potential, but it also poses unique problems that must be solved to properly realize its influence on diagnostic accuracy and clinical practice. Medical imaging applications need big, annotated datasets, which is a major difficulty. Unfortunately, privacy constraints and data scarcity make it difficult to collect large numbers of tagged medical pictures for capsule network training, especially for uncommon disorders. The interpretability of capsule network outputs is difficult. Even if capsule networks capture spatial hierarchies better, knowing how they make judgments is crucial for gaining healthcare practitioner confidence and assuring diagnostic accuracy. Attention processes and feature visualization are being used to improve capsule network interpretability, although more research is needed. Despite these obstacles, capsule networks might transform medical imaging. Capsule networks may improve illness diagnosis and enable faster therapies, perhaps saving lives. Capsule networks' improved organ segmentation and tissue categorization may expedite clinical operations and

improve patient care. The future of capsule networks in medical imaging is bright. Research and development to overcome obstacles and refine capsule network topologies for specialized medical imaging applications might transform diagnostic techniques and enhance healthcare outcomes. As technology advances and academics and healthcare professionals collaborate, capsule networks will become essential medical imaging tools, changing the future of healthcare. Equation 4 shows the capsule networks for image segmentation, where  $M_{ij}$  represents the reconstructed image segment at location  $i$  and feature  $j$ ,  $W_{ijk}$  denotes the learned weight connecting capsule  $k$  in the decoder to capsule  $i$  in the encoder, and  $V_{jk}$  is the output vector of capsule  $j$  in the encoder. This equation illustrates how the decoder capsules contribute to reconstructing the segmented image based on the encoded features.

$$M_{ij} = \sum_k W_{ijk} \bullet V_{jk} \quad (4)$$

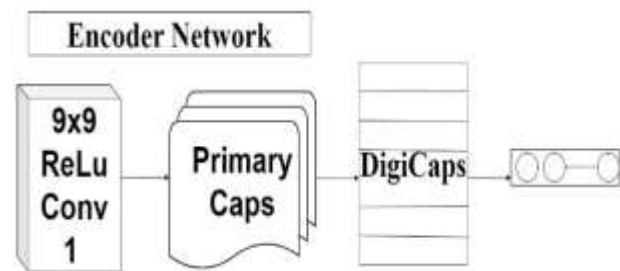
#### 4. Results and Discussions

A growing number of studies in the field of medical imaging have investigated the potential of CapsNets in a variety of modalities, including as ultrasound, CT scans, and Magnetic Resonance Imaging (MRI). Extensive research has shown that CapsNets can reliably identify small abnormalities, differentiate between benign and malignant tumors, and forecast treatment responses. Advanced technologies like machine learning techniques and Artificial Intelligence (AI) may be used in conjunction with CapsNets to improve clinical diagnostics even more. Medical professionals may be able to enhance patient outcomes, medication adherence, and diagnosis speed by combining the power of CapsNets with supplementary technologies. Given these developments, this introductory section lays the groundwork for a thorough investigation of how Capsule Networks contribute to the improvement of medical imaging in terms of diagnostic precision. The following sections will attempt to clarify the possible advantages and disadvantages of incorporating CapsNets into clinical practice by synthesizing pertinent research and practical data. Several architectures were tested, including CapsNet with single-layer, two-layer, and three-layer convolutions, each with and without parallel convolution operations. One such example is illustrated in Figure 1. A capsule network (CapsNet) was built to overcome some of the shortcomings of convolutional neural networks (CNNs), specifically in maintaining hierarchical connections

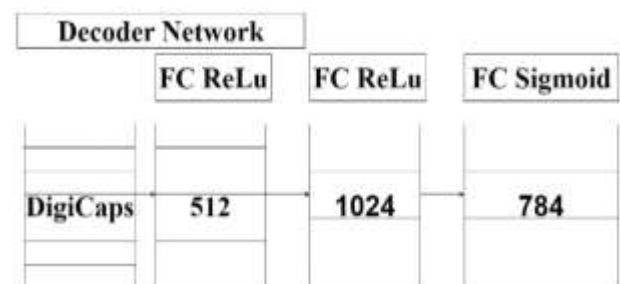


**Figure 1.** CapsNet without parallel convolution layers.

and viewpoint variations. Figures 2 and 3 demonstrate Capsule Networks' architectural components. Encoding the presence and posture of features in photos helps capsule networks retain spatial linkages and create more stable and interpretable representations. Medical imaging requires precise localization and pathological knowledge for effective diagnosis, making this capacity vital. CNNs are insensitive to spatial transformations and have trouble generalizing to position or perspective changes, however capsule networks have showed promise. These benefits may enhance lesion identification, organ segmentation, and disease categorization. Capsule networks may improve diagnosis accuracy and patient outcomes as medical imaging evolves. These revolutionary structures provide healthcare practitioners more accurate and interpretable diagnostic data, enabling earlier diagnosis and more personalized therapy. Capsule networks enhance medical picture anatomy and pathology knowledge by encapsulating visual feature presence and orientation. This nuanced



**Figure 2.** Encoder Network.



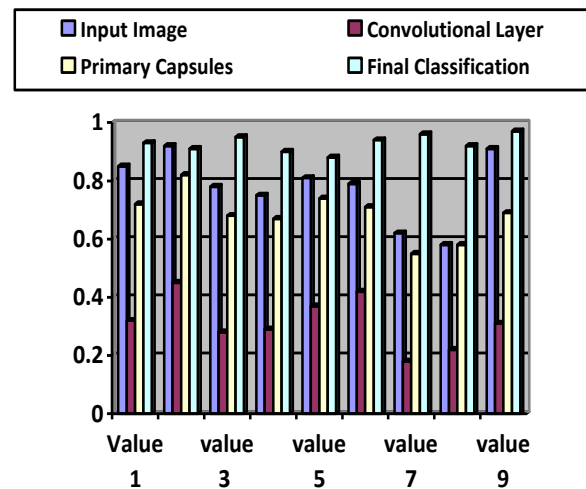
**Figure 3.** Decoder Network.

portrayal improves diagnosis and helps doctors understand illness progression and therapy response. Capsule networks in medical imaging have several advantages. First, their greater spatial connection preservation allows for more exact lesion localization and organ segmentation, essential for early identification and treatment planning. Second, capsule networks can withstand spatial transformations and perspective changes, overcoming some of CNNs' limitations in medical imaging. Thirdly, its interpretability helps doctors extract significant clinical insights and make educated patient care choices. In conclusion, capsule networks have the potential to transform diagnostic accuracy and patient outcomes in medical imaging. Healthcare providers may improve illness management by using capsule networks' unique diagnostic capabilities. Capsule Networks use the Decoder Network to recreate input pictures from DigitCapsule data.

The Capsule Network rebuilds input data using the instantiation attributes (position and perspective) of the selected DigitCapsule after dynamic routing. Fully connected decoder layers allow reconstruction. Converting instantiation parameters to the input space helps create a reconstruction that closely matches the original input. For accurate image recovery, the reconstruction loss is commonly calculated using the Euclidean distance between the rebuilt image and the original input. Reconstruction enhances classification accuracy and meaningful visual reconstruction, advancing Capsule Networks training.

Disease diagnosis is a major use of capsule networks in medical imaging. Their capacity to capture hierarchical spatial connections in pictures helps identify and localize problematic structures including tumors, lesions, and others. This precision may help diagnose illnesses early, allowing for quicker treatments and better patient outcomes. Organ segmentation and tissue categorization are capsule network strengths. They better distinguish anatomical structures and healthy and sick tissues by encoding visual features' presence and orientation. Surgical planning, therapy monitoring, and disease staging need this degree of information. Resilience and generalization are benefits of capsule networks. In contrast to CNNs, capsule networks can handle picture orientation and perspective changes, delivering consistent performance across varied imaging datasets. In clinical situations with variable imaging quality and patient anatomy, their resilience improves its application. The use of capsule networks in medical imaging might improve diagnostic accuracy and patient care. They are a

crucial tool for healthcare practitioners who want to advance medical imaging because to their versatility and benefits over conventional approaches. Figure 4 shows capsule network medical image processing phases.



**Figure 4.** Enhancing Medical Imaging Diagnosis with Capsule Networks.

Pixel intensity values comprise the input picture. Convolutional layers and principal capsules extract key input characteristics during feature extraction. Diagnostic probabilities are assigned at the end of categorization. Capsule networks capture rich feature hierarchies to improve medical image analysis and patient care.

Table 1 show that Capsule Networks improve medical imaging diagnosis accuracy. They boost technology with innovative designs and dynamic routing. They aid diagnostics by improving accuracy and early anomaly detection. They also automate feature extraction and interpretation to speed up diagnostics and interpretation. Together, these functions improve medical imaging for more accurate and efficient diagnosis.

Table 2 shows how Capsule Networks are used in medical imaging. They improve image analysis, especially MRI, CT, and X-ray interpretation, by reducing misunderstanding. They excel in anomaly identification for early tumor detection and illness categorization with higher specificity. Finally, Capsule Networks expedite radiology reporting and image triage, speeding interpretation and increasing throughput to optimize resource allocation.

## 5. Conclusion

Capsule Networks in medical imaging may improve diagnosis accuracy, however various problems and future approaches must be addressed.

**Table 1. Advancing Medical Imaging with Capsule Networks for Diagnostic Accuracy.**

Aspect	Role	Benefits	Functions
Technology	Enhancer	1. Improved image recognition accuracy 2. Enhanced feature extraction	1. Capsule network architecture implementation 2. Dynamic routing mechanism utilization
Diagnosis	Facilitator	1. Higher diagnostic precision 2. Early detection of anomalies	1. Capsule network analysis of medical images 2. Anomaly detection and classification
Efficiency	Optimizer	1. Reduced interpretation time 2. Enhanced workflow efficiency	1. Automated feature extraction and interpretation 2. Streamlined diagnostic processes

**Table 2. Leveraging Capsule Networks for Enhanced Medical Imaging and Diagnosis**

Aspect	Uses	Applications	Advantages
Technology	Image Analysis	1. MRI, CT scan interpretation 2. X-ray analysis	1. Improved accuracy in identifying subtle features 2. Reduced misinterpretation rates
Diagnosis	Anomaly Detection	1. Tumour detection 2. Disease classification	1. Early detection of abnormalities 2. Enhanced specificity in diagnosis
Efficiency	Workflow Optimization	1. Radiology reporting 2. Image triage	1. Accelerated interpretation process 2. Enhanced throughput and resource allocation

Capsule Networks must be trained on huge, diversified datasets to function well across medical imaging modalities and clinical settings. Understanding how these networks get their results is vital for clinical acceptance and confidence, hence capsule representation interpretability remains a challenge. Machine learning professionals, doctors, and medical imaging specialists must work together to create new data gathering, model training, and interpretation methods to address these problems. Capsule Networks have intriguing medical imaging prospects. Research should refine capsule structures to manage multimodal and longitudinal data for full patient evaluation. Capsule Networks combined with federated learning and blockchain may improve data privacy and enable healthcare research collaboration. Addressing these difficulties and harnessing Capsule Networks' tremendous potential may transform medical imaging diagnostics, improving accuracy, efficiency, and patient-centered treatment.

#### Author Statements:

- **Ethical approval:** The conducted research is not related to either human or animal use.
- **Conflict of interest:** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper
- **Acknowledgement:** The authors declare that they have nobody or no-company to acknowledge.

- **Author contributions:** The authors declare that they have equal right on this paper.
- **Funding information:** The authors declare that there is no funding to be acknowledged.
- **Data availability statement:** The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

#### References

- [1] Raut, P., Babar, S., Patil, S., & Mahalle, P. (2024). Machine Learning-Based Detection and Classification of Eye Diseases: A Comprehensive Review and Novel Algorithm. *International Journal of Intelligent Systems and Applications in Engineering*, 12(13s), 622-629.
- [2] Behara, K., Bhero, E., & Agee, J. T. (2024). An Improved Skin Lesion Classification Using a Hybrid Approach with Active Contour Snake Model and Lightweight Attention-Guided Capsule Networks. *Diagnostics*, 14(6), 636.
- [3] Thiyagarajan B., Thenmozhi M., & Revathy K., "An Improved Routing based Capsule Network for Hyperspectral Image Classification," *International Journal of Intelligent Systems and Applications in Engineering*, 12(2), 79-89, 2024.
- [4] P. K. Deshmukh, "Improving Medical Image Classification Using Ensemble Learning and Deep Convolutional Neural Networks," *International Journal of Intelligent Systems and Applications in Engineering*, 12(4s), 106-121, 2024
- [5] Minh, T. C., Quoc, N. K., Vinh, P. C., Phu, D. N., Chi, V. X., & Tan, H. M. (2024). *UGGNet: Bridging U-Net and VGG for Advanced Breast Cancer Diagnosis*. arXiv preprint arXiv:2401.03173

- [6] Zhu, S., Yang, G., Song, S., Du, R., & Yuan, H. "Joint-Module Health Status Recognition for an Unmanned Platform: A Time-Frequency Representation and Extraction Network-Based Approach," *Machines*, vol. 12, no. 1, pp. 1-23, 2024.
- [7] Senkamalavalli, R., Prasad, S.N.S.E., Shobana, M., Sri, C.B., Sandiri, R., Karthik, J., & Murugan, S., (2025). Video conferencing algorithms for enhanced access to mental healthcare services in cloud-powered telepsychiatry, *International Journal of Electrical and Computer Engineering*, 15(1), pp. 1142-1151.
- [8] Sadeghnezhad, E., & Salem, S. (2024). InceptionCapsule: Inception-Resnet and CapsuleNet with self-attention for medical image Classification. *arXiv preprint arXiv:2402.02274*.
- [9] Jeslin, J.G., Vijayalakshmi, K., Vignesh, C.C., Suresh, G., Kosuri, G.V., and Murugan, S., (2024). Predicting Patient Disease Progression with Cloud-based Decision Trees and IoT Data Integration," *2nd International Conference on Self Sustainable Artificial Intelligence Systems*, pp. 1040-1045.
- [10] Ramalingam, L., Amarnath, R. N., Arun, V., Sendhilkumar, N. C., Ravi, R., & Srinivasan, C., (2024). Enhancing Wound Care in Healthcare Systems with Logistic Regression for Infection Detection, *First International Conference on Innovations in Communications, Electrical and Computer Engineering*, pp. 1-5.
- [11] Sujatha, S., Pandey, P., & Gnana Rajesh, D., (2024). Efficient retinal image segmentation by u-net for age-related macular degeneration diagnosis, *International Journal of Advances in Signal and Image Sciences*, 10, (2), pp. 48-57.
- [12] Bushara, A. R., Kumar, R. V., & Kumar, S. S. (2024). Classification of benign and malignancy in lung cancer using capsule networks with dynamic routing algorithm on computed tomography images. *Journal of Artificial Intelligence and Technology*, 4(1), 40-48.
- [13] Ranganathan, C.S., Kannagi, V., Karpagalakshmi, R.C., Shibu, N.V., & Murugan, S. (2024). A Smart Eyewear using IoT and CNNs for Visual Assistance," *Second International Conference on Intelligent Cyber Physical Systems and Internet of Things*, 461-466.
- [14] Oukdach, Y., Kerkaou, Z., El Ansari, M., Koutti, L., Fouad El Ouafdi, A., & De Lange, T. (2024). ViTCA-Net: a framework for disease detection in video capsule endoscopy images using a vision transformer and convolutional neural network with a specific attention mechanism. *Multimedia Tools and Applications*, 1-20
- [15] Ramaprabha, P.S., Babu, B.R., Paul, N.R.R., Sharmila, V., Babu, V.R., Ramya, R., & Murugan, S., (2025). Implementing cloud computing in drug discovery and telemedicine for quantitative structure-activity relationship analysis," *International Journal of Electrical and Computer Engineering*, 15(1), pp. 1132-1141.
- [16] Sumithra, S., Radhika, M., Venkatesh, G., Lakshmi, B.S., Jancee, B.V., Mohankumar, N., & Murugan, S., (2025). Deep learning for infectious disease surveillance integrating internet of things for rapid response," *International Journal of Electrical and Computer Engineering*, 15(1), pp. 1175-1186.
- [17] Tran, M., Vo-Ho, V. K., Quinn, K., Nguyen, H., Luu, K., & Le, N. (2024). CapsNet for medical image segmentation. In *Deep Learning for Medical Image Analysis*. 75-97. Academic Press.
- [18] Rajarajan, S., Kalaivani, R., Kaliammal, N., Saravanan, S. T., Ilampiray, P., & Srinivasan, C., (2024). IoT-Enabled Respiratory Pattern Monitoring in Critical Care: A Real-Time Recurrent Neural Network Approach, *10th International Conference on Communication and Signal Processing*, pp. 508-513.
- [19] Reyes, D., & Sánchez, J. (2024). Performance of convolutional neural networks for the classification of brain tumors using magnetic resonance imaging. *Heliyon*, 10(3).
- [20] Velagapalli, P., Parveen, N., & Velagapudi Sreenivas. (2025). Operational Research and Reconstruction Methods in Medical Imaging. *International Journal of Computational and Experimental Science and Engineering*, 11(2). <https://doi.org/10.22399/ijcesen.1085>
- [21] S. Amuthan, & N.C. Senthil Kumar. (2025). Emerging Trends in Deep Learning for Early Alzheimer's Disease Diagnosis and Classification: A Comprehensive Review. *International Journal of Computational and Experimental Science and Engineering*, 11(1). <https://doi.org/10.22399/ijcesen.739>
- [22] Soyal, H., & Sarihan, M. (2025). Evaluation of Radiation Protection Knowledge and Attitudes of Health Services Vocational School Students Participating in Practice in Radiated Environments. *International Journal of Computational and Experimental Science and Engineering*, 11(2). <https://doi.org/10.22399/ijcesen.508>
- [23] Shujairi, H., Alyasiri, M., & Akkurt, İskender. (2025). Integrating Deep Learning and MRQy: A Comprehensive Framework for Early Detection and Quality Control of Brain Tumors in MRI Images using Python. *International Journal of Computational and Experimental Science and Engineering*, 11(2). <https://doi.org/10.22399/ijcesen.1471>
- [24] Rama Lakshmi BOYAPATI, & Radhika YALAVARTHI. (2024). RESNET-53 for Extraction of Alzheimer's Features Using Enhanced Learning Models. *International Journal of Computational and Experimental Science and Engineering*, 10(4). <https://doi.org/10.22399/ijcesen.519>
- [25] Ardabili, S. Z., Bahmani, S., Lahijan, L. Z., Khaleghi, N., Sheykhivand, S., & Danishvar, S. (2024). A novel approach for automatic detection of driver fatigue using EEG signals based on graph convolutional networks. *Sensors*, 24(2), 1-19.