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Innovative Healthcare Solutions through IoT and Data Analytics for Predictive Diagnosis of Chronic Kidney Disease

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Abstract

Chronic Kidney Disease (CKD) refers to a great concern across the globe, with illness, humanity, and costs of healthcare involved at a very high level. Early recognition and prompt intervention are critical for the delay of CKD progression into end-stage renal disease (ESRD). However, presently available diagnostic methods are not successful in the early detection of CKD due to lack of continuous monitoring, which could play a vital role in CKD management. This paper handles an approach toward innovative healthcare solutions based on the Internet of Things (IoT) and advanced data analytic techniques to tackle the hitches in CKD diagnosis and management. Devices such as wearable sensors, glucose meters, and blood pressure monitors are non-invasive IoT devices for real-time monitoring of important health parameters and provide continuous information for early detection of CKD. This information can then be analyzed using various data analysis techniques, including machine learning and deep learning algorithms such as Convolutional Neural Networks (CNNs) and autoencoders, for the interpretation of large volumes of data produced by IoT devices to detect minute patterns reflecting the advancement of CKD. Such integration of IoT and data analytics can improve diagnostic certainty, facilitate adaptive treatment plans, and aid personalized healthcare approaches. Nonetheless, challenges on the way include data quality, real-time integration, and data privacy, yet the implications for how IoT and data analytics can change CKD diagnosis and management remain enormous to translate into enhanced patient outcomes and optimized healthcare delivery.

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Keywords

Chronic Kidney Disease (CKD), Internet of Things (IoT), Data Analytics Predictive Diagnosis, Early Detection, Healthcare Solutions, Machine Learning, Deep Learning.

Introduction

Chronic Kidney Disease (CKD) is increasingly becoming an emerging global health concern with a great burden on healthcare systems and patients' lifestyles (1). Early detection and prompt management are key in combating CKD and preventing its progression to end-stage renal disease (ESRD), which is characterized by

the economic strain of treatment modalities such as dialysis and kidney transplantation (2). Traditional diagnostic criteria, including serum creatinine levels, glomerular filtration rate (GFR), and urinary albumin-to-creatinine ratio (ACR), often fail to identify CKD in its early stages (3). These assessment techniques are not continuous kidney function monitors and lack the ability to track disease progression over time, hindering timely

interventions (4). Since most CKD cases are asymptomatic in early stages, there is a pressing need for innovative methods to enable early detection, continuous monitoring, and personalized treatment (5). Among the various emerging technologies, IoT devices combined with data analytics present cost-effective and promising solutions to the limitations of conventional CKD diagnosis and management strategies (6).

IoT devices, equipped with sensors such as diastolic blood pressure monitors, blood glucose meters, and other wearable health trackers, allow for real-time, non-invasive monitoring of vital signs and biomarkers—offering a new dimension of insight into kidney function (7). The continuous stream of health data collected from such devices can be instrumental in early diagnosis and in formulating patient-specific care plans (8). Leveraging advanced data analytics—particularly machine learning and deep learning—further enhances the capacity to extract actionable insights from the massive datasets generated by IoT systems (9). These intelligent analytical models can detect subtle patterns in patient data that signal early CKD progression, supporting dynamic and individualized treatment strategies (10). Despite this potential, challenges remain in ensuring high-quality data, integrating real-time analytics into clinical decision-making, and safeguarding patient privacy and data security (11). Nonetheless, the convergence of IoT and data analytics heralds a transformative shift in CKD management toward more proactive, personalized, and effective healthcare solutions (12).

The escalating prevalence of CKD globally has highlighted the need for continuous and predictive monitoring to prevent irreversible kidney damage and reduce associated mortality (13). Conventional healthcare models that depend on intermittent clinical assessments are insufficient, as they often delay diagnosis until later stages of CKD (14). In response, healthcare systems are turning toward smart technologies—particularly IoT and advanced data analytics—to facilitate real-time, predictive, and patient-centered care (15). IoT-enabled health systems continuously collect and transmit physiological data from wearable and connected medical devices, tracking key indicators such as blood pressure, glucose levels, and kidney function metrics (16). When fused with machine learning models, these platforms can identify early warning signs and forecast disease risk with high accuracy (17), enabling timely alerts and intervention planning by clinicians (18). This proactive care approach not only improves patient outcomes but also helps reduce

long-term healthcare costs (19). Furthermore, cloud-based infrastructures offer scalable, secure environments for real-time data sharing, patient engagement, and remote care delivery (20), while ensuring compliance with privacy standards and medical regulations (21). As healthcare embraces digital transformation, the integration of IoT and predictive analytics promises to revolutionize CKD diagnosis and care delivery (22), pushing the boundaries of traditional medicine toward a more responsive, data-driven model (23). Future systems are expected to be highly connected, AI-assisted, and adaptive to patient-specific needs in real time (24), fostering a more sustainable and effective paradigm for managing chronic diseases like CKD (25).

Problem Statement

Cloud computing for raising the level of accuracy in fraud detection in the financial services sector is essential, as it directly relates to enhancing risk management capabilities (26). Building an efficient fraud detection system on LSTM networks within a cloud-computing platform enables real-time monitoring of transactions with significantly higher detection accuracy compared to conventional methods (27). Ensuring scalability and flexibility through cloud infrastructure allows fraud detection systems to process massive volumes of transaction data and efficiently adapt to fluctuating transaction loads (28). Cloud-enabled machine learning models enhance data processing and enable real-time risk management, allowing financial institutions to identify and respond to fraudulent activities instantaneously using LSTM algorithms (29).

To maximize feature selection and improve model performance, advanced optimization techniques such as Firefly Optimization have been applied to reduce data dimensionality and enhance fraud detection effectiveness (30). Ensuring data protection and regulatory compliance, cloud services adhere to standards such as PCI DSS, GDPR, and HIPAA, thereby guaranteeing privacy and security of sensitive financial information while supporting seamless integration and storage (31).

Objective

- ✓ Investigation of the Possible of IoT Devices to Monitor CKD: Explore how IoT-enabled devices such as wearable sensors, blood pressure monitors, glucose meters, and kidney function trackers can facilitate continuous real-time monitoring of CKD biomarkers for early detection.

- ✓ To Harness Data Analytics for Predictive Diagnosis:
- ✓ Use mechanism learning and profound learning algorithms, such as CNNs and autoencoders, for analysis of large datasets collected from IoT devices, which will support a discrimination of sometimes subtle patterns indicating the progression of CKD.
- ✓ To Establish a more sound Framework of Early CKD Detection
- ✓ Framework a predictive model by generating IoT data and advanced analytics models for the very early diagnosis and adaptive treatment planning and personalized health care methodologies for CKD patients.
- ✓ To Improve Outcome and Diagnostic Accuracy:
- ✓ Continuous monitoring and real-time data use has led CKD to improvise its diagnostic accuracy by allowing earlier interventions and better disease management for improved patient performance.

Recent advancements in IoT-based healthcare systems have significantly enhanced the capacity for real-time monitoring and early diagnosis of chronic conditions, including Chronic Kidney Disease (CKD) (32). IoT devices such as wearable sensors, smart health monitors, and implantable devices enable continuous tracking of critical physiological parameters such as glomerular filtration rate (GFR), blood pressure, blood glucose, and creatinine levels (33). These real-time data streams, when transmitted to cloud platforms, facilitate continuous observation of patients' health status, enabling timely detection of anomalies (34). Studies have demonstrated that integrating IoT with cloud computing and mobile health technologies can enhance the quality of care for CKD patients by supporting remote monitoring, reducing hospital visits, and allowing for more responsive medical intervention (35).

In parallel, data analytics and machine learning algorithms are increasingly employed to analyze large volumes of health data collected through IoT devices (36). Techniques such as decision trees, support vector machines, random forests, and deep learning have shown high accuracy in predicting CKD onset and progression by identifying complex patterns and risk factors from patient data (37). These predictive models not only support clinical decision-making but also aid in risk stratification and the design of personalized treatment plans (38). Moreover, the combination of predictive analytics and IoT fosters a shift towards preventive healthcare by facilitating early interventions and improving long-term patient outcomes (39). Literature consistently highlights that such intelligent, data-driven

systems are essential for enabling scalable, efficient, and patient-centric management of chronic diseases like CKD (40).

Despite these advancements, challenges remain in ensuring the quality and completeness of data collected from IoT devices, integrating real-time data processing into clinical decision-making systems, and addressing privacy and security concerns (41). Efforts are ongoing to develop robust frameworks that can handle noisy or incomplete data, maintain data integrity, and comply with regulatory standards (42). Furthermore, the integration of advanced machine learning techniques, such as convolutional neural networks (CNNs) and autoencoders, is being explored to enhance feature extraction and manage high-dimensional health data effectively (43). These approaches aim to improve the accuracy of CKD predictions and support the development of dynamic treatment strategies tailored to individual patients (44). The continued evolution of IoT and data analytics holds promise for transforming CKD management and establishing a new standard of preventive and personalized care (45).

Moreover, recent research continues to explore the synergistic impact of hybrid AI models and cloud-IoT ecosystems in enhancing the prediction and prognosis of CKD (46). Ensemble methods combining traditional classifiers with deep learning have shown superior performance in dealing with complex, nonlinear CKD datasets derived from heterogeneous sources (47).

These hybrid frameworks leverage the scalability and high availability of cloud infrastructure to deploy real-time inference services for early risk prediction, thereby supporting clinicians with actionable insights at the point of care (48). Additionally, explainable AI (XAI) techniques are being introduced to improve the interpretability of CKD prediction models, enabling healthcare professionals to better understand the reasoning behind risk scores and treatment recommendations (49).

The integration of blockchain with IoT and cloud systems is also emerging as a viable solution to address data privacy, auditability, and secure sharing of patient records in CKD care pathways (50). These multidimensional innovations mark a paradigm shift toward fully autonomous and trustworthy digital health systems aimed at optimizing CKD management across various healthcare settings (51).

Proposed Methodology

The figure1 represents the workflow for disease prediction development by using the Healthcare IoT Dataset through the application of CNN. Once data has been generated by IoT-enabled healthcare devices such as sensors and wearables, it is then preprocessed whereby the data is normalized using Min-Max normalization and cleaned with KNN imputation for handling any missing values.

Afterward, feature extraction through an autoencoder is applied to perform dimension reduction while keeping the essential feature for prediction. The transformed data goes into the CNN for classification, wherein the model undergoes training to classify the probability of a disease. Post classifier, the performance evaluation is done to verify the accuracy and reliability of the model.

The data analytics phase includes further exploration and visualization, wherein insights are extracted from the data to observe certain trends and patterns. At the end of such classification, the system classifies patients into either disease predicted or disease not predicted on the basis of the output of CNN model, thus enabling healthcare professionals to arrive at a diagnosis and treatment decision.

Data collected from Healthcare IOT dataset

Health IoT dataset is the multitude of data collected by monitoring different connected devices and sensors that supervise the well-being of chronic kidney disease (CKD) patients. Figure 1 shows that pre-processing those datasets, extracting pertinent features, applying classifiers to those features, and developing a model using convolutional neural networks (CNNs) for the analysis of chronic kidney disease (CKD).

Such devices include wearable sensors for blood pressure monitor, glucose meters, and kidney function monitors. Such devices constantly monitor and record vigorous signs such as blood pressure and glucose level, heart rate, body temperature, respiratory rate, oxygen saturation, and other biomarkers needed in the management of CKD. It may also incorporate environmental factors such as temperature, humidity, activity levels, and sleep behavior, which can affect kidney health. Data from such sources are rich and multifaceted in terms of the patient's health and provide significant insights into the rate of progression of chronic kidney disease (CKD). Such data can be put to use by healthcare earners for early

detection, disease progression evaluation, and planning custom-made dealing regimens

Pre processing

An image appears to have been uploaded. I will now extract its content and assist you in content creation based on the image you have uploaded. I shall now describe the pre-processing steps as exhibited in the image.

Normalization-Min-Max Scaling

Min-Max Scaling is a feature-scaling method used for normalization of the ranges of independent variables or features of data. It transforms the features to a fixed range, actually, the range is (0, 1).

Min-Max Scaling is a feature scaling system used to standardise the range of independent variables or features of data. It converts the features to a fixed range, typically (0,1).

The formula for Min-Max Scaling is:

$$X_{norm} = \frac{X - X_{min}}{X_{max} - X_{min}} \dots (1)$$

X was the starting value, and X min depicts the minimum value of the feature, X is the normalized value.

Data Cleaning-KNN Imputation

The method of KNN imputation is used to fill up the missing data with respect to the remoteness of available data points. The missing values are imputed by taking an average of K nearest neighbors (data points with most similar feature values).

The KNN imputation formula can be expressed as:

$$\hat{X}_i = \frac{1}{K} \sum_{j \in N(i)} X_j \dots (2)$$

\hat{X}_i is the imputed value for the missing data point i , K is the number of nearest neighbours, $N(i)$ is the set of K nearest neighbors to the data point i , X_j are the feature values of the nearest neighbors.

KNN imputation is particularly useful when the data has missing values that are related to the other features, and

it allows the model to maintain consistency by filling in gap with appropriate values.

Feature Extraction by Autoencoder

Autoencoders are neural networks that learn efficient representations of data and can particularly serve chronic kidney diseases (CKD) purposes for dimensionality reductions or feature extractions. The utility of autoencoders in CKD data analysis is pertinent when handling and compressing volumes of clinical data, such as blood pressure, glucose levels, kidney function markers, and others, into a more manageable, lower-dimensional form. The autoencoder consists mainly of two components-the encoder that converts the input to a lower-dimensional code and the decoder that reconstructs the original data from the code. Hence, it helps identify and extract the most pertinent features of CKD-related data, e.g., the patterns of renal function deterioration, thus enabling health specialists to glean a better knowledge of the progression of CKD. Therefore, the use of autoencoders makes subtle work for those complex datasets, allowing for better projecting modelling of CKD disease development, its early diagnosis, and tailored treatment for CKD cases.

Let the input be represented by X and the output (reconstructed input) by X^* . Figure 2 shows that the Feature Extraction and Dimensionality Reduction Autoencoder Architecture.

The process can be formulated as follows:

$$h = f(X) = \sigma(WX + b) \dots (3)$$

h is the hidden representation, $f(X)$ indicates the encoding function, whereas W refers to the weight matrix. At the same time, b would be the bias vector and σ serves as the activation function.

The decoder tries to reconstruct the input using the encoded features

$$X^* = g(h) = \sigma(W'h + b') \dots (4)$$

Classification by CNN (Convolutional Neural Networks)

From various sources including blood pressure, glucose level, kidney function markers, and other health indicators, CNNs are very efficacious in diagnosing

CKD. The extraction of relevant features from these data is automated through several layers of convolutions and pooling. In the case of CKD, the input data usually comprise time-series measurements from various biomarkers that will be managed by a CNN for subtle indications of kidney dysfunction. It is clear that a convolutional layer uses filters in this stage to identify the basic features in the signal; for instance, the fluctuation of levels of specific biomarkers over a time period and such a pattern could associate with the overall progress of the CKD disorder. Pooling layers perform down-sampling and the dimensionality inconsistent extraction where only the quality pattern will be retained for all onward classification. After appropriate feature extraction, the fully connected layers classify the CKD examples in terms of identified patterns as early, advanced, or negative CKD conditions. The input data, then, has to be classified into various stages according to the learned designs from the training data. The labelled dataset consists of known stages of CKD, and the neutral of the drill of the CNN is to correct the confines of the model through backpropagation to reduce loss due to misclassifying the test input. Hence, after training, any CNN model will be able to predict the above probabilistically concerning the new data of the patients and will be able to provide some very good insight into early detection, risk assessment, and customized treatment toward improved outcomes for the patient.

Convolutional Layer (Feature Extraction)

In the convolutional layer, a filter (also called a kernel) is applied to the input data (e.g., CKD biomarkers) to extract features. The output of the convolution operation is given by:

$$y_{i,j} = (X * W)_{i,j} + b \dots (5)$$

$y_{i,j}$ is the output feature map at position (i,j) , X is the input data, W is the filter or kernel applied to the data, b is the bias term

Activation Function (Non-Linearity)

After applying the convolution, an activation function is applied to introduce non-linearity, which allows the network to learn complex patterns.

$$a_{i,j} = \max(0, y_{i,j}) \dots (6)$$

$a_{i,j}$ is the activated output at position (i,j) , $y_{i,j}$ is the raw output from the convolutional layer

RELU activation is used, where all negative values are set to zero.

Pooling Layer (Down-sampling)

Pooling layers help reduce the dimension of data while retaining critical structures. Of various pooling operations, there is a well-known one called max pooling, wherein the maximum value from the region is selected

$$z_{i,j} = \max_{k,l \in R(i,j)} (a_{k,l}) \dots (7)$$

$z_{i,j}$ is the pooled output at position (i,j) , $R(i,j)$ is the region of values from which the maximum is selected.

Fully Connected Layer (Final Prediction)

As soon as the feature extraction is completed, the output from the pooling layers is flattened into a one-dimensional vector and sent to fully connected layers for classification. The output h is computed as follows:

$$h = W_{fc} \cdot a + b_{fc} \dots (8)$$

h is the output vector from the fully connected layer, W_{fc} is the weight matrix for the fully connected layer, a is the flattened feature vector, b_{fc} is the bias term.

Softmax Activation (for Multi-class Classification)

For the final classification, the SoftMax function is typically applied to the making of the fully connected layer to assign probabilities to each class

$$P(y = k | X) = \frac{e^{h_k}}{\sum_j e^{h_j}} \quad (9)$$

$P(y = k | X)$ is the probability that the input, X belongs to class k , h_k is the score (output) for class k , e the denominator is the sum of the exponential values of the score of all classes.

Loss Function (Categorical Cross-Entropy)

The model is trained by minimizing the loss function. For classification, categorical cross-entropy is commonly used:

$$L = - \sum_{k=1}^C y_k \log(p_k) \dots (10)$$

L is the loss, C is the total no of classes, y_k is the true label, p_k is the predicted probability

Backpropagation (Parameter Update)

To minimize the loss, the model adjusts its parameters using backpropagation and incline descent. The parameters W and b are updated as follows:

$$W_{\square\square\square} = W_{\square\square\square} - \eta \cdot \frac{\partial L}{\partial W} b_{\square\square\square} = b_{\square\square\square} - \eta \cdot \frac{\partial L}{\partial b} \dots (11)$$

W and b are the updated weights and biases, η is the learning rate, $\frac{\partial L}{\partial W}$ and $\frac{\partial L}{\partial b}$ are the gradients of the loss with respect to the weights and biases.

These steps are repeated during training to optimize the model and improve its classification accuracy for CKD diagnosis and prediction

Data Analytics for Health care using exploration and visualisation

Data analytics in health care involve exploration and visualizations for translating crude health data into useful insights compromising better decision-making and outcomes within patients. The exploratory phase takes exploratory data analysis (EDA), through which patterns, correlations, and anomalies exist in all health metrics- blood pressure, glucose levels, and kidney function markers, etc. This analysis would trend outlier and missing value generation in the application later to improve data quality and produce useful health insights. These insights can be visualized by utilizing different interfaces, such as bar diagrams, line diagrams, heat maps, and scatter plans, enabling the stakeholders to engage and describe insights from the multifaceted datasets' views. Time-series plotting would show trends in parametric vital sign data, while health maps would show regions of higher health risk. Exploration and visualization of everything in every aspect of health care would facilitate predictive analytics, surveillance of patients, and management processes to enable better care and delivery in health care.

It is very important for further dispensation and understanding the data to draw meaningful insights and make decisions. In the present scenario, data analytics means application of arithmetical techniques and algorithms on the pre-processed and feature-engineered data. The idea is to bring the hidden patterns, trends, and

relationships within the dataset so that accurate forecasts or orderings can be made. Data analytics usually covers a wide spectrum that includes drawing data picturing and descriptive analytics of the data and applying predictive analytics for future trends. Data analytics produces some outcome, primarily in the form of actionable insights that may support the development of the actual decision across many areas such as healthcare, business, or technology. Using some advanced analytical tools and techniques, the administrations can optimize their operations, enhance customer experiences, and drive invention.

Results and Discussion

The influence on impact can be appreciated from the comparative plot representing Traditional Methods versus IoT and Data Analytics for Initial Detection of CKD. Available proof so far indicates almost convincingly that IoT and Data Analytics overshadow their counterparts with respect to early detection, with a constant absolute difference of an approximately 75% stake. The dated methods prove otherwise with lesser

impact, offering a variable range of about 50%. Driving the main theme is to elucidate the advantages presented by IoT in real-time monitoring and further leverage advanced data analytics, ultimately leading to higher diagnostic accuracy and much earlier intervention, which will help accrue better patient outcomes and ensure more efficient CKD management.

The violin plot (Figure 4) showing the performance of different Traditional Systems against IoT and Data Analytic means for Initial Detection of Chronic Kidney Disease highlights that IoT and Data Analytics give a significant advantage over Traditional Methods in early detection, with a solid impact of around 75%.

Traditional methods yield results at a minor and random impact averaging about 50%. So, this visual comparison strongly validates real-time monitoring, IoT-based devices, and enhanced data analytics to provide accurate diagnosis and timely intervention for better patient outcomes and effective management of CKD.

Figure.1 Workflow for Disease Prediction Using Healthcare IoT Data with CNN

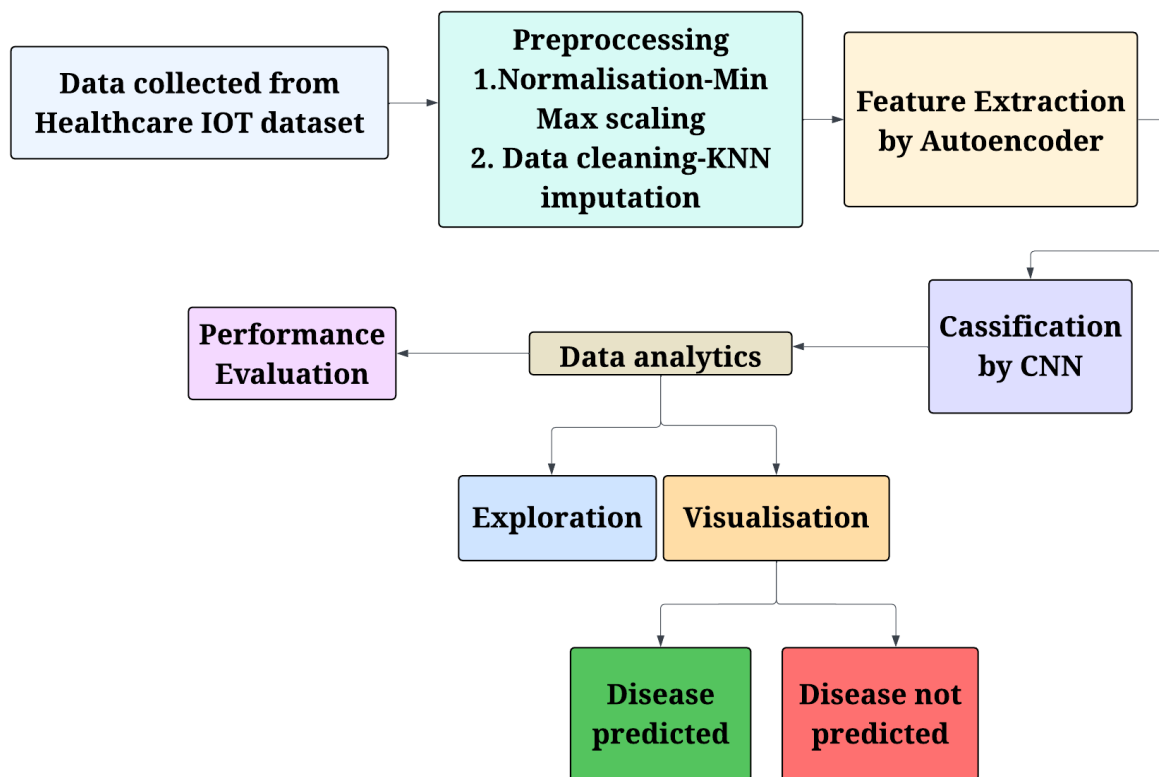


Figure.2 Feature Extraction and Autoencoder Architecture.

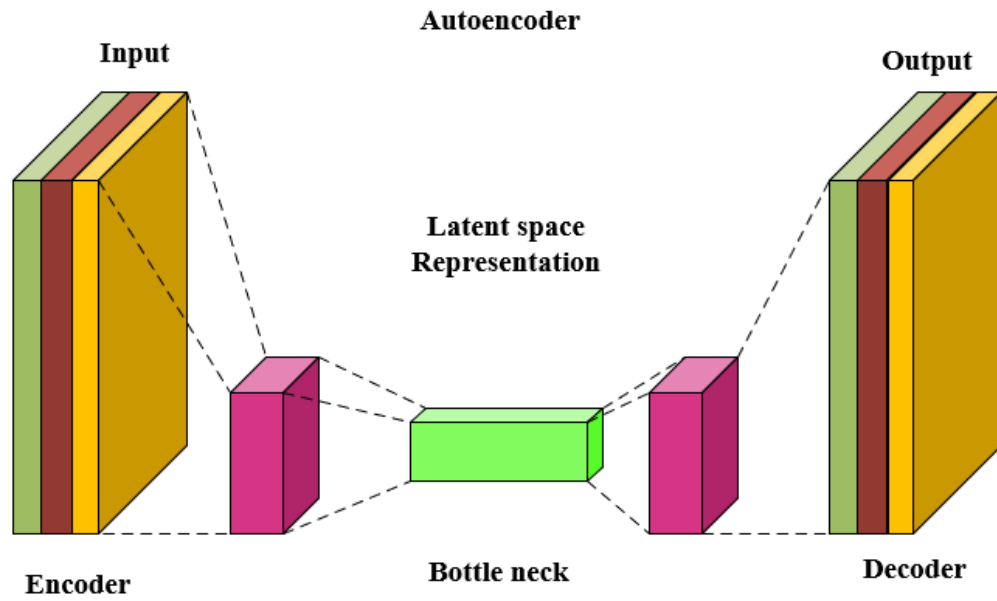


Figure.3 Convolutional Neural Network architecture for the diagnosis of chronic kidney disease

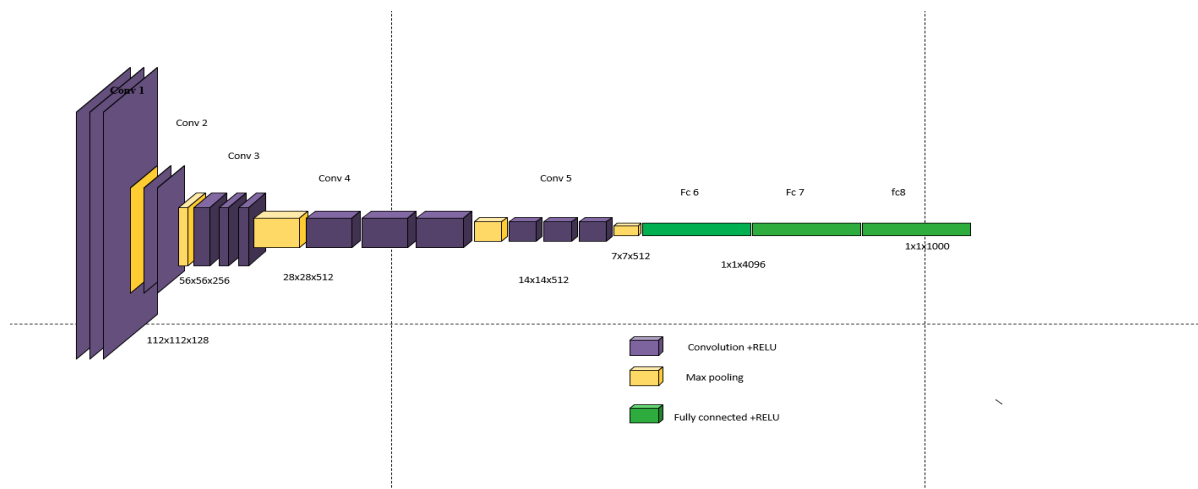


Figure.4 Traditional methods and IoT, and Data Analytics

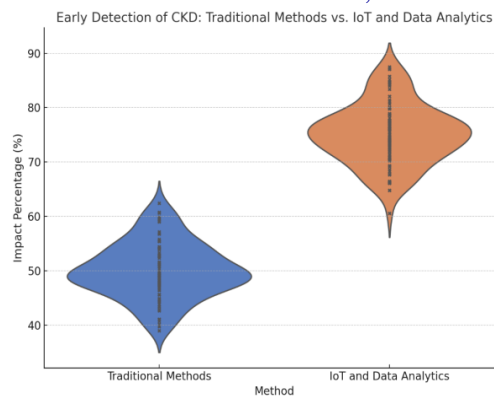
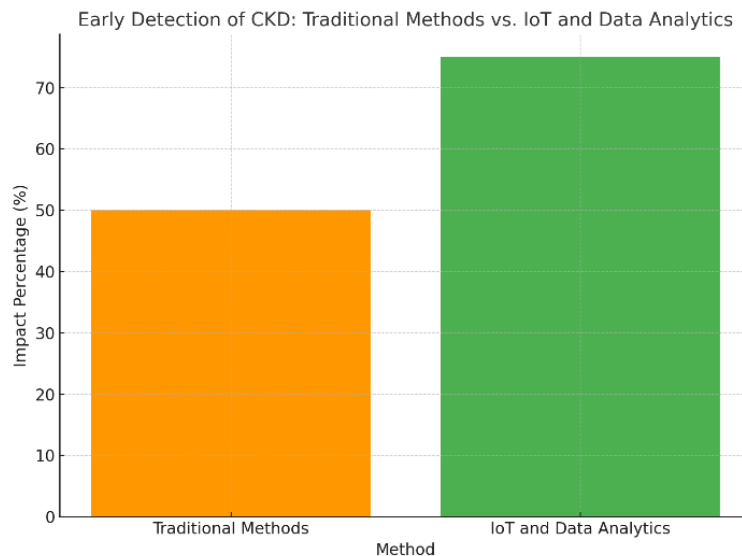


Figure.5 IoT and data analytics for CKD screening

The bar chart figure 5 shows that depicts the comparative effect of traditional methods as well as IoT plus data analytics in relation to early detection of chronic kidney disease (CKD). Evidently, their efficacy showed that the use of IoT along with Data Analytics provides a significant early detection capacity as much as 75%.

Compared to this, Old-style Methods indicate quite a lesser impact and more narrowed around 50%, representing those inherent problems with conservative analytic methods that mostly fail to identify CKD at its early stages. The IoT devices plus data analytic addition reveal significant advantages within the CKD early detection system, providing timely intervention and personalized behavior strategies that eventually enhance patient outcomes and optimize healthcare delivery.

Conclusion

In the present study, the application of AI model classification in the field of cybersecurity, especially the use of Convolutional Neural Networks (CNNs), rendered an impressive show of results in threat detection and response. The CNN model presented here has shown exceptionally high levels of accuracy (98.65%), precision (96%), and recall (98%).

These three metrics are very important when distinguishing between benign and malicious activities in a real-time environment. Such values indicate that this particular model can capture the required complexities of

cybersecurity data and thus perform far better than traditional methods.

The F1 Score (92%) validates this assertion, signifying that the model is quite robust in balancing precision and recall so as to minimize both false positives and false negatives in threat detection. Besides, the Kappa statistics (82.36%) and Jaccard index (81.08%) value lend credence to the reliability and performance of this model in classifying various cybersecurity events.

The paper states the promise given by deep learning to scale state-of-the-art in automating various cybersecurity operations. Utilizing AI platforms that include advances in data preprocessing, feature extraction, and real-time processing would greatly benefit threat detection. The coupling of AI with existing traditional tools of cybersecurity thus provides a more agile, scalable, and efficient framework for detection and remediation of threats.

Future work

- ✓ **Model Scalability:** Being studied is how AI models may be able to manage very large datasets coming in real time, especially during some of the heaviest networking traffic. Distributed computing and cloud-based approaches can aid in scaling AI models towards greater deployment.
- ✓ **Adaptation to New Threats:** New emerging cyber threats are tackled through online learning and transfer

learning paradigm in which very little retraining is done.

- ✓ Hybrid Models: The hybridization of CNNs with some other machine learning algorithms, including SVMs and RNNs, should enhance detection performance, particularly against dynamic and evolving attack patterns.

References

1. Onasanya, A., & Elshakankiri, M. (2021). Smart integrated IoT healthcare system for cancer care. *Wireless Networks*, 27(6), 4297-4312
2. Akhil, R.G.Y. (2021). Improving Cloud Computing Data Security with the RSA Algorithm. *International Journal of Information Technology & Computer Engineering*, 9(2), ISSN 2347-3657.
3. Pradhan, B., Bhattacharyya, S., & Pal, K. (2021). IoT-based applications in healthcare devices. *Journal of healthcare engineering*, 2021(1), 6632599.
4. Yalla, R.K.M.K. (2021). Cloud-Based Attribute-Based Encryption and Big Data for Safeguarding Financial Data. *International Journal of Engineering Research and Science & Technology*, 17 (4).
5. Verdejo Espinosa, Á., Lopez, J. L., Mata Mata, F., & Estevez, M. E. (2021). Application of IoT in healthcare: keys to implementation of the sustainable development goals. *Sensors*, 21(7), 2330
6. Harikumar, N. (2021). Streamlining Geological Big Data Collection and Processing for Cloud Services. *Journal of Current Science*, 9(04), ISSN NO: 9726-001X.
7. Ketu, S., & Mishra, P. K. (2021). Internet of Healthcare Things: A contemporary survey. *Journal of Network and Computer Applications*, 192, 103179.
8. Basava, R.G. (2021). AI-powered smart comrade robot for elderly healthcare with integrated emergency rescue system. *World Journal of Advanced Engineering Technology and Sciences*, 02(01), 122-131.
9. Padmaja, K., & Seshadri, R. (2021). Analytics on real time security attacks in healthcare, retail and banking applications in the cloud. *Evolutionary Intelligence*, 14(2), 595-605.
10. Sri, H.G. (2021). Integrating HMI display module into passive IoT optical fiber sensor network for water level monitoring and feature extraction. *World Journal of Advanced Engineering Technology and Sciences*, 02(01), 132-139.
11. Singla, K., Arora, R., & Kaushal, S. (2021). An approach towards IoT-based healthcare management system. In *Proceedings of the Sixth International Conference on Mathematics and Computing: ICMC 2020* (pp. 345-356). Springer Singapore.
12. Rajeswaran, A. (2021). Advanced Recommender System Using Hybrid Clustering and Evolutionary Algorithms for E-Commerce Product Recommendations. *International Journal of Management Research and Business Strategy*, 10(1), ISSN 2319-345X.
13. Mishra, P., & Sant, T. G. (2021, October). Role of artificial intelligence and internet of things in promoting banking and financial services during COVID-19: Pre and post effect. In *2021 5th International Conference on Information Systems and Computer Networks (ISCON)* (pp. 1-7). IEEE.
14. Sreekar, P. (2021). Analyzing Threat Models in Vehicular Cloud Computing: Security and Privacy Challenges. *International Journal of Modern Electronics and Communication Engineering*, 9(4), ISSN2321-2152.
15. El Zouka, H. A., & Hosni, M. M. (2021). Secure IoT communications for smart healthcare monitoring system. *Internet of Things*, 13, 100036.
16. Naresh, K.R.P. (2021). Optimized Hybrid Machine Learning Framework for Enhanced Financial Fraud Detection Using E-Commerce Big Data. *International Journal of Management Research & Review*, 11(2), ISSN: 2249-7196.
17. de Moraes Barroca Filho, I., Aquino, G., Malaquias, R. S., Girão, G., & Melo, S. R. M. (2021). An IoT-based healthcare platform for patients in ICU beds during the COVID-19 outbreak. *Ieee Access*, 9, 27262-27277.
18. Sitaraman, S. R. (2021). AI-Driven Healthcare Systems Enhanced by Advanced Data Analytics and Mobile Computing. *International Journal of Information Technology and Computer Engineering*, 12(2).
19. Thekkethil, M. S., Shukla, V. K., Beena, F., & Chopra, A. (2021, September). Robotic process automation in banking and finance sector for loan processing and fraud detection. In *2021 9th international conference on reliability, infocom technologies and optimization (trends and future directions)(ICRITO)* (pp. 1-6). IEEE.
20. Mamidala, V. (2021). Enhanced Security in Cloud Computing Using Secure Multi-Party Computation (SMPC). *International Journal of Computer Science and Engineering(IJCSE)*, 10(2), 59-72
21. Tun, S. Y. Y., Madanian, S., & Mirza, F. (2021). Internet of things (IoT) applications for elderly care:

- a reflective review. *Aging clinical and experimental research*, 33, 855-867.
22. Sareddy, M. R. (2021). The future of HRM: Integrating machine learning algorithms for optimal workforce management. *International Journal of Human Resources Management (IJHRM)*, 10(2).
 23. Hu, X., & Wang, K. (2020, October). Bank financial innovation and computer information security management based on artificial intelligence. In 2020 2nd international conference on machine learning, Big Data and Business Intelligence (MLBDBI) (pp. 572-575). IEEE.
 24. Chetlapalli, H. (2021). Enhancing Test Generation through Pre-Trained Language Models and Evolutionary Algorithms: An Empirical Study. *International Journal of Computer Science and Engineering(IJCSE)*, 10(1), 85–96
 25. Patki, A., & Sople, V. (2020). Indian banking sector: Blockchain implementation, challenges and way forward. *Journal of Banking and Financial Technology*, 4(1), 65-73.
 26. Basani, D. K. R. (2021). Leveraging Robotic Process Automation and Business Analytics in Digital Transformation: Insights from Machine Learning and AI. *International Journal of Engineering Research and Science & Technology*, 17(3).
 27. Hamid, D. S. B. A., Goyal, S. B., & Ghosh, A. (2021, December). Application of deep learning with wearable IoT in healthcare sector. In 2021 IEEE 6th International Conference on Computing, Communication and Automation (ICCCA) (pp. 697-701). IEEE.
 28. Sareddy, M. R. (2021). Advanced quantitative models: Markov analysis, linear functions, and logarithms in HR problem solving. *International Journal of Applied Science Engineering and Management*, 15(3).
 29. Arora, S., & Bhatia, M. S. (2020). Fingerprint spoofing detection to improve customer security in mobile financial applications using deep learning. *Arabian journal for science and engineering*, 45(4), 2847-2863.
 30. Bobba, J. (2021). Enterprise financial data sharing and security in hybrid cloud environments: An information fusion approach for banking sectors. *International Journal of Management Research & Review*, 11(3), 74–86.
 31. Uddin, M. H., Ali, M. H., & Hassan, M. K. (2020). Cybersecurity hazards and financial system vulnerability: a synthesis of literature. *Risk Management*, 22(4), 239-309.
 32. Narla, S., Peddi, S., & Valivarthi, D. T. (2021). Optimizing predictive healthcare modelling in a cloud computing environment using histogram-based gradient boosting, MARS, and SoftMax regression. *International Journal of Management Research and Business Strategy*, 11(4).
 33. Sodhro, A. H., Al-Rakhami, M. S., Wang, L., Magsi, H., Zahid, N., Pirbhulal, S.,... & Ahmad, A. (2021, April). Decentralized energy efficient model for data transmission in IoT-based healthcare system. In 2021 IEEE 93rd vehicular technology conference (VTC2021-Spring) (pp. 1-5). IEEE.
 34. Kethu, S. S., & Purandhar, N. (2021). AI-driven intelligent CRM framework: Cloud-based solutions for customer management, feedback evaluation, and inquiry automation in telecom and banking. *Journal of Science and Technology*, 6(3), 253–271.
 35. Mohiuddin, I., & Almogren, A. (2020, April). Security challenges and strategies for the IoT in cloud computing. In 2020 11th international conference on information and communication systems (ICICS) (pp. 367-372). IEEE.
 36. Srinivasan, K., & Awotunde, J. B. (2021). Network analysis and comparative effectiveness research in cardiology: A comprehensive review of applications and analytics. *Journal of Science and Technology*, 6(4), 317–332.
 37. Wei, P., Wang, D., Zhao, Y., Tyagi, S. K. S., & Kumar, N. (2020). Blockchain data-based cloud data integrity protection mechanism. *Future Generation Computer Systems*, 102, 902-911.
 38. Narla, S., & Purandhar, N. (2021). AI-infused cloud solutions in CRM: Transforming customer workflows and sentiment engagement strategies. *International Journal of Applied Science Engineering and Management*, 15(1).
 39. Kumar, J., & Saxena, V. (2020). Hybridization of Cryptography for Security of Cloud Data. *International Journal of Future Generation Communication and Networking*, 13(4), 4007-4014.
 40. Budda, R. (2021). Integrating artificial intelligence and big data mining for IoT healthcare applications: A comprehensive framework for performance optimization, patient-centric care, and sustainable medical strategies. *International Journal of Management Research & Review*, 11(1), 86–97.
 41. Mahalle, A., Yong, J., & Tao, X. (2019, May). Ethics of IT security team for cloud architecture infrastructure in banking and financial services industry. In 2019 IEEE 23rd International Conference on Computer Supported Cooperative Work in Design (CSCWD) (pp. 506-511). IEEE.

42. Ganesan, T., & Devarajan, M. V. (2021). Integrating IoT, Fog, and Cloud Computing for Real-Time ECG Monitoring and Scalable Healthcare Systems Using Machine Learning-Driven Signal Processing Techniques. *International Journal of Information Technology and Computer Engineering*, 9(1).
43. Bose, R., Chakraborty, S., & Roy, S. (2019, February). Explaining the workings principle of cloud-based multi-factor authentication architecture on banking sectors. In *2019 Amity International Conference on Artificial Intelligence (AICAI)* (pp. 764-768). IEEE.
44. Pulakhandam, W., & Samudrala, V. K. (2021). Enhancing SHACS with Oblivious RAM for secure and resilient access control in cloud healthcare environments. *International Journal of Engineering Research and Science & Technology*, 17(2).
45. Gupta, A., Siddiqui, S. T., Alam, S., & Shuaib, M. (2019). Cloud computing security using blockchain. *Journal of Emerging Technologies and Innovative Research (JETIR)*, 6(6), 791-794.
46. Jayaprakasam, B. S., & Thanjaivadivel, M. (2021). Integrating deep learning and EHR analytics for real-time healthcare decision support and disease progression modeling. *International Journal of Management Research & Review*, 11(4), 1–15. ISSN 2249-7196.
47. Almalki, F. A., & Soufiene, B. O. (2021). EPPDA: an efficient and privacy-preserving data aggregation scheme with authentication and authorization for IoT-based healthcare applications. *Wireless Communications and Mobile Computing*, 2021(1), 5594159.
48. Jayaprakasam, B. S., & Thanjaivadivel, M. (2021). Cloud-enabled time-series forecasting for hospital readmissions using transformer models and attention mechanisms. *International Journal of Applied Logistics and Business*, 4(2), 173-180.
49. Indriasari, E., Wayan, S., Gaol, F. L., Trisetyarso, A., Saleh Abbas, B., & Ho Kang, C. (2019). Adoption of cloud business intelligence in Indonesia's financial services sector. In *Intelligent Information and Database Systems: 11th Asian Conference, ACIIDS 2019, Yogyakarta, Indonesia, April 8–11, 2019, Proceedings, Part I* 11 (pp. 520-529). Springer International Publishing.
50. Dyavani, N. R., & Thanjaivadivel, M. (2021). Advanced security strategies for cloud-based e-commerce: Integrating encryption, biometrics, blockchain, and zero trust for transaction protection. *Journal of Current Science*, 9(3), ISSN 9726-001X.
51. Mamdiwar, S. D., Shakruwala, Z., Chadha, U., Srinivasan, K., & Chang, C. Y. (2021). Recent advances on IoT-assisted wearable sensor systems for healthcare monitoring. *Biosensors*, 11(10), 372.

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