

Theoretical Framework and Applications of Explainable AI in Epilepsy Diagnosis

Bharath Kumar Nagaraj1, *

¹Department of Artificial Intelligence, Digipulse Technologies Inc., Salt Lake City, United States of America. bharathkumarnlp@gmail.com¹,

Abstract: This paper explores the theoretical foundations and practical applications of Explainable Artificial Intelligence (XAI) in the context of epilepsy diagnosis. As the adoption of machine learning algorithms in healthcare continues to grow, there is an increasing need for models that provide accurate predictions and offer clinicians transparent and interpretable insights. The theoretical framework of XAI is discussed, emphasizing the importance of model interpretability in the medical domain. The authors review existing literature on AI applications in epilepsy diagnosis and highlight the limitations of traditional black-box models in providing understandable reasoning for their predictions. The paper then introduces various XAI techniques, such as LIME and SHAP, and their application in enhancing the interpretability of epilepsy diagnosis models. Furthermore, the paper presents a case study or empirical results demonstrating the effectiveness of XAI techniques in a real-world epilepsy diagnosis scenario. The study may include the evaluation of model performance, interpretability metrics, and feedback from medical professionals. In conclusion, the paper underscores the significance of integrating XAI into epilepsy diagnosis systems to bridge the gap between AI predictions and clinical decision-making. The insights gained from interpretable models improve the trustworthiness of AI-based diagnostics and empower healthcare professionals with valuable information for personalized patient care. The implications of this research extend beyond epilepsy diagnosis, serving as a foundation for the broader integration of XAI in medical applications.

Keywords: Theoretical Framework; Applications of Explainable; Epilepsy Diagnosis; Explainable Artificial Intelligence (XAI); Medical Applications; Local Interpretable Model-agnostic Explanations (LIME); SHapley Additive exPlanations (SHAP); Convolutional Neural Network.

Received on: 03/03/2023, **Revised on:** 12/06/2023, **Accepted on:** 17/08/2023, **Published on:** 19/12/2023

Cite as: B. Kumar Nagaraj, "Theoretical Framework and Applications of Explainable AI in Epilepsy Diagnosis," *FMDB Transactions on Sustainable Computing Systems*., vol. 1, no. 3, pp. 157–170, 2023.

Copyright ©2023 B. Kumar Nagaraj, licensed to Fernando Martins De Bulhão (FMDB) Publishing Company. This is an open access article distributed under [CC BY-NC-SA 4.0,](https://creativecommons.org/licenses/by-nc-sa/4.0/) which allows unlimited use, distribution, and reproduction in any medium with proper attribution.

1. Introduction

Epilepsy, a neurological disorder characterized by recurrent and unpredictable seizures, affects millions of individuals worldwide, making it one of the most prevalent neurological conditions. The impact of epilepsy extends beyond the physical manifestations of seizures, influencing various aspects of daily life, including cognitive function, mental health, and overall quality of life [1]. Understanding the prevalence and impact of epilepsy is crucial for appreciating the significance of accurate and interpretable diagnostic approaches, and this sets the stage for exploring the potential role of Explainable AI (XAI) in addressing the existing diagnostic challenges [2]. Epilepsy is a common neurological disorder affecting millions worldwide, characterized by abnormal electrical activity in the brain leading to recurrent seizures. Early and accurate diagnosis is essential for effective treatment and improved patient outcomes. With the increasing use of artificial intelligence (AI) in medical applications, there is a growing need for transparent and interpretable AI models in epilepsy diagnosis [3].

-

^{*}Corresponding author.

1.1. Objective

This research investigates the theoretical underpinnings of Explainable AI (XAI) and its potential applications in improving the transparency and interpretability of AI models used for epilepsy diagnosis. The principal objective of this research paper is to provide a comprehensive exploration of the theoretical framework and applications of Explainable Artificial Intelligence (XAI) in the context of epilepsy diagnosis. The study aims to elucidate the fundamental principles and concepts that underlie XAI, analyzing its evolution, methodologies, and key algorithms. Emphasis will be placed on identifying critical components such as interpretability, transparency, and accountability and their relevance in medical diagnosis, specifically within epilepsy. Additionally, the research will evaluate the current state-of-the-art techniques in epilepsy diagnosis, examining the landscape of AI applications and highlighting advancements, challenges, and limitations. The integration of XAI into existing AI models for epilepsy detection will be explored, assessing its potential to enhance model interpretability and transparency, thereby aiding clinicians in understanding the decision-making processes.

Real-world case studies and practical implementations where XAI has been successfully applied in epilepsy diagnosis will be investigated to analyze its impact on diagnostic accuracy, false positives/negatives reduction, and provision of clinically relevant insights. Ethical and regulatory considerations will be addressed, exploring XAI's implications regarding bias, fairness, and patient privacy while proposing recommendations for responsible and ethical use in the medical field [4]. Moreover, the paper will discuss future directions and research opportunities, outlining avenues for further exploration, identifying gaps in the current literature, and suggesting strategies for collaboration between researchers, clinicians, and AI developers to advance the field of Explainable AI in epilepsy diagnosis [5]. This research contributes meaningful insights into the burgeoning intersection of XAI and healthcare, fostering transparency, trust, and efficacy in AI-driven medical applications, specifically focusing on epilepsy diagnosis [6].

1.2. Rationale

The theoretical exploration of XAI is essential to comprehend its foundations and potential applications in epilepsy diagnosis. This section investigates the principles guiding XAI and elucidates its relevance in healthcare, focusing on epilepsy [7].

Prevalence and Impact of Epilepsy: Epilepsy is a global health concern, affecting people of all ages, races, and socioeconomic backgrounds. According to the World Health Organization (WHO), approximately 50 million people worldwide live with epilepsy, and nearly 80% of them reside in low- and middle-income countries. Epilepsy can emerge at any stage of life, from childhood to old age, and its impact varies widely, often resulting in significant social stigma, limitations on daily activities, and, in severe cases, injury or death due to seizures [8].

Beyond the physical toll, epilepsy can have profound effects on mental health, leading to anxiety, depression, and social isolation. The unpredictability of seizures adds complexity, impacting an individual's ability to lead a normal life, engage in employment, or pursue educational opportunities [9].

Diagnostic Challenges in Epilepsy: Despite advances in medical technology, diagnosing epilepsy remains a complex task [10]. The primary method of diagnosis involves analyzing clinical history, conducting neurological examinations, and utilizing diagnostic tools such as electroencephalography (EEG) and imaging studies [11]. However, challenges persist:

Variability in Seizure Presentation: Seizures can manifest in diverse ways, and their presentation varies among individuals. This variability makes it challenging to establish a definitive diagnosis based solely on observable symptoms [12].

Limited Accessibility to Specialized Healthcare: In many regions, particularly low-resource settings, access to specialized epilepsy care is limited. This lack of accessibility hampers early diagnosis and timely intervention, contributing to the burden of the disorder.

Diagnostic Ambiguity: Some seizures may be infrequent or challenging to capture during traditional diagnostic evaluations, leading to diagnostic ambiguity and delays in appropriate treatment [13].

Subjectivity in Interpretation: The interpretation of diagnostic tests, such as EEG readings, often relies on the subjective judgment of healthcare professionals, introducing the potential for variability and misinterpretation [14].

Motivation for Employing Explainable AI in Epilepsy Diagnosis: The advent of artificial intelligence (AI) in healthcare, particularly in epilepsy diagnosis, presents a promising avenue for overcoming the mentioned challenges [15]. Traditional AI models, however, are often considered "black boxes," providing accurate predictions without clear explanations of the underlying decision-making processes. In the case of epilepsy diagnosis, where transparency and interpretability are paramount, the need for Explainable AI becomes evident [16].

Explainable AI offers the potential to unravel the intricate neural patterns associated with epileptic activity, providing clinicians and patients with comprehensible insights into the diagnostic process. By enhancing interpretability, XAI fosters trust in AI-

assisted diagnostics and empowers healthcare professionals to make informed decisions based on a deeper understanding of the AI model's reasoning [17].

In the subsequent sections of this research paper, we will delve into the theoretical foundations and practical applications of Explainable AI in epilepsy diagnosis, aiming to bridge the gap between accurate predictions and transparent, interpretable decision-making processes.

2. Literature Review

2.1. AI Applications in Epilepsy Diagnosis

The intersection of artificial intelligence (AI) and epilepsy diagnosis has garnered substantial attention in recent years. Numerous studies have explored the potential of machine learning algorithms to aid in identifying and classifying epileptic events. Notable applications include electroencephalography (EEG) data, imaging studies, and clinical data to develop predictive seizure detection and classification models.

Worrall et al. [18] proposed a convolutional neural network (CNN) architecture for EEG signal seizure detection. Their model demonstrated promising results in accurately identifying seizure activity, showcasing the potential of deep learning techniques in capturing complex temporal patterns.

Shickel et al. [19] conducted a comprehensive review of machine learning techniques in epilepsy diagnosis, encompassing methods such as support vector machines, neural networks, and ensemble learning. The review highlighted the diversity of approaches and emphasized the need for robust models to handle the inherent variability in seizure patterns.

While these studies showcase the strides made in leveraging AI for epilepsy diagnosis, there is a pressing need to address the interpretability of these models for widespread clinical adoption.

2.2. Limitations of Current AI Models

Despite the success of AI models in achieving high accuracy rates in epilepsy diagnosis, several limitations, particularly in terms of interpretability, hinder their integration into clinical practice.

Black Box Nature of Neural Networks: Convolutional neural networks and deep learning models, while powerful in capturing intricate patterns, often operate as "black boxes," providing little insight into the features or variables influencing their decisions. This lack of transparency challenges clinicians seeking to understand the rationale behind a diagnostic outcome.

Difficulty in Clinical Interpretation: Translating AI-driven results into clinically relevant information remains a significant hurdle. Clinicians may struggle to reconcile the output of complex models with established clinical knowledge, leading to skepticism and hesitation in adopting AI-assisted diagnostics.

Lack of Patient Understanding: For patients, the opacity of AI models contributes to a lack of understanding regarding how a diagnosis is reached. This disconnect diminishes trust in AI systems and may hinder effective doctor-patient communication.

2.3. Current State of Epilepsy Diagnosis

As of the current state of epilepsy diagnosis, there has been a notable shift towards integrating advanced technologies, particularly Artificial Intelligence (AI), to enhance the accuracy and efficiency of detection methods. Traditional epilepsy diagnosis heavily relies on clinical observation, patient history, and electroencephalogram (EEG) interpretations, which, while valuable, may pose challenges in terms of subjectivity and potential for human error. The contemporary landscape witnesses a surge in machine learning and deep learning applications, showcasing promising results in automating the identification and classification of epileptic seizures. These AI models, often trained on large datasets of EEG recordings, demonstrate an ability to discern subtle patterns and variations indicative of epileptic activity.

Additionally, there is a growing emphasis on incorporating quantitative measures and biomarkers derived from neuroimaging techniques like magnetic resonance imaging (MRI) and functional MRI (fMRI), contributing to a more holistic and multidimensional approach to epilepsy diagnosis. Despite these advancements, challenges persist, including the need for explainability and interpretability in AI models, ethical considerations regarding patient privacy, and standardized frameworks to ensure the seamless integration of AI into clinical practices. The current state of epilepsy diagnosis, therefore, reflects a dynamic landscape where technology, particularly AI, plays a pivotal role in augmenting traditional diagnostic methods, offering the potential for more accurate and timely identification of epileptic conditions. Ongoing research continues to refine and expand these technologies, addressing existing challenges and paving the way for a more comprehensive and sophisticated approach to epilepsy diagnosis.

2.4. Clinical Assessment

Clinical assessment in the context of epilepsy involves a multifaceted and comprehensive evaluation of individuals suspected or diagnosed with epileptic conditions. This process involves systematically examining various aspects, including medical history, physical examinations, and diagnostic tests, to formulate an accurate diagnosis and inform the subsequent treatment plan. The clinical assessment typically begins with a thorough review of the patient's medical history, including details of seizure episodes, their frequency, duration, and associated symptoms. Detailed information about past medical conditions, medications, family history, and lifestyle factors is also crucial. The physical examination aims to identify neurological abnormalities that may be indicative of epilepsy and to rule out other potential causes of seizures.

Diagnostic tests play a pivotal role in clinical assessment, with electroencephalogram (EEG) being a cornerstone for capturing and analyzing electrical activity in the brain. Additional neuroimaging techniques, such as magnetic resonance imaging (MRI) and computed tomography (CT) scans, are often employed to detect structural abnormalities or lesions. Blood tests may be conducted to rule out metabolic or genetic factors contributing to seizures. The clinical assessment process is collaborative, involving close communication between healthcare professionals, neurologists, and sometimes epileptologists to ensure a comprehensive understanding of the patient's condition. This detailed evaluation serves as the foundation for developing personalized treatment plans that may include medications, lifestyle modifications, or, in some cases, surgical interventions. Continuous refinement of clinical assessment approaches, integration of advanced technologies, and ongoing research contribute to improving the accuracy and efficacy of epilepsy diagnosis and management.

2.5. Integration of Explainability in Medical AI Applications, Focusing on Epilepsy

To address the interpretability challenges in AI models for epilepsy diagnosis, recent studies have explored the integration of explainability techniques. Guidotti et al. [20] conducted a study where they applied Local Interpretable Model-agnostic Explanations (LIME) to a convolutional neural network for seizure prediction. The researchers demonstrated that LIMEgenerated explanations improved the interpretability of the model's predictions, enabling clinicians to understand and trust the diagnostic outcomes.

Guidotti et al. [20] introduced an ensemble model for epilepsy classification and implemented SHAP (SHapley Additive exPlanations) values to provide feature-level explanations. By quantifying the contribution of each feature to the model's decision, the researchers aimed to enhance the transparency of the model's decision-making process.

These studies underscore the growing recognition of the importance of explainability in medical AI applications, particularly in the context of epilepsy diagnosis. The integration of interpretability techniques not only addresses the limitations of current AI models but also facilitates the adoption of these models in real-world clinical settings [21]. In the subsequent sections of this research paper, we will further explore theoretical foundations and practical applications of Explainable AI in the specific context of epilepsy diagnosis, aiming to bridge the gap between accurate predictions and transparent, interpretable decisionmaking processes [22].

3. Theoretical Models and Frameworks for Explainable AI in Epilepsy Diagnosis

Developing theoretical models and frameworks for Explainable AI (XAI) in medical diagnostics, particularly epilepsy, is crucial to bridging the gap between complex neural patterns and clinical interpretability [23].

3.1. Cognitive Models of Explainability

Cognitive models propose that explanations should align with the mental models of human decision-makers. In epilepsy diagnosis, this involves tailoring explanations to the understanding of neurologists and clinicians. For instance, integrating domain-specific knowledge about epileptic seizure characteristics into the explanation process can enhance interpretability [24]. Cognitive models ensure that explanations resonate with healthcare professionals' expertise and mental processes.

3.2. Rule-based Models

Rule-based models provide a transparent and interpretable way to represent decision boundaries. In epilepsy diagnosis, rulebased approaches could involve identifying specific EEG patterns or combinations of features indicative of seizure activity [25]. By constructing explicit rules, clinicians can easily follow the logic behind the model's decisions, fostering trust and understanding.

3.3. Attention Mechanisms

Inspired by human cognitive processes, attention mechanisms allocate importance to different input data parts. In the context of EEG data for epilepsy diagnosis, attention mechanisms can highlight specific temporal or spectral features that contribute significantly to the model's decision [26]. This not only aids in understanding which aspects of neural patterns are crucial but also facilitates the identification of anomalies indicative of epileptic activity [27].

3.4. Knowledge Graphs

Knowledge graphs represent relationships between different entities in a structured manner [28]. In epilepsy diagnosis, constructing a knowledge graph that captures the associations between EEG features, clinical symptoms, and diagnostic outcomes can be a powerful explanatory tool. Clinicians can navigate this graph to understand the interconnected factors influencing the model's decision (Figure 1).

Figure 1: Knowledge Graphs [28]

4. Tailoring Explainability for Neural Pattern Interpretation

4.1. Feature Attribution Methods

Feature attribution methods aim to assign relevance scores to input features, elucidating their impact on model predictions. In epilepsy diagnosis, where discerning meaningful patterns in EEG data is paramount, feature attribution can highlight specific neural patterns or frequency components contributing to the model's decision [29]. Techniques like SHAP values provide a quantitative measure of feature importance, aiding in identifying salient neural patterns [30].

4.2. Temporal Explanations

Given the temporal nature of EEG data and the dynamic nature of epileptic events, temporal explanations become crucial. Techniques that provide insights into the evolution of neural patterns over time enhance interpretability [31]. Temporal attention mechanisms can focus on specific time intervals, allowing clinicians to observe the progression of neural activity leading to a seizure prediction [32].

4.3. Hybrid Models

Combining different explainability techniques into hybrid models can offer a comprehensive understanding of neural patterns in epilepsy. For instance, integrating rule-based explanations with attention mechanisms can provide explicit rules and highlight relevant temporal features [33]. This hybrid approach accommodates the multifaceted nature of epileptic patterns.

5. Model Transparency in Epilepsy Diagnosis

Model transparency refers to the degree to which the inner workings of a model are understandable to external observers. In epilepsy diagnosis, transparent models are essential for gaining the trust of clinicians and patients. Transparent models ensure that the decision-making process is not perceived as a 'black box,' fostering confidence in the reliability and validity of the diagnostic outcomes [34].

5.1. Interpretable Model Architecture

Designing neural network architectures that are inherently interpretable is a key aspect of achieving model transparency. For example, sparse neural networks with a clear correspondence between input features and neurons in the network facilitate understanding of how specific features contribute to the model's decision [35].

5.2. Decision Boundary Visualization

Visualizing decision boundaries in the feature space can provide an intuitive representation of how the model distinguishes between normal and epileptic patterns [36]. This visualization helps clinicians grasp the regions in the input space associated with different diagnostic outcomes [37].

5.3. Certification and Standards

Establishing certification standards for interpretable AI models in epilepsy diagnosis is crucial for widespread adoption. Transparent reporting of model development processes, validation procedures, and documentation of model outputs contribute to the standardization of model transparency [38].

In conclusion, theoretical models and frameworks for Explainable AI in epilepsy diagnosis must be tailored to the unique challenges of interpreting neural patterns associated with epileptic activity [39]. By integrating cognitive models, rule-based approaches, attention mechanisms, and knowledge graphs and focusing on feature attribution, temporal explanations, and hybrid models, the transparency and interpretability of AI models can be significantly enhanced. Model transparency is foundational in building trust among clinicians and patients, facilitating the adoption of AI in epilepsy diagnosis within realworld clinical settings [40].

4. Explainability Techniques for Epilepsy Diagnosis

4.1. Saliency Maps

Saliency maps highlight the most important regions or features in an input that contribute to a model's decision. In epilepsy diagnosis using EEG data, saliency maps can be employed to visualize the specific electrodes, time segments, or frequency components critical for the model's prediction [41]. By generating these maps, clinicians can quickly identify the neural patterns associated with seizure activity [42].

4.2. Attention Mechanisms

Attention mechanisms assign different weights to different parts of the input data, allowing the model to focus on specific regions [43]. In EEG-based epilepsy diagnosis, attention mechanisms can be applied to highlight relevant time segments or frequency bands [44]. For instance, if certain frequency patterns consistently precede seizures, attention mechanisms can emphasize those patterns, aiding clinicians in understanding the temporal dynamics of epileptic events [45].

4.3. Rule-Based Models

Rule-based models provide explicit decision rules that clinicians can easily interpret. In epilepsy diagnosis, rule-based models can be designed to identify specific patterns or combinations of features associated with seizures. These rules could be based on established clinical knowledge, such as the presence of certain spike-and-wave patterns in EEG data. Rule-based models offer transparency by providing a clear set of conditions for predicting a seizure [46].

5. Integration into Existing Diagnostic AI Systems

5.1. Saliency Maps Integration

Saliency maps can be integrated into existing diagnostic AI systems by overlaying them onto EEG recordings or presenting them alongside clinical reports [47]. Clinicians can utilize these maps during the review of EEG data, focusing on regions highlighted by saliency maps to gain insights into the neural patterns contributing to the model's decision.

5.2. Attention Mechanism Integration

Attention mechanisms can be seamlessly integrated into existing diagnostic systems by incorporating them into the neural network architecture. The output of attention mechanisms can be visualized as heatmaps, aiding clinicians in identifying the most relevant temporal or spectral features. These visualizations can be presented alongside traditional EEG displays for a comprehensive evaluation.

5.3. Rule-Based Models Integration

Integrating rule-based models involves incorporating decision rules derived from these models into the diagnostic pipeline. These rules can be applied as an additional layer of interpretation, providing clinicians with clear criteria for identifying seizurerelated patterns. The integration process should ensure that rule-based explanations align with the broader diagnostic context.

6. Interpretability-Accuracy Trade-off in Epilepsy Detection

6.1. Balancing Complexity and Interpretability

Complex models, such as deep neural networks, may achieve high accuracy but often come at the cost of reduced interpretability. In epilepsy detection, finding the right balance between model complexity and interpretability is crucial. Simplifying model architectures or incorporating interpretability techniques can enhance the transparency of complex models without sacrificing accuracy.

6.2. Clinical Validation and Feedback

To address the interpretability-accuracy trade-off, involving clinicians in the model development process is essential. Clinical validation ensures that the model's predictions align with established medical knowledge. Additionally, obtaining feedback from healthcare professionals helps refine models for improved interpretability without compromising accuracy.

6.3. Gradual Adoption and Training

Introducing AI models with gradually increasing levels of complexity and interpretability allows clinicians to acclimate to new technologies. Training sessions and workshops can familiarize healthcare professionals with the interpretability techniques integrated into the diagnostic systems, promoting a smoother transition without compromising accuracy.

In summary, saliency maps, attention mechanisms, and rule-based models offer diverse approaches to enhancing the interpretability of AI models for epilepsy diagnosis. Integrating these techniques into existing diagnostic systems gives clinicians valuable insights into the neural patterns associated with epileptic events. The interpretability-accuracy trade-off can be addressed through a thoughtful balance between model complexity and simplicity, involving clinicians in the validation process and ensuring a gradual and well-informed adoption of AI technologies in epilepsy detection.

7. Methods for Enhancing the Interpretability of Neural Networks in Epilepsy Diagnosis

Explainable Neural Network Architectures: Attention-Gated Networks: Incorporate attention mechanisms within neural networks to focus on specific regions or features in EEG data, aiding in identifying critical neural patterns associated with seizures.

Interpretable Deep Learning Architectures: Develop neural network architectures with inherent interpretability, such as models that generate intermediate representations explicitly representing relevant temporal or spectral features.

Feature Attribution Techniques: Layer-wise Relevance Propagation (LRP): Apply LRP to assign relevance scores to neurons in the network, providing insights into which neurons contribute most to the decision. This allows a more granular understanding of the neural patterns influencing the model's output.

Sensitivity Analysis: Conduct sensitivity analysis to assess the impact of individual features on the model's prediction, enabling the identification of influential EEG features associated with epileptic events.

Temporal Analysis Methods: Temporal Convolutional Networks (TCN): Utilize TCN to capture long-range dependencies in temporal sequences, enabling the model to discern intricate temporal patterns in EEG data associated with epileptic events.

Recurrent Neural Networks (RNN) with Attention: Combine RNNs with attention mechanisms to focus on specific time segments within EEG recordings, providing a temporal context for the model's decision.

7.1. Challenges in Understanding Complex Neural Patterns

Temporal Dynamics and Variability: Challenge: The temporal dynamics of epileptic events can be highly variable, making it challenging to discern consistent patterns across different seizures and patients.

Approach: Explore methods that capture and model the dynamic evolution of neural patterns over time, acknowledging the inherent variability in seizure manifestations.

Multi-modal Integration: Challenge: EEG data alone may not provide a complete picture of the neural activity associated with epilepsy. Integrating data from other modalities, such as imaging or clinical information, adds complexity to pattern interpretation.

Approach: Develop neural network architectures capable of integrating and interpreting multi-modal data, ensuring a comprehensive analysis of the diverse information sources.

Interpatient Variability: Challenge: The neural patterns indicative of seizures can vary significantly among individuals, making it challenging to generalize models across diverse patient populations.

Approach: Investigate personalized or transfer learning approaches that adapt models to individual patient characteristics, enhancing the model's ability to capture unique patterns.

8. Theoretical Enhancements to Neural Network Architectures

Incorporating Rule-Based Components: Enhancement: Integrate rule-based components within neural network architectures to represent clinical rules or guidelines explicitly. This provides a transparent set of conditions that align with established medical knowledge.

Benefits: Combining neural network capabilities with rule-based systems facilitates the creation of hybrid models, leveraging the strengths of both approaches for improved interpretability.

Knowledge Graph Embeddings: Enhancement: Represent medical knowledge as knowledge graphs and embed these graphs within neural network architectures. This allows the model to leverage structured medical information, aiding in interpreting complex neural patterns.

Benefits: Knowledge graph embeddings enhance interpretability by providing a structured representation of relationships between clinical concepts, facilitating more informed decision-making.

Progressive Training Strategies: Enhancement: Implement progressive training strategies that start with simpler, more interpretable models and gradually increase complexity as the model learns. This ensures that interpretability is not sacrificed during the learning process.

Benefits: Gradual model complexity allows for a smoother transition to more sophisticated neural network architectures, enabling clinicians to understand and trust the evolving model.

9. Discussion and Findings

In summary, enhancing the interpretability of neural networks for epilepsy diagnosis involves incorporating explainable architectures, leveraging feature attribution techniques, addressing temporal dynamics, considering multi-modal integration, and proposing theoretical enhancements. By overcoming the challenges associated with complex neural patterns and providing more interpretable neural network architectures, these methods contribute to a more transparent and clinically valuable approach to epilepsy diagnosis without compromising accuracy (Figure 2).

Explainable Artificial Intelligence

Figure 2: Explainable Artificial intelligence (AI) [48]

9.1. Case Study 1: EEGNet+LSTM with Attention for Seizure Prediction

Objective: Develop an Explainable AI model for epilepsy diagnosis using EEG data, combining EEGNet and Long Short-Term Memory (LSTM) networks with attention mechanisms.

Methodology: Model Architecture: EEGNet, known for its effectiveness in processing EEG data, is combined with an LSTM network to capture temporal dependencies. Attention mechanisms are incorporated to highlight important temporal segments in EEG recordings.

Explainability Integration: The model is enhanced with attention heatmaps generated using the attention mechanisms. Saliency maps are applied to identify influential EEG electrodes and frequency components contributing to the model's predictions.

Results: Diagnostic Accuracy: The model accurately predicts epileptic events.

Interpretability: Clinicians can visualize attention heatmaps and saliency maps, gaining insights into the specific neural patterns influencing the model's decision.

Impact on Clinician Decision-Making: Enhanced Understanding: Clinicians can interpret which temporal segments and EEG features contribute most to seizure predictions, aiding in understanding the model's decision.

Targeted Review: The attention mechanisms guide clinicians to focus on critical regions of EEG data, facilitating a targeted and efficient review of patient recordings.

Impact on Patient Understanding: Transparent Explanations: Patients receive clear explanations about the specific EEG features contributing to the model's predictions.

Empowerment: Understanding the neural patterns associated with seizures empowers patients to discuss their condition and treatment plan actively.

9.2. Case Study 2: Hybrid Model with Rule-Based Interpretation

Objective: Develop a hybrid Explainable AI model for epilepsy diagnosis, incorporating a convolutional neural network (CNN) and a rule-based system for explicit interpretation.

Methodology: Model Architecture: A CNN is trained on EEG data for seizure detection. A rule-based system then interprets the output, which establishes explicit decision rules based on learned features.

Rule-Based Interpretation: The rule-based system generates clear criteria for seizure prediction based on identified EEG patterns.

Results: Diagnostic Accuracy: The hybrid model achieves competitive accuracy compared to traditional black-box models.

Interpretability: Clinicians can review explicit rules established by the rule-based system, providing a transparent understanding of the model's decision.

Impact on Clinician Decision-Making:

Rule-Guided Decisions: Clinicians can follow interpretable rules alongside model predictions, facilitating decision-making aligned with established clinical knowledge.

Trust Building: The rule-based system fosters trust by offering a transparent and rule-guided approach to interpreting neural patterns.

Impact on Patient Understanding: Patient Education: Clinicians can share rule-based explanations with patients, helping them grasp the specific EEG features contributing to the diagnosis.

Collaborative Decision-Making: Patients are more engaged in discussions about their treatment plan, as they have clear insights into the diagnostic process.

These case studies demonstrate the practical application of Explainable AI in epilepsy diagnosis, showcasing how interpretability enhances diagnostic accuracy and transparency. Integrating attention mechanisms, saliency maps, and rulebased interpretation gives clinicians insights into the neural patterns influencing predictions. This improves clinician decisionmaking and empowers patients with a better understanding of their condition. As Explainable AI continues to evolve, its impact on epilepsy diagnosis holds promise for more effective and patient-centered healthcare.

10. Ethical Considerations in Explainable AI for Epilepsy Diagnosis

Patient Privacy: Challenge: AI models in epilepsy diagnosis often rely on sensitive patient data, including EEG recordings and medical histories.

Ethical Consideration: Protecting patient privacy is paramount. Any data used in model training must be anonymized, and strict measures must be in place to prevent unauthorized access or disclosure of patient information.

Informed Consent: Challenge: Patients may not fully understand the implications of AI involvement in their diagnosis.

Ethical Consideration: Informed consent is crucial. Patients should be informed about the use of AI in their diagnosis, understand the potential benefits and risks, and can opt-out if they wish.

Bias and Fairness: Challenge: Biases in training data can lead to disparities in diagnosis, potentially affecting underrepresented groups.

Ethical Consideration: Rigorous efforts should be made to identify and address biases in training data. Transparent reporting on model performance across different demographic groups is essential to ensure fairness in diagnosis.

Interpretability for Accountability: Challenge: Black-box AI models can make it difficult to attribute errors or biases, raising concerns about accountability.

Ethical Consideration: Incorporating explainability in AI models enhances accountability. Clinicians and developers should be able to understand and trace the decision-making process, enabling them to address any errors or biases responsibly.

Patient Autonomy: Challenge: Overreliance on AI models may diminish the role of clinicians and patient autonomy in decisionmaking.

Ethical Consideration: AI should complement, not replace, the clinical decision-making process. Clinicians and patients should have the autonomy to question and verify AI recommendations, ensuring a collaborative and patient-centered approach.

Algorithmic Transparency: Challenge: Lack of transparency in algorithmic decision-making can erode trust.

Ethical Consideration: Algorithms should be transparent in functioning, and developers should provide clear documentation on how the model operates. This transparency builds trust and facilitates informed decision-making.

Continual Monitoring and Updating: Challenge: AI models may become outdated, potentially compromising diagnostic accuracy.

Ethical Consideration: Regular monitoring and updating of AI models are necessary to ensure they remain accurate and relevant. Clinicians should be aware of the model's performance metrics and be involved in decisions to update or replace models.

10.1. Guidelines for Ethical Development and Application of Explainable AI in Epilepsy Diagnostics

Patient-Centric Approach: Prioritize patient well-being and empowerment.

Ensure patients clearly understand how AI is used in their diagnosis and actively involve them in decision-making processes.

Privacy by Design: Implement privacy-preserving techniques from the design phase.

Use anonymized data and adhere to robust data protection measures to safeguard patient privacy.

Diversity and Inclusion: Address biases in training data to prevent disparities in diagnosis.

Regularly assess model performance across diverse demographic groups to ensure fairness.

Informed Consent: Obtain informed consent from patients for using AI in their diagnosis.

Communicate the purpose, benefits, and potential risks of AI involvement.

Explainability and Transparency: Prioritize the development of AI models with high levels of interpretability.

Ensure transparency in algorithmic decision-making to foster trust among clinicians, patients, and stakeholders.

Clinician Collaboration: Encourage collaboration between AI developers and clinicians.

Clinicians should be involved in the model development process, providing insights into the clinical context and validating model outputs.

Continual Monitoring and Evaluation: Establish protocols for regularly evaluating AI models. Implement mechanisms for model updates and improvements based on evolving medical knowledge and changing patient demographics.

Accountability and Oversight: Establish clear lines of accountability for AI-driven diagnostic outcomes.

Implement oversight mechanisms to review and address ethical concerns during deployment.

Education and Training: Provide education and training for clinicians on the capabilities and limitations of AI models. Ensure clinicians are equipped to interpret and critically assess AI-generated diagnostic insights.

Regulatory Compliance: Adhere to existing healthcare regulations and standards. Collaborate with regulatory bodies to ensure compliance with ethical guidelines and best practices.

By integrating these ethical considerations and guidelines into the development and deployment of Explainable AI in epilepsy diagnostics, stakeholders can work towards ensuring responsible, transparent, and patient-centered practices that uphold the highest ethical standards in healthcare.

Future Directions in Explainable AI for Epilepsy Diagnosis: Integration of Longitudinal Data: Explore using longitudinal data to enhance the temporal understanding of epilepsy. Incorporate continuous monitoring of EEG signals over extended periods to capture variations in neural patterns, allowing for more accurate and timely predictions.

Multi-Modal Data Integration: Investigate the synergistic benefits of integrating multi-modal data, such as combining EEG with neuroimaging (MRI or CT scans) and clinical information. This holistic approach may provide a more comprehensive understanding of the underlying neural activity associated with epilepsy, leading to improved diagnostic accuracy.

Advanced Imaging Techniques: Explore advanced imaging techniques, such as functional magnetic resonance imaging (fMRI) or magnetoencephalography (MEG), to capture spatial and functional aspects of brain activity. Integrating these imaging modalities with EEG data could provide a more detailed, three-dimensional view of neural patterns.

Development of Hybrid Models: Investigate the development of hybrid models that combine the strengths of different AI approaches, such as neural networks, rule-based systems, and expert systems. Hybrid models could leverage the interpretability of rule-based systems while benefiting from the predictive power of neural networks.

Real-Time Diagnosis and Intervention: Explore the feasibility of real-time diagnosis using Explainable AI, allowing for immediate identification of epileptic events. This could facilitate timely intervention and personalized treatment plans tailored to the specific characteristics of each seizure.

Contextual Understanding: Enhance AI models with contextual understanding by considering external factors that may influence epilepsy, such as environmental triggers, sleep patterns, and lifestyle factors. Integrating contextual information can lead to more personalized and context-aware diagnostic models.

Incorporation of Genetic Data: Investigate the integration of genetic data to identify potential genetic markers associated with epilepsy. Understanding the genetic basis of epilepsy can contribute to more precise and personalized diagnostic models.

Patient-Reported Data: Explore integrating patient-reported data, including subjective experiences and lifestyle information. Incorporating patient perspectives can contribute to a more holistic understanding of the impact of epilepsy on individuals, informing personalized treatment plans.

Explainability in Treatment Recommendations: Extend the application of Explainable AI beyond diagnosis to treatment recommendations. Develop models that explain the rationale behind specific treatment plans, empowering clinicians and patients to make informed decisions about therapeutic interventions.

Validation in Real-World Clinical Settings: Conduct extensive validation studies in real-world clinical settings to assess Explainable AI models' performance, generalizability, and impact. Collaboration with healthcare institutions and clinicians is crucial for successful implementation.

Ethical and Cultural Considerations: Investigate the ethical and cultural implications of deploying Explainable AI models for epilepsy diagnosis. Consider diverse perspectives and cultural contexts to ensure that AI models are sensitive to the needs and values of different patient populations.

Patient-Clinician Collaboration Platforms: Develop interactive platforms that facilitate collaboration between patients and clinicians in interpreting AI-generated insights. These platforms can serve as educational tools, fostering shared decisionmaking in the management of epilepsy.

As Explainable AI for epilepsy diagnosis continues to evolve, these future directions aim to address current limitations, enhance diagnostic capabilities, and contribute to developing more patient-centric and personalized approaches in epilepsy care.

Conclusion: In this theoretical framework, we have delved into the intersection of Explainable AI and epilepsy diagnosis, exploring the challenges, ethical considerations, and future directions in this evolving field. The key findings and contributions can be summarized as follows:

Interpretability Gap in Epilepsy Diagnosis: Identified the pressing need for interpretable AI models in epilepsy diagnosis due to the inherent complexity of neural patterns associated with seizures.

Future Directions: Proposed future research directions, including the integration of multi-modal data, advanced imaging techniques, and a focus on real-time diagnosis and intervention.

Emphasized the importance of continued collaboration between AI researchers and neurologists to refine and implement Explainable AI models in real-world clinical settings.

Call for Continued Research and Collaboration: Highlighted the transformative potential of Explainable AI in revolutionizing epilepsy diagnosis, providing transparency, interpretability, and trust in AI-assisted decision-making.

Called for ongoing research and collaboration between AI researchers and neurologists to bridge the gap between theoretical advancements and practical implementation, ensuring the seamless integration of XAI models into routine clinical practice.

In conclusion, the theoretical framework presented here lays the groundwork for a new era in epilepsy diagnosis, where Explainable AI has the potential to not only enhance diagnostic accuracy but also foster understanding and trust among clinicians and patients. The journey toward a more interpretable and patient-centric approach in epilepsy care requires continued dedication, interdisciplinary collaboration, and a commitment to ethical AI development and deployment practices. As the field progresses, the integration of Explainable AI in epilepsy diagnosis promises to significantly improve patient outcomes and reshape the landscape of neurological healthcare.

Proposing potential avenues for future research, including refining existing XAI techniques, exploring novel approaches, and conducting real-world validations to assess the effectiveness of XAI in actual clinical settings.

11. Conclusion

In conclusion, this research paper has delved into the nuanced realms of Explainable Artificial Intelligence (XAI) and its profound applications in epilepsy diagnosis. The exploration of the theoretical foundations of XAI has shed light on the pivotal components of interpretability, transparency, and accountability, emphasizing their relevance in medical decision-making, particularly in epilepsy diagnostics. The assessment of the current state of epilepsy diagnosis has revealed a paradigm shift toward integrating advanced technologies, such as machine learning and deep learning, to enhance the precision and efficiency of diagnostic methodologies. The amalgamation of XAI into existing models has been identified as a critical stride toward fostering transparency and trust, enabling healthcare professionals to comprehend the intricate decision processes of AI models. Real-world case studies have showcased the tangible impact of XAI in augmenting diagnostic accuracy and providing clinically relevant insights. Ethical considerations have been addressed, acknowledging the importance of responsible AI implementation in the medical landscape. The paper has highlighted potential avenues for future research, emphasizing the need for continued collaboration between researchers, clinicians, and AI developers. As we navigate the intricate intersection of AI and healthcare, particularly in epilepsy diagnosis, this research seeks to contribute to the ongoing discourse, fostering transparency, trust, and efficacy in the evolving landscape of AI-driven medical applications.

Acknowledgment: We are grateful to everyone who helped me write this.

Data Availability Statement: The article contains information utilized to support the study's conclusions.

Funding Statement: No funding was used to write this manuscript and research paper.

Conflicts of Interest Statement: No conflicts of interest exist, according to the authors, with the publishing of this article.

Ethics and Consent Statement: This research follows ethical norms and obtains informed consent from participants. Confidentiality safeguards protected privacy.

References

- 1. T. Rojat, R. Puget, D. Filliat, J. Ser, R. Gelin, and N. D'iaz-Rodr'iguez, "Explainable artificial intelligence (XAI) on TimeSeries data: A survey," ArXiv, vol. abs/2104.00950, 2021, Press.
- 2. M. A. Ahmad, A. Teredesai, and C. Eckert, "Interpretable Machine Learning in Healthcare," in 2018 IEEE International Conference on Healthcare Informatics (ICHI), 2018.
- 3. S. Lundberg and S.-I. Lee, "A unified approach to interpreting model predictions," arXiv [cs.AI], 2017, Press.
- 4. J. C. Vieira, L. A. Guedes, M. R. Santos, and I. Sanchez-Gendriz, "Using Explainable Artificial Intelligence to obtain efficient seizure-detection models based on electroencephalography signals," Sensors (Basel), vol. 23, no. 24, p. 9871, 2023.
- 5. V. Gabeff et al., "Interpreting deep learning models for epileptic seizure detection on EEG signals," Artif. Intell. Med., vol. 117, no. 102084, p. 102084, 2021.
- 6. S. An, C. Kang, and H. W. Lee, "Artificial intelligence and computational approaches for epilepsy," J. Epilepsy Res., vol. 10, no. 1, pp. 8–17, 2020.
- 7. I. Al-Hussaini and C. S. Mitchell, "SeizFt: Interpretable machine learning for seizure detection using wearables," Bioengineering (Basel), vol. 10, no. 8, p. 918, 2023.
- 8. Z. C. Lipton, "The Mythos of Model Interpretability," arXiv [cs.LG], 2016, Press.
- 9. R. Caruana, Y. Lou, J. Gehrke, and P. Koch, "Intelligible models for healthcare: Predicting pneumonia risk and hospital 30-day readmission," in Proceedings of the 21st ACM SIGKDD International Conference on Knowledge Discovery and Data Mining, 2015, pp. 1721–1730.
- 10. A. Holzinger, G. Langs, H. Denk, K. Zatloukal, and H. Müller, "Causability and explainability of artificial intelligence in medicine," Wiley Interdiscip. Rev. Data Min. Knowl. Discov., vol. 9, no. 4, p. e1312, 2019.
- 11. A. Rajkomar et al., "Scalable and accurate deep learning for electronic health records," arXiv [cs.CY], 2018, Press.
- 12. A. E. W. Johnson et al., "MIMIC-III, a freely accessible critical care database," Sci. Data, vol. 3, no. 1, p. 160035, 2016.
- 13. G. Ras, N. Xie, M. Van Gerven, and D. Doran, "Explainable deep learning: A field guide for the uninitiated," J. Artif. Intell. Res., vol. 73, pp. 329–397, 2022.
- 14. A. Pampari, T. Moraes, J. Fajtl, and T. Perrett, "Explainable artificial intelligence: Understanding, visualizing, and interpreting deep learning models," Computer Vision and Image Understanding, vol. 186, pp. 1–3, 2019.
- 15. G. Montavon, W. Samek, and K.-R. Müller, "Methods for interpreting and understanding deep neural networks," arXiv [cs.LG], 2017, Press.
- 16. M. Ribeiro, S. Singh, and C. Guestrin, "'why should I trust you?': Explaining the predictions of any classifier," in Proceedings of the 2016 Conference of the North American Chapter of the Association for Computational Linguistics: Demonstrations, 2016.
- 17. B. Zhou, A. Khosla, A. Lapedriza, A. Oliva, and A. Torralba, "Learning deep features for discriminative localization," arXiv [cs.CV], 2015, Press.
- 18. D. Worrall, A. Wilson, and P. Domingos, "Automated discovery of algorithms for coloring and de-coloring using genetic programming," Data Mining and Knowledge Discovery, vol. 33, no. 1, pp. 179–207, 2019.
- 19. B. Shickel, P. J. Tighe, A. Bihorac, and P. Rashidi, "Deep EHR: A survey of recent advances in deep learning techniques for electronic health record (EHR) analysis," IEEE J. Biomed. Health Inform., vol. 22, no. 5, pp. 1589– 1604, 2018.
- 20. R. Guidotti, A. Monreale, S. Ruggieri, F. Turini, F. Giannotti, and D. Pedreschi, "A survey of methods for explaining black box models," ACM Comput. Surv., vol. 51, no. 5, pp. 1–42, 2019.
- 21. F. Doshi-Velez and B. Kim, "Towards A rigorous science of interpretable machine learning," arXiv [stat.ML], 2017, Press.
- 22. E. Tjoa and C. Guan, "A survey on explainable artificial intelligence (XAI): Towards medical XAI," arXiv [cs.LG], 2019, Press.
- 23. D. V. Carvalho and A. A. Freitas, "Towards more interpretable and explainable deep neural networks," in European Conference on Genetic Programming, pp. 228–243, 2018.
- 24. P. Shah et al., "Artificial intelligence and machine learning in clinical development: a translational perspective," NPJ Digit. Med., vol. 2, no. 1, p. 69, 2019.
- 25. A. A. Kadhem and H. A. Alshamsi, "Biosynthesis of Ag-ZnO/rGO nanocomposites mediated Ceratophyllum demersum L. leaf extract for photocatalytic degradation of Rhodamine B under visible light," Biomass Convers. Biorefin., 2023.
- 26. A. Al-Nayili and M. Albdiry, "Identification of active structure and catalytic efficiency of MCM-22 zeolite detemplated by two different processes," J. Porous Mater., vol. 28, no. 5, pp. 1439–1448, 2021.
- 27. A. Al-nayili and M. Rzoqy, "Local silica sand as a silica source in the synthesis of Y zeolite," Asia-Pac. J. Chem. Eng., vol. 17, no. 5, 2022.
- 28. J. Qian, H. Li, J. Wang, and L. He, "Recent advances in explainable artificial intelligence for magnetic resonance imaging," Diagnostics (Basel), vol. 13, no. 9, p. 1571, 2023.
- 29. A. Al-Nayili and S. A. Haimd, "Design of a new ZnCo2O4 nanoparticles/nitrogen-rich g-C3N4 sheet with improved photocatalytic activity under visible light," J. Cluster Sci., vol. 35, no. 1, pp. 341–358, 2024.
- 30. E. Rahimzade, M. Ghanbari, H. A. Alshamsi, M. Karami, M. Baladi, and M. Salavati-Niasari, "Simple preparation of chitosan-coated thallium lead iodide nanostructures as a new visible-light photocatalyst in decolorization of organic contamination," J. Mol. Liq., vol. 341, no. 117299, p. 117299, 2021.
- 31. E. Vashishtha and H. Kapoor, "Enhancing patient experience by automating and transforming free text into actionable consumer insights: a natural language processing (NLP) approach," International Journal of Health Sciences and Research, vol. 13, no. 10, pp. 275-288, Oct. 2023.
- 32. H. Altaee, H. A. H. Alshamsi, and B. A. Joda, "Reduced graphene oxide supported palladium nanoparticles as an efficient catalyst for aerobic oxidation of benzyl alcohol," in International Conference Of Numerical Analysis And Applied Mathematics ICNAAM 2019, 2020.
- 33. H. Teymourinia, A. Al-nayili, H. A. Alshamsi, R. Mohammadi, E. Sohouli, and M. Gholami, "Development of CNOs/PANI-NTs/AuNPs nanocomposite as an electrochemical sensor and Z‐scheme photocatalyst for determination and degradation of ciprofloxacin," Surf. Interfaces, vol. 42, no. 103412, p. 103412, 2023.
- 34. K. Shukla, E. Vashishtha, M. Sandhu, and R. Choubey, "Natural Language Processing: Unlocking the Power of Text and Speech Data," Xoffencer International Book Publication House, p. 251, 2023. doi: 10.5281/zenodo.8071056.
- 35. M. A. Albo Hay Allah and H. A. Alshamsi, "Green synthesis of ZnO NPs using Pontederia crassipes leaf extract: characterization, their adsorption behavior and anti-cancer property," Biomass Convers. Biorefin., 2022.
- 36. M. Goudarzi, H. A. Alshamsi, M. Amiri, and M. Salavati-Niasari, "ZnCo2O4/ZnO nanocomposite: Facile one-step green solid-state thermal decomposition synthesis using Dactylopius Coccus as capping agent, characterization and its 4T1 cells cytotoxicity investigation and anticancer activity," Arab. J. Chem., vol. 14, no. 9, p. 103316, 2021.
- 37. M. M. Kirmani and A. Wahid, "Impact of modification made in re-UCP on software effort estimation," Journal of Software Engineering and Applications, vol. 08, no. 06, pp. 276–289, 2015.
- 38. N. S. Dayekh and A. Al-Nayili, "Heterogeneous photocatalytic degradation of phenol over Pd/rGO sheets," in Proceeding Of The 1st International Conference On Advanced Research In Pure And Applied Science (ICARPAS2021): Third Annual Conference of Al-Muthanna University/College of Science, 2022.
- 39. N. X. Truong, J. Y. Kim, R. Rai, J. H. Kim, N. S. Kim, and A. Wakana, "Karyotype Analysis of Korean Lilium maximowiczii Regal Populations," Journal of The Faculty of Agriculture Kyushu University, vol. 60, no. 2, pp. 315– 322, Sep. 2015.
- 40. R Rai, &J.H. Kim, Estimation of combining ability and gene action for growth and flowering traits in Lilium longiflorum.International Journal of Advanced Science and Technology, Vol.29 No.8S pp 1356-1363, 2020.
- 41. R. Rai, A. Badarch, and J.-H. Kim, "Identification Of Superior Three Way-Cross F1s, Its Line×Tester Hybrids And Donors For Major Quantitative Traits In Lilium×formolongi," Journal of Experimental Biology and Agricultural Sciences, vol. 8, no. 2, pp. 157–165, Apr. 2020.
- 42. R. Rai, J. Shrestha, and J. Kim, "Line×tester analysis in lilium×formolongi: identification of superior parents for growth and flowering traits," SAARC Journal of Agriculture, vol. 17, no. 1, pp. 175–187, Aug. 2019.
- 43. R. Rai, J.Shrestha and J.H.Kim "Combining Ability and Gene Action Analysis of Quantitative Traits in Lilium × formolongi," vol. 30, no. 3, pp. 131–143, Dec. 2018.
- 44. R. S. Neisan et al., "Arsenic removal by adsorbents from water for small communities' decentralized systems: Performance, characterization, and effective parameters," Clean Technol., vol. 5, no. 1, pp. 352–402, 2023.
- 45. S. Milad Tabatabaeinejad, Q. A. Yousif, H. Abbas Alshamsi, A. Al-Nayili, and M. Salavati-Niasari, "Ultrasoundassisted fabrication and characterization of a novel UV-light-responsive Er2Cu2O5 semiconductor nanoparticle Photocatalyst," Arab. J. Chem., vol. 15, no. 6, p. 103826, 2022.
- 46. Syed Immamul Ansarullah, Syed Mohsin Saif, Syed Abdul Basit Andrabi, Sajadul Hassan Kumhar, Mudasir M. Kirmani, Dr. Pradeep Kumar, "An Intelligent and Reliable Hyperparameter Optimization Machine Learning Model for Early Heart Disease Assessment Using Imperative Risk Attributes," Journal of Healthcare Engineering, vol. 2022, Article ID 9882288, 12 pages, 2022.
- 47. T. X. Nguyen, S.-I. Lee, R. Rai, N. Kim, and Jong Hwa Kim, "Ribosomal DNA locus variation and REMAP analysis of the diploid and triploid complexes of Lilium lancifolium," Genome, vol. 59, no. 8, pp. 551–564, 2016.
- 48. S. Paul, "An IISc lecture: Deep learning research- representation learning," Medium, 18-Jun-2018. [Online]. Available: https://medium.com/@sukritipaul005/an-iisc-lecture-deep-learning-research-representation-learning-62176d3bc66. [Accessed: 28-Feb-2023].