

Computer aided Detection of Parkinson's disease using speech signal

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Abstract- Parkinson's disorder is confusion of sensory system which is caused in view of the brokenness and separate of nerve cells in the mind called as neurons. The examination investigate the adjustment of programmed discourse acknowledgment Fundamental objective of undertaking is to naturally decide if the individual is influenced by Parkinson's illness utilizing voice signal. Different investigations audit that, around 90 percent of the general population with Parkinson's infection picks up changes in their voice. The investigation investigate the alteration of programmed discourse acknowledgment to malady identification. MFCC technique is the well known and most prevalent and this is utilized as a part of this task. The classifier utilized here is k-closest neighbors which is a non-parametric methodology used for gathering and backslide. Distinctive voice highlights are utilized and 99% exactness is probably going to accomplished.

Index Terms: Mel-frequency cepstrum coefficients processor(MFCC), KNN classifier, Parkinson's disease(PD)

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I. Introduction

Neurological clutters, including Parkinson's disease, Alzheimer's, and epilepsy, fundamentally impact lives of patients and their families. Parkinson's disease impacts in excess of one million people in North America alone.

Also, a maturing populace implies this number is anticipated that would ascend as studies propose quickly expanding predominance rates after the age of 60. The trouble in solid PD conclusion has propelled analysts to create choice help apparatuses depending on calculations planning to separate sound controls from individuals with Parkinson's [3]. Currently, there is no cure, in spite of the fact that drug is accessible offering noteworthy easing of side effects, particularly at the beginning times of the ailment. Most individuals with Parkinson's infection will consequently be generously subject to clinical mediation. Research of programmed Parkinson's disease discovery with machine learning instruments utilizing auditory voice disability estimation accomplished promising outcomes[6]. The most recent revealed comes about appeared as high as 98% general order precision[5]. Research demonstrated that about roughly 90% of people with Parkinson's display some type of vocal hindrance. Vocal weakness may likewise be one of the most punctual pointers for the beginning of the sickness. Accordingly, voice estimation to identify and track the movement of side effects of Parkinson's disease has drawn huge consideration. Research demonstrated that managed vowel "ahh. ." is adequate for some voice appraisal applications including Parkinson's disease status forecast and normal Parkinson's disease indication observing[1][2].

There have been broad investigations of discourse estimation for general voice disorders. Speech sounds created amid standard discourse tests which are recorded utilizing a mouthpiece and recorded discourse signals are consequently examined utilizing estimation strategies, intended to recognize certain properties of these signs. Studies have appeared varieties in every one of these estimations for people with Parkinson's by correlation with sound controls demonstrating that these could be helpful measures in surveying the degree of dysphonia.

All the more as of late, an assortment of novel estimation techniques have been concocted to evaluate dysphonic manifestations, specifically, those in light of nonlinear dynamical frameworks theory. Also, irregularity and clamor are natural to vocal generation subsequently, instruments, for example, repeat period thickness entropy and detrended change analysis connected to discourse signals, demonstrating the capacity to distinguish normal voice issue. Recently, extra nonlinear dysphonia measures proposed for that application[2] which altogether enhanced past outcomes[1].

Research has demonstrated that discourse might be a valuable flag for separating PWP from sound controls [3] on the premise of clinical proof. Consequently, we present another measure of dysphonia which name as pitch period entropy, strong measure touchy to watched changes in discourse particular to Parkinson's disease. From a usage perspective, there is no little subset of highlights for twofold characterization assignments as in the instance of discourse preparing for Parkinson's disease determination [5]. Factual importance alone is not adequate, as this does not give total photo of degree to which any one estimation or set of estimations is valuable in deciding degree of Parkinson's disease related dysphonia.

In any case, given the specific tremendous number of measures of dysphonia which is approximately impracticable to test every single conceivable mix. Besides, hypothetical contemplations demonstrate that as the list of capabilities estimate increments, dependable characterization is impeded by the lessened scope of the component space . Some type of highlight determination should in this way be honed to decrease the arrangement of measures down to insignificant size that contains ideal measure of data for successful classification.

The data used is described in next section . Various techniques of speech extraction, and classification are given in method section. In next section, results are presented for different stages. Last Section describes conclusions.

II. Database

The data for this project collected which consists of 60 samples. Out of these samples some are healthy samples & some are PD samples. Distinctive discourse signals are recorded from every subject, which ranges from 1-36 s length. The sounds are recorded Industrial Acoustics Company utilizing a head-mounted receiver. To guarantee sufficiency of the figurings, all illustrations were deliberately institutionalized in plenitude for check of the all measures.

III. Steps For Method

The method used of this project is divided into different stages given below:

- 1) Feature Extraction
- 2) classification technique

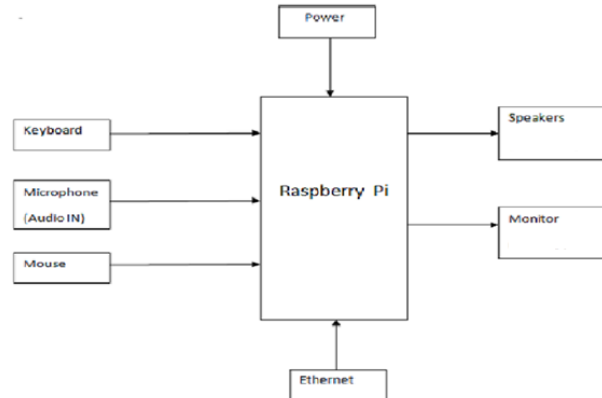


Fig 1: System Implementation

1) Feature Extraction

In discourse acknowledgment, the principle objective of component extraction stage is to process a stingy grouping of highlight vectors giving a minimized portrayal of given info flag. The element extraction is generally carry out in three steps.

The first step is known as the discourse examination or auditory front end. It plays out some sort of spectrotemporal investigation of flag and produces crude highlights depicting envelope of power range of short discourse interims. Second step incorporates a broadened include vector made out of static and dynamic features. Finally, last step changes these expanded component vectors into extra smaller and vigorous vectors are then provided to recognizer[7].

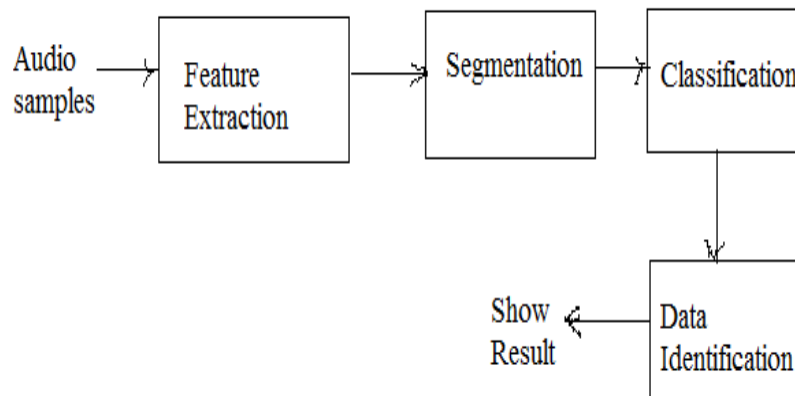


Fig 2: General Block Diagram

Mel-frequency cepstrum coefficients processor :

MFCC is decent decision for voice issue identification with a managed vowel when contrasted with other discourse highlights. The aftereffects of the created framework demonstrate that even with persistent discourse MFCC is performing better. Disorder identification with nonstop discourse can be additionally researched by applying other discourse highlights and contrast its execution and MFCC[9].

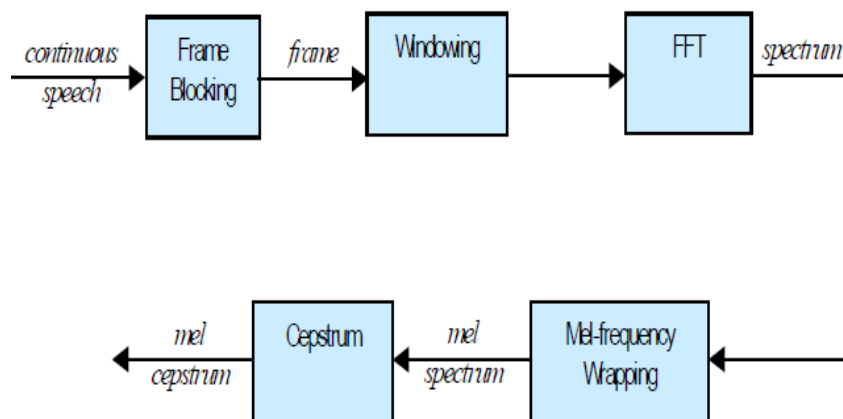


Fig 3: MFCC processor block diagram

A. Frame Blocking

In this progression the pre-accentuated discourse flag is obstructed into edges of N tests, with adjoining outlines being isolated by M samples. Thus outline blocking is done to decrease the mean squared predication mistake over a short portion of the discourse wave frame. In this progression the pre stressed discourse flag, is hindered into edges of N tests, with nearby edges being isolated by M tests[8].

The qualities of N and M are $N = 256$ and $M = 100$. Edge obstructing of the discourse flag is done on the grounds that when inspected over an adequately brief timeframe, its qualities are genuinely stationary. Covering outlines are taken not to have much data misfortune and to keep up connection between's the neighboring edges.

It appears that an estimation of 256 for N is an adequate bargain. Besides the quantity of casings is generally little, which will lessen figuring time. Along these lines, at last for $N = 256$ we have a bargain between the determination in time what's more, the determination in recurrence.

B. Windowing

Following stage in preparing is window every person outline in order to limit the flag discontinuities at starting and end of every edge. Idea here is limit ghostly twisting by utilizing window to decrease the flag to zero toward start and end of every edge.

Hamming window used given in form as below,

$$w(n) = 0.54 - 0.46 \cos\left(\frac{2\pi n}{N-1}\right), \quad 0 \leq n \leq N-1$$

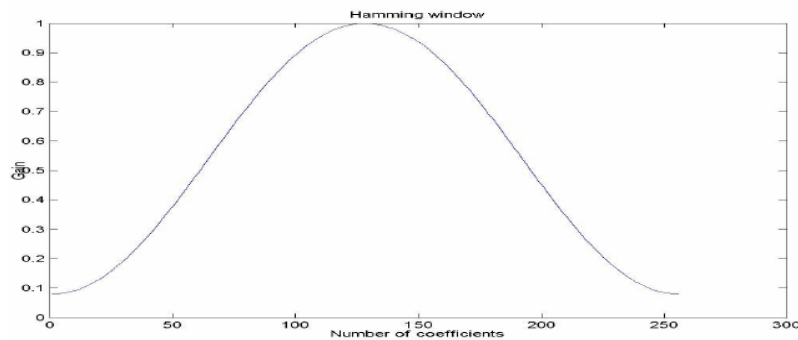


Fig. 4: Hamming window

C. Fast Fourier Transform Stage

Following handling step is Fast Fourier Transform, that changes over every edge of N tests from time area into recurrence domain. These calculations are depend on disintegrating and breaking change into littler changes and consolidating them to give aggregate change. Fast fourier transform lessens calculation time require to figure discrete fourier change and improves execution by factor of no less than 100 over direct evaluation of discrete fourier transform.

Discrete Fourier Transform can be defined as below:

$$X_n = \sum_{k=0}^{N-1} x_k e^{-2\pi jkn/N}, \quad n = 0,1,2,\dots,N-1$$

Here, Fs represent the sampling frequency.

D. Mel- frequency Wrapping Stage

As specified above, psychophysical thinks about have appeared that human impression of recurrence substance of sounds for discourse signals does not take after a straight scale. Accordingly for every tone with genuine recurrence, 00000000 estimated in Hz, pitch is estimated on scale called 'mel' scale. Mel-recurrence scale is direct recurrence separating underneath 1000 Hz and logarithmic dispersing over 1000 Hz. As reference point, pitch of 1 kHz tone, 40 dB over perceptual hearing edge, is characterized 1000 mels.

we can utilize accompanying surmised equation to figure mels for given recurrence in Hz.:
 $\text{mel} = 2595 * \log_{10}(1 + f / 700)$

This channel bank is connected in recurrence space, in this manner it basically sums taking those triangle-shape windows in fig. 4 on range. Valuable method for pondering this mel-wrapping channel bank is to see every channel as histogram container in the recurrence space.

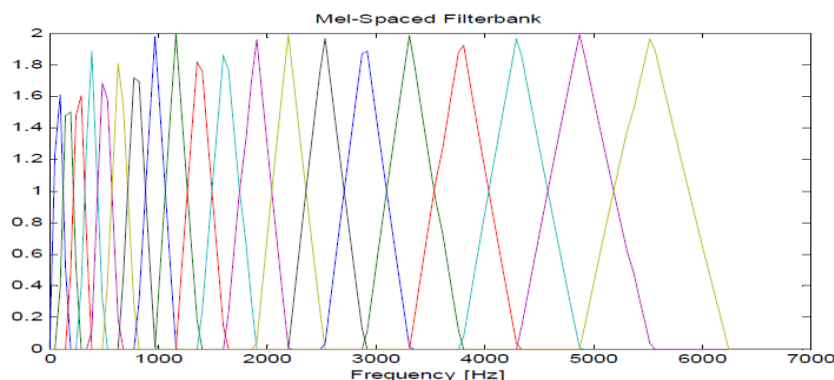


Fig 5: Mel-spaced filter bank for 20 filters

E. Cepstrum

Cepstrum is forward fourier transform of range. It is in this way range of range which has certain properties that make it valuable in numerous kinds of flag analysis. One of its most intense qualities is way that any periodicities or rehashed designs, in range will be detected as maybe a couple particular segments in the Cepstrum.

we can find out the MFCC's, \tilde{c}_n , n c as

$$\tilde{c}_n = \sum_{k=1}^K (\log \tilde{S}_k) \cos \left[n \left(k - \frac{1}{2} \right) \frac{\pi}{K} \right], \quad n = 1, 2, \dots, K$$

2) Classification Technique

In design acknowledgment, the k-closest neighbors calculation is non-parametric strategy utilized for order and relapse. In k-nn order, the yield is class enrollment. In the event that k = 1, at that point the question is basically doled out to the class of that solitary closest neighbor. k-nn calculation is among least difficult of all machine learning calculations.

The best decision of k relies on the information; generally, larger estimations of k lessens impact of the commotion on the grouping. The unique situation where the class is anticipated to be the class of the nearest preparing test is known as the closest neighbor calculation.

IV. . Results

A. Confusion Matrix

Confusion Matrix for Parkinson's disease detection:

Total no. of samples =60

PA (Parkinson Available) = 40(P)

NA (Not Available) = 20(N)

Total (T) = 40+20 = 60

	PA(Parkinson Available)	NA(Not Available)
PA(Parkinson Available)	38	2
NA(Not Available)	1	19

TP (True Positive) = 38

FN (False Negative) = 2

FP (False Positive) = 1

TN (True Negative) = 19

TPR (True Positive Rate) = TP/P = 38/40 = 0.95

TNR (True Negative Rate) = TN/N = 19/20 = 0.95

FPR (False Positive Rate) = FP/N = 1/20 = 0.05

FNR (False Negative Rate) = FN/P = 2/40 = 0.05

Accuracy = (TP + TN) / (P+N) = (38+19)/ (20+40) = 0.95

Accuracy = 95% is achieved for given samples.

B. Plots for different signals :

- Time Domain signals

i. For Normal speech

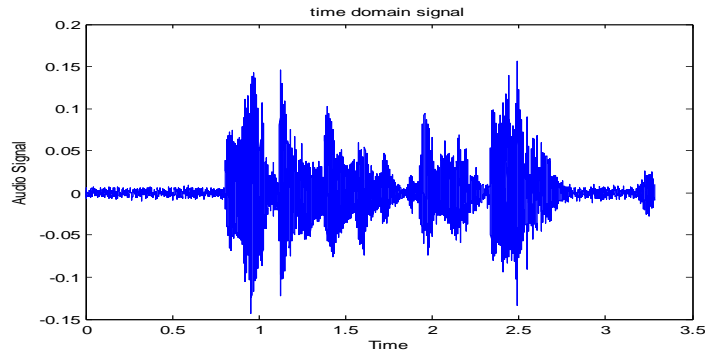


Fig. 6: Time domain Signal

ii. For Abnormal Speech

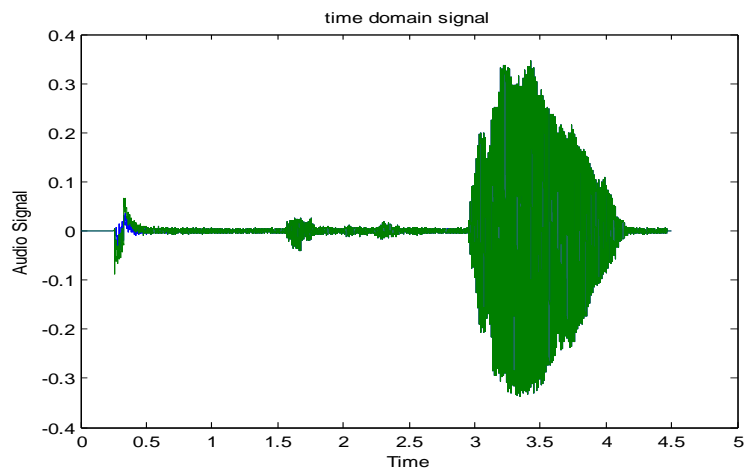


Fig. 7: Time Domain Signal

• Power Spectrum Signals

For normal speech & Abnormal Speech

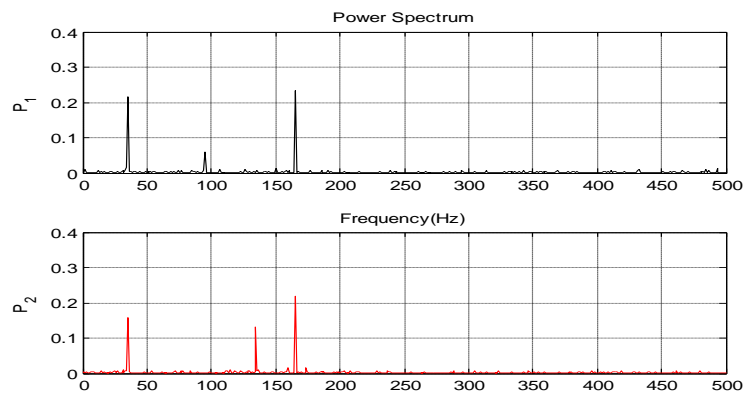


Fig. 8: Power Spectrum Signals

• Spectrogram

For normal speech & Abnormal speech

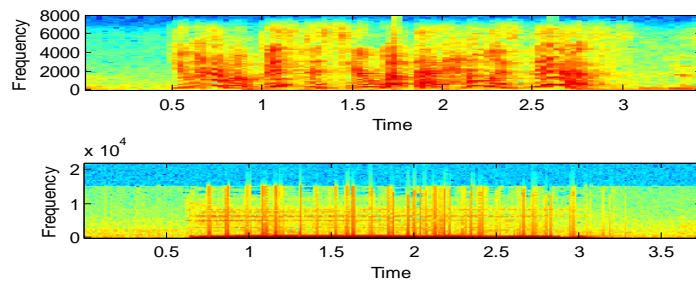
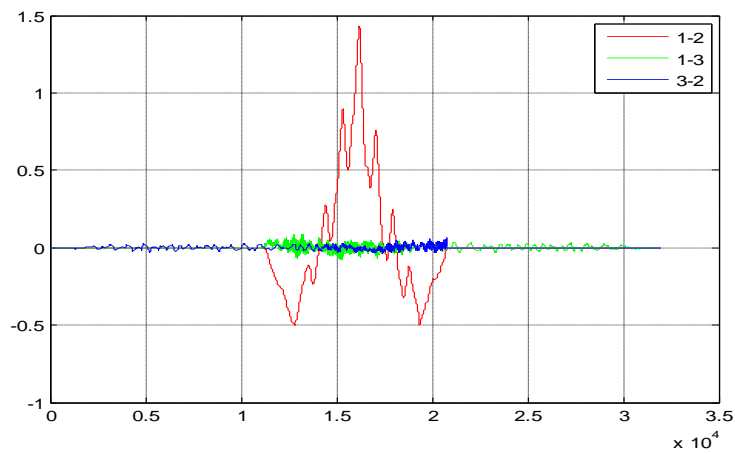
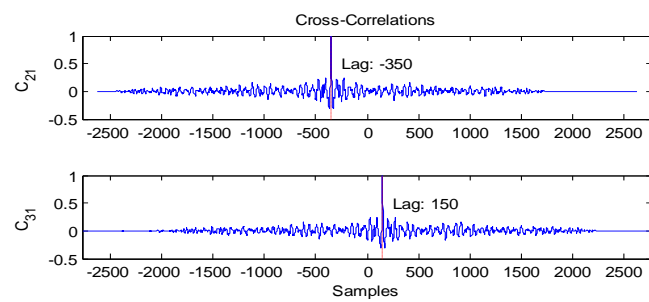


Fig. 9: Spectrogram

- Cross-Correlation



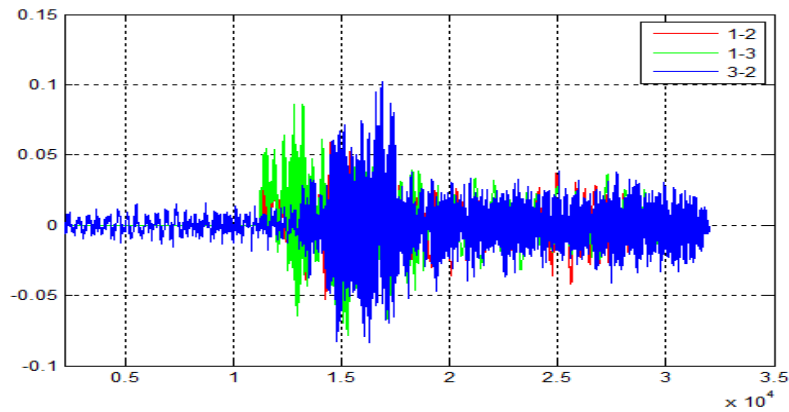


Fig. 10: Cross-Correlation

C. Input signal

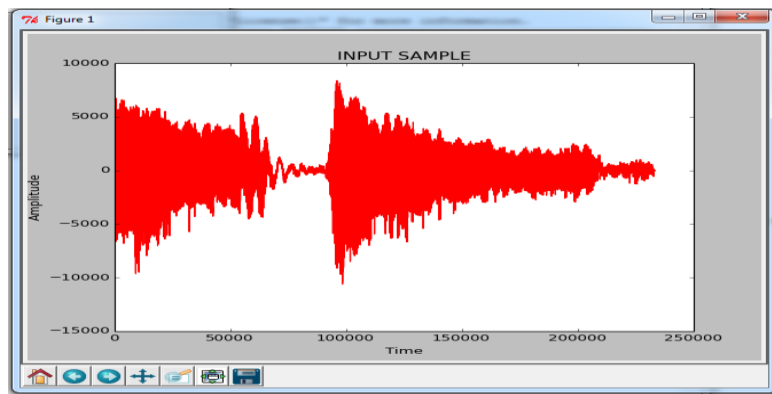


Fig 11 : Input Sample

D.Feature Extraction Stage

For feature extraction stage programming is done in python & corresponding results are obtained.

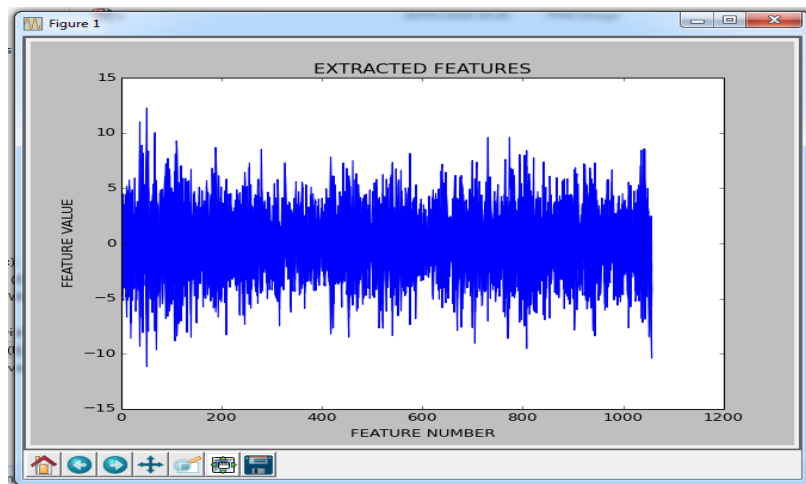


Fig 12: Extracted Features

E. Classification Stage

The results for classification stage are obtained after running program in python. The output is displayed in the form of message i.e. if parkinson's disease is detected for given sample then message will be displayed as shown in fig. below. Otherwise it will show message as "Parkinson's is not present."

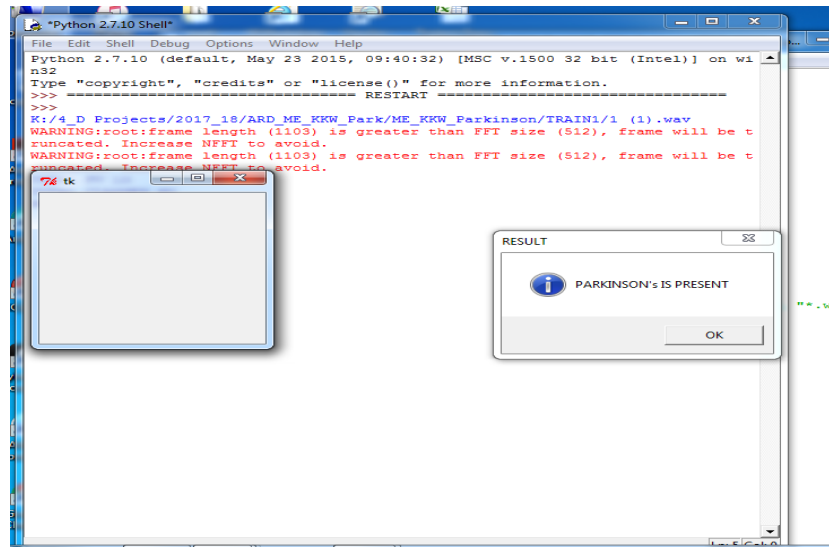


Fig 13: Final result showing message

V. CONCLUSION

Diagnosis system is developed for detection of different speech disability diseases using speech signal. No. of voice information sources can be put away in database. we can create framework as correspondence help for individuals with different discourse issue. Further we can make the framework for distinguishing 2-3 sicknesses. Future research could additionally test these discoveries to voice signals recorded in acoustic conditions more run of the mill of pragmatic telemonitoring applications.

REFERENCES

- [1]. A. Tsanas, M. A. Little, P. E. McSharry, and L. O. Ramig, "Accurate telemonitoring of Parkinson's disease progression using non-invasive speech tests," *IEEE Trans. Biomed. Eng.*, vol. 57, no. 4, pp. 884–893, Apr. 2012.
- [2]. A. Tsanas, M. A. Little, P. E. McSharry, and L. O. Ramig, "Nonlinear speech analysis algorithms mapped to a standard metric achieve clinically useful quantification of average Parkinson's disease symptom severity," *J. Roy. Soc.*, vol. 8, pp. 842–855, 2011.
- [3]. S. Sapir, L. Ramig, J. Spielman, and C. Fox, "Formant Centralization Ratio(FCR): A proposal for a new acoustic measure of dysarthric speech," *J. Speech Language Hearing Res.*, vol. 53, pp. 114–125, 2010.
- [4]. R. Das, "Classification of Parkinson's disease by using voice measurements," *Expert Syst. Appl.*, vol. 37, pp. 1568–1572, 2010.
- [5]. A. Tsanas, M. Little, P. McSharry, J. Spielman, and L. Ramig, "Novel speech signal processing algorithms for high-accuracy classification of Parkinson's disease," *IEEE Trans. Biomed. Eng.*, vol. 59, no. 5, pp. 264–1271, May 2012.
- [6]. B. Sakar, M. Isenkul, C. Sakar, A. Sertbas, F. Gurgen, S. Delil, H. Apaydin, and O. Kursun, "Collection and analysis of a Parkinson speech dataset with multiple types of sound recordings," *IEEE Biomed. Health Informatics*, vol. 17, no. 4, pp. 828–834, 2013.
- [7]. Bhabad et al., *International Journal of Advanced Research in Computer Science and Software Engineering* 3(3), March - 2013, pp. 488-497
- [8]. Rishikesh Kale , *S.S.Bhabad IJSRE* Volume 3, Issue, 2 February 2015.
- [9]. Ankita S. Chavan, Mrs.S. S Munot (Bhabad), "Effect of Pre-processing along with MFCC Parameters in Speech Recognition," *IJEDR* , Volume 4, Issue 3,ISSN: 2321-9939, 2016.

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