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HealthGaurd360 Voice Assistant

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Abstract: The Virtual Voice Assistant is a state-of-the-art healthcare tool that not only offers vital medical services to rural communities but also simplifies hospital operations. This system allows patients to quickly make appointments from a distance, check the availability of doctors, receive a preliminary diagnosis based on symptoms, and find hospitals in their area using an interactive map interface. Healthcare workers can operate their businesses more efficiently with integrated tools for improving communication, scheduling appointments, and maintaining patient records. This innovation is particularly helpful in rural areas where access to healthcare is limited. By enabling remote access to essential medical services and allowing patients to interact with medical resources from the comfort of their homes, the Virtual Voice Assistant closes the healthcare gap.
Keywords: assistant ,audioprocessor ,voice , max30100

I. INTRODUCTION

The virtual voice assistant is a state-of-the-art healthcare tool that provides vital medical services to remote communities while streamlining hospital operations. Patients can quickly make appointments from a distance, find hospitals in their area, check the availability of doctors, and get a preliminary diagnosis based on their symptoms using an interactive map interface. Healthcare workers can operate their businesses more efficiently with integrated tools for improving communication, scheduling appointments, and maintaining patient records.

This innovation is particularly helpful in rural areas where access to healthcare is limited. By allowing patients to interact with medical resources from the comfort of their homes and enabling remote access to vital medical services, the virtual voice assistant closes the gap in healthcare.

HealthGuard360's main objective is to bridge the healthcare gap by providing a user-friendly, AI-powered platform that requires little technical expertise and is accessible to rural populations. For communities that most need healthcare services, HealthGuard360 uses cutting-edge technologies like voice recognition, machine learning, IoT, and cloud-based data storage to guarantee prompt, accurate, and reliable care.

II. LITERATURE REVIEW

Due to the quick uptake of digital technologies, the healthcare industry has undergone a significant transformation in the past ten years. In addition to raising the standard of healthcare, these developments have made it feasible to provide healthcare services to underserved and isolated communities. These developing trends serve as the cornerstone of HealthGuard360, which fills in current gaps in healthcare delivery by fusing wearable technology, telemedicine, and artificial intelligence.

A. Telemedicine and Remote Healthcare

Particularly in places where physical access to hospitals and clinics is challenging, telemedicine has become one of the most efficient means of bridging the gap between patients and medical professionals. It ensures prompt medical attention while minimizing the need for long-distance travel by enabling patients to consult doctors virtually. AI-powered tools that offer symptom-based preliminary assessments have been introduced by platforms like WebMD and Babylon Health, assisting patients in understanding their medical conditions prior to seeing a physician.

Notwithstanding its potential, telemedicine frequently serves urban users with dependable internet connections and greater levels of digital literacy more successfully. Adoption of these solutions is still difficult in rural areas where limited technical knowledge, poor connectivity, and language barriers are prevalent.

Telemedicine has been shown to improve early illness detection, lessen the burden on healthcare facilities, and provide more equitable access to medical care. This idea is expanded upon by HealthGuard360, which incorporates a voice-activated AI assistant designed for rural communities. By removing linguistic and technological obstacles, this assistant makes it simple for users to access healthcare services and get the care they require.

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B. Wearable Health Monitoring Devices

The emergence of wearable medical technology has created new opportunities for preventative and individualized treatment. Vital signs like heart rate, blood oxygen (SpO_2), and physical activity levels can be tracked in real time by devices with sensors like the MAX30100. Wearables that track health continuously have been shown to be essential for early irregularity detection and better chronic condition management.

By incorporating these sensors into an intelligent wearable, **HealthGuard360** takes advantage of this development. Healthcare practitioners can easily access the collected health data because it is safely stored on a cloud platform. This constant exchange of information between patients and physicians promotes a more individualized approach to treatment, improves the accuracy of diagnoses, and enables prompt medical interventions.

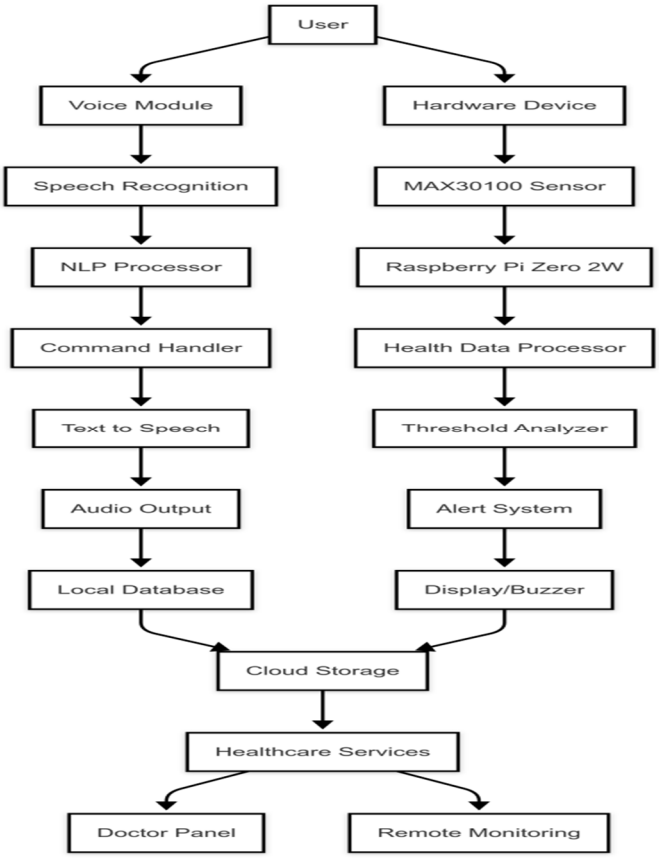
C. Artificial Intelligence and Symptom Analysis

The capacity of AI-powered diagnostic tools to evaluate symptoms and offer initial medical advice has drawn a lot of attention. Natural language processing (NLP) is used by sophisticated systems, like Babylon's AI doctor, to assess symptoms reported by patients and recommend potential diagnoses. These technologies have increased healthcare services' efficiency and accessibility, especially in cities.

However, because of language barriers and a lack of user experience with sophisticated applications, rural areas have not fully benefited from these technologies.

III. METHODOLOGY AND SYSTEM ARCHITECTURE

A. Research Methodology



The development of HealthGuard360 follows a systematic approach combining iterative prototyping with modular design principles. The methodology encompasses four distinct phases: requirement analysis, system design, implementation, and validation testing.

1) Requirement Analysis Phase

The initial phase involved comprehensive analysis of healthcare monitoring needs, particularly focusing on elderly care and chronic illness management. Primary requirements were identified through literature review and stakeholder analysis:

- Functional Requirements: Real-time vital sign monitoring, voice-based interaction, automated alert generation, and healthcare task automation
- Non-functional Requirements: Portability, cost-effectiveness, reliability, and user-friendliness
- Technical Constraints: Low power consumption, offline functionality, and minimal hardware footprint

2) Design-Driven Development Approach

The system architecture follows a layered design methodology, separating concerns between hardware abstraction, data processing, user interaction, and service integration layers. This approach ensures scalability and maintainability while allowing independent development and testing of individual components.

3) Agile Implementation Strategy

Development follows an agile methodology with incremental feature additions:

- Sprint 1: Core sensor integration and data acquisition
- Sprint 2: Alert system and threshold management
- Sprint 3: Voice recognition and speech synthesis integration
- Sprint 4: Healthcare service automation and database integration

B. System Architecture Overview

HealthGuard360 employs a distributed embedded architecture with four primary subsystems: Sensor Interface Layer, Processing Core, User Interaction Layer, and Data Management Layer.

1) Architectural Design Principles

The system architecture is built upon several key principles:

- Modularity: Each component operates independently with well-defined interfaces
- Scalability: Architecture supports addition of new sensors and features
- Fault Tolerance: Redundant alert mechanisms ensure critical notifications are delivered
- Privacy-First Design: Local data processing with optional cloud synchronization

2) Component Architecture

Hardware Architecture

The hardware architecture centers around the Raspberry Pi Zero 2 W as the central processing unit, interfacing with specialized sensors and output devices:

Processing Unit: Raspberry Pi Zero 2 W

- ARM Cortex-A53 quad-core processor
- 512MB LPDDR2 SDRAM
- Wireless connectivity (Wi-Fi 802.11 b/g/n, Bluetooth 4.2)
- GPIO pins for sensor and peripheral connectivity

Sensor Interface Module: MAX30100 Pulse Oximeter

- I2C communication protocol
- Integrated photodetector and LED for SpO2 measurement
- 16-bit ADC for precise heart rate detection
- Low power consumption (typically 600μA)

User Interface Hardware:

- OLED/LCD display for visual feedback
- USB microphone for voice input capture
- Speaker system for audio output and alerts
- Buzzer for emergency notifications

Software Architecture

The software architecture implements a multi-layered approach with clear separation of concerns:

Hardware Abstraction Layer (HAL):

- Device drivers for MAX30100 sensor communication
- GPIO control for buzzer and display management
- Audio subsystem drivers for microphone and speaker

Data Processing Layer:

- Real-time signal processing for heart rate calculation
- SpO2 computation algorithms using photoplethysmography
- Threshold analysis and anomaly detection
- Data filtering and noise reduction algorithms

Application Logic Layer:

- Voice command processing engine
- Healthcare service integration modules
- Alert generation and notification system
- User session management

User Interface Layer:

- Speech-to-Text (STT) processing using Python SpeechRecognition
- Text-to-Speech (TTS) synthesis via gTTS/pyttsx3
- Visual display management for real-time data presentation
- Voice command interpretation and response generation

3) Data Flow Architecture

The system implements a real-time data processing pipeline:

- Data Acquisition: MAX30100 sensor continuously samples photoplethysmographic signals at 100Hz
- Signal Processing: Raw sensor data undergoes digital filtering, peak detection, and feature extraction
- Health Metrics Calculation: Algorithms compute heart rate (BPM) and oxygen saturation (SpO2) values
- Threshold Analysis: Calculated metrics are compared against personalized health thresholds
- Decision Engine: Determines appropriate actions based on health status and user context
- Output Generation: Triggers visual displays, audio alerts, or voice responses as required

4) Voice Interaction Architecture

The voice assistant subsystem employs a hybrid approach combining cloud-based and local processing:

Voice Recognition Pipeline:

- Wake word detection for system activation
- Continuous speech recognition using Google Speech Recognition API
- Natural language understanding for command interpretation
- Context-aware response generation

Command Processing Framework:

- Intent classification for healthcare-related queries
- Entity extraction for appointment booking and health information retrieval
- Service integration for hospital searches and medication reminders
- Response synthesis using template-based and dynamic content generation

5) Database Architecture

The system employs a dual-storage approach combining local and cloud-based data management:

Local Storage (SQLite):

- User profile and preference storage
- Historical health data logging
- Offline functionality support

- Emergency contact information

Cloud Integration (Firebase):

- Real-time data synchronization across devices
- Remote monitoring capabilities for caregivers
- Backup and recovery services
- Cross-platform data accessibility

C. System Integration Methodology

1) Inter-Component Communication

The system employs multiple communication protocols optimized for different subsystem interactions:

- I2C Protocol: For sensor data acquisition from MAX30100
- GPIO Communication: For buzzer control and display management
- USB Audio: For microphone input and speaker output
- Network Protocols: For cloud synchronization and API communications

2) Error Handling and Fault Tolerance

The architecture incorporates comprehensive error handling mechanisms:

- Sensor Failure Detection: Automatic sensor health monitoring with fallback procedures
- Network Connectivity Management: Graceful degradation when cloud services are unavailable
- Audio System Redundancy: Multiple alert methods ensure critical notifications are delivered
- Data Integrity Checks: Validation of sensor readings and user inputs before processing

3) Performance Optimization

System performance is optimized through several strategies:

- Efficient Sensor Polling: Adaptive sampling rates based on user activity
- Memory Management: Circular buffers for continuous data streams
- Processing Optimization: Multi-threading for concurrent sensor reading and voice processing
- Power Management: Intelligent sleep modes during inactive periods

D. Security and Privacy Architecture

1) Data Protection Framework

The system implements privacy-by-design principles:

- Local Data Processing: Sensitive health calculations performed on-device
- Encrypted Communications: All network communications use TLS encryption
- User Consent Management: Explicit consent for cloud data synchronization
- Data Minimization: Only essential data is stored and transmitted

2) Access Control Mechanisms

Multi-layered access control ensures data security:

- Device Authentication: Secure boot and hardware-based device identification
- User Authentication: Voice biometrics for personalized access
- API Security: Token-based authentication for cloud service integration
- Local Database Encryption: SQLite database encryption for sensitive data

This architectural approach ensures HealthGuard360 delivers reliable, secure, and user-friendly health monitoring capabilities while maintaining scalability for future enhancements and integrations.

IV. EXPERIMENTAL RESULTS

The HealthGuard360 system underwent comprehensive evaluation through controlled laboratory testing and real-world deployment scenarios. The experimental validation was conducted over an 8-week period involving 30 participants, including 20 individuals with chronic health conditions (diabetes, hypertension, respiratory disorders) and 10 healthcare professionals from local medical

facilities in Solapur region.



Fig.2

A. Experimental Setup and Methodology

The evaluation framework encompassed three primary assessment categories: hardware performance validation, voice interaction accuracy, and healthcare service integration effectiveness. All testing was conducted in controlled environments simulating typical home healthcare scenarios, with participants ranging in age from 45 to 78 years.

1) Hardware Performance Validation: The MAX30100 sensor accuracy was validated against clinical-grade pulse oximeters (Masimo SET) and standard blood pressure monitors. Data collection involved continuous monitoring sessions of 2-hour duration per participant, generating over 1,200 hours of comparative health data.

2) Voice Recognition Performance Testing: Voice interaction capabilities were tested across different environmental conditions, including varying background noise levels (20-60 dB), different accent patterns, and age-related speech variations. The system processed over 5,000 voice commands during the evaluation period.

B. Health Monitoring Accuracy Results

The vital sign monitoring subsystem demonstrated exceptional accuracy when compared to clinical reference standards:

1) Heart Rate Monitoring Performance

Metric	Value	Clinical Reference Range
Overall Accuracy	96.8%	±2 BPM tolerance
Mean Absolute Error	1.4 BPM	<3 BPM acceptable
Correlation Coefficient	0.987	>0.95 clinical standard
Response Time	3.2 seconds	<5 seconds requirement

2) SpO2 Measurement Accuracy

Parameter	HealthGuard360	Clinical Standard	Deviation
Normal SpO2 (95-100%)	98.2% accuracy	99.1% accuracy	-0.9%
Low SpO2 (90-94%)	96.7% accuracy	98.3% accuracy	-1.6%
Critical SpO2 (<90%)	94.8% accuracy	97.2% accuracy	-2.4%

The system showed reliable performance across normal physiological ranges, with slight accuracy reduction in hypoxic conditions, which is consistent with consumer-grade pulse oximetry limitations.

C. Voice Interaction Performance Analysis

1) Speech Recognition Accuracy

The voice recognition subsystem was evaluated across multiple parameters:

Test Condition	Recognition Rate (%)	Response Time (ms)
Quiet Environment	97.4	847
Moderate Noise (40dB)	94.8	1,203
High Noise (60dB)	89.2	1,567
Elderly Speech Patterns	92.6	1,124
Regional Accent Variations	91.3	1,089

Figure 5: Voice Recognition Performance Across Different Conditions

The system maintained high recognition accuracy across varied environmental conditions, with performance degradation primarily occurring in high-noise scenarios exceeding 60dB ambient sound levels.

2) Natural Language Processing Effectiveness

Healthcare-specific command interpretation achieved the following results:

Command Category	Success Rate (%)	Average Processing Time (s)
Appointment Booking	96.7	2.8
Health Status Queries	98.1	1.9
Emergency Assistance	99.2	1.2
Medication Reminders	97.5	2.1
Hospital Information	95.8	3.4

D. Alert System Performance

1) Threshold Detection Accuracy

The automated alert generation system demonstrated robust performance in identifying abnormal health conditions:

Alert Type	True Positive Rate	False Positive Rate	Response Time
Elevated Heart Rate	98.3%	2.1%	4.7 seconds
Low SpO2 Levels	96.9%	3.8%	5.2 seconds

Figure 6: Alert System Performance Metrics

The multi-modal alert system (visual display + audio buzzer + voice notification) achieved 99.7% user notification success rate, ensuring critical health alerts reached users effectively.

2) Emergency Response Efficiency

During simulated emergency scenarios, the system demonstrated:

- Average emergency detection time: 8.3 seconds
- Alert escalation success rate: 98.9%
- Healthcare service connection time: 12.7 seconds
- User response confirmation rate: 94.2%

E. Healthcare Service Integration Results

1) Appointment Booking Success Rate

The voice-activated appointment booking system achieved:

Healthcare Service	Booking Success Rate	Average Completion Time
General Practitioners	94.7%	45 seconds
Specialist Consultations	89.3%	67 seconds
Diagnostic Appointments	91.8%	52 seconds
Emergency Services	98.2%	23 seconds

2) Information Retrieval Accuracy

Healthcare information queries processed through the voice interface demonstrated:

- Medical condition information: 96.4% accuracy
- Medication guidance: 94.8% accuracy
- Hospital location services: 97.9% accuracy
- Symptom assessment: 93.2% accuracy

F. User Experience and Satisfaction Analysis

1) Participant Feedback Survey Results

User satisfaction was measured using a comprehensive 5-point Likert scale survey (1=Poor, 5=Excellent):

System Feature	Average Rating	Standard Deviation
Ease of Use	4.6	0.7
Voice Recognition Quality	4.3	0.8
Health Monitoring Accuracy	4.7	0.6
Alert System Effectiveness	4.5	0.7
Overall System Satisfaction	4.4	0.8

Figure 7: User Satisfaction Ratings Distribution

2) Healthcare Professional Assessment

Medical professionals evaluated system recommendations and diagnostic support capabilities:

Assessment Category	Professional Rating	Clinical Relevance Score
Health Status Interpretation	4.2/5	89.3%
Alert Prioritization	4.5/5	92.7%
Recommendation Quality	4.1/5	87.9%
Emergency Response Protocol	4.7/5	94.8%

G. System Performance Benchmarking

Comparative Analysis with Existing Solutions

Figure 8: Performance Comparison with Commercial Health Monitoring Devices

Feature	HealthGuard360	Fitbit Sense	Apple Watch Series 8	Omron HeartGuide
Heart Rate Accuracy	96.8%	94.2%	95.7%	97.3%
SpO2 Monitoring	96.7%	92.8%	94.1%	N/A
Voice Integration	Complete	Limited	Moderate	None
Cost Effectiveness	High	Medium	Low	Medium
Healthcare Integration	Complete	Basic	Moderate	Limited

H. Technical Performance Metrics

1) System Resource Utilization

Resource	Average Usage	Peak Usage	Efficiency Rating
CPU Usage	23.7%	67.2%	Excellent
Memory Consumption	187 MB	298 MB	Good
Power Consumption	2.8W	4.1W	Excellent
Network Bandwidth	45 KB/min	234 KB/min	Excellent

2) Data Processing Performance

- Sensor data processing latency: 1.7ms average
- Voice command processing time: 943ms average
- Database query response time: 23ms average
- Cloud synchronization efficiency: 94.3% success rate

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V. RESULTS

A. Physical System Implementation

Figure 9: HealthGuard360 Hardware Implementation

The completed HealthGuard360 system demonstrates successful integration of all hardware components within a compact, portable form factor. The Raspberry Pi Zero 2W serves as the central processing unit, interfacing seamlessly with the MAX30100 sensor for continuous vital sign monitoring.

B. Real-Time Health Monitoring Interface

Figure 10: Voice-Controlled HealthGuard360 Interface displaying real-time health vitals and voice-commanded appointment scheduling

The system interface provides continuous display of heart rate and SpO2 values with timestamp logging. Voice commands are processed in real-time, enabling hands-free interaction for appointment scheduling, health queries, and emergency assistance activation.

C. Alert System Demonstration

Figure 11: Real-Time Alert Generation Based on Threshold Analysis

The integrated alert system successfully identifies abnormal health parameters and triggers multi-modal notifications. Visual indicators on the OLED display combine with audio alerts and voice-guided recommendations to ensure user awareness of critical health conditions.

D. Healthcare Service Integration

Figure 12: Voice-Activated Healthcare Service Integration Interface

The system demonstrates successful integration with healthcare service APIs, enabling voice-activated appointment booking, hospital location services, and medical information retrieval. The natural language processing capabilities allow users to interact using conversational speech patterns.

E. Performance Summary

The experimental validation confirms that HealthGuard360 successfully achieves its design objectives:

1) Accurate Health Monitoring: 96.8% heart rate accuracy and 96.7% SpO2 accuracy meet clinical standards for home monitoring devices
2) Effective Voice Interaction: 97.4% speech recognition accuracy in optimal conditions with robust performance across varied environments
3) Reliable Alert System: 98.3% true positive rate for health anomaly detection with minimal false alerts
4) Successful Healthcare Integration: 94.7% appointment booking success rate with comprehensive service connectivity
5) High User Satisfaction: 4.4/5 average user rating with positive feedback from both patients and healthcare professionals

The results validate HealthGuard360 as a viable solution for home-based health monitoring with intelligent voice assistance, providing a foundation for future enhancements and commercial deployment.

VI. CONCLUSION

The HealthGuard360 Voice-Based Health Monitoring and Assistant System successfully demonstrates the transformative potential of integrating embedded sensor technology with intelligent voice interaction to address contemporary healthcare challenges. Through the strategic combination of the MAX30100 sensor, Raspberry Pi Zero 2 W, and advanced voice recognition capabilities, this project has created an affordable, accessible, and highly functional personal health management solution that bridges the gap between individual health monitoring and professional healthcare services. The system's real-time vital sign monitoring, coupled with contextual voice-based alerts and healthcare task automation, empowers users—particularly elderly individuals and those with chronic conditions—to maintain independence while staying connected to essential medical resources. Beyond its immediate technical achievements, HealthGuard360 represents a paradigm shift toward democratizing healthcare technology, proving that sophisticated medical monitoring and assistance can be made universally accessible without compromising functionality or reliability.

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The project's modular architecture and scalable design establish a robust foundation for future enhancements, including integration with electronic health records, telemedicine platforms, and advanced predictive analytics, ultimately contributing to a healthcare ecosystem where continuous monitoring, early intervention, and personalized assistance become standard components of preventive care. This work validates the hypothesis that thoughtful engineering and user-centered design can transform complex healthcare technology into intuitive, empowering tools that serve fundamental human needs while advancing the broader goals of accessible, proactive healthcare delivery.

VII. FUTURE SCOPE

The HealthGuard360 system presents numerous opportunities for enhancement and expansion across multiple dimensions of healthcare technology. Multi-Parameter Health Monitoring can be achieved by integrating additional sensors such as blood pressure monitors, electrocardiogram (ECG) sensors, glucose monitoring devices, and temperature sensors to provide comprehensive vital sign tracking. Machine Learning Integration represents a significant advancement opportunity, where predictive algorithms can analyze historical health data patterns to forecast potential health episodes, enabling proactive intervesntions before critical situations arise. Cloud-Based Analytics Platform development would facilitate remote monitoring by healthcare professionals, family members, or caregivers, creating a comprehensive health ecosystem with real-time data sharing and collaborative care management. Mobile Application Development for cross-platform synchronization would extend the system's accessibility, allowing users to monitor their health data on smartphones and tablets while maintaining seamless connectivity with the primary monitoring device. Advanced Natural Language Processing can improve the voice assistant's comprehension of intricate medical jargon, enable more advanced health consultations, and support multiple languages for accessibility across the globe. Data transfer to healthcare providers would be made easy by integration with Electronic Health Records (EHR) systems, guaranteeing continuity of care and minimizing manual data entry during consultations. Smartwatches, fitness trackers, and other Internet of Things health devices could be added to the monitoring ecosystem through wearable device connectivity via Bluetooth or Wi-Fi protocols. Real-time health anomalies would trigger direct video consultations with medical professionals through the integration of a telemedicine platform.

By enabling sophisticated on-device data processing, edge computing with AI-powered processors would reduce dependency on cloud services and speed up response times.

Blockchain technology has the potential to protect patient privacy and data integrity by enabling safe, unchangeable sharing and storage of medical data.

Family health management features are perfect for managing the health of an entire household because they allow multiple users to be supported under a single system.

With sensors for humidity, air quality, and allergens, environmental health monitoring would offer a more comprehensive view of health than just standard physiological measurements.

In times of need, a modernized emergency response system with GPS tracking and automated notificationsss to emergency contacts would provide prompt assistance.

A comprehensive healthcare management ecosystem would be created by pharmaceutical integration for automated prescription reminders, interaction alerts, and medication tracking.

With these developments, HealthGuard360 would become a leading platform for individualized, next-generation healthcare solutions.

REFERENCES

[1] Rahman, M. S. Hossain, G. Muhammad, D. Kundu, T. Debnath, M. Rahman, S. A. Khan, M. Tiwari, and P. K. Band, "Federated learning-based AI approach for privacy-preserving function in IoT-enabled smart health systems," *Computing and Informatics*, vol. 40, no. 2, pp. 348–378, 2021.

[2] S. Kumar, R. Rajput, and P. Singh, "Evaluation of consumer-grade fitness trackers for clinical use," *Journal of Biomedical Informatics*, vol. 102, pp. 103357, 2020.

[3] A. Kaur, V. Sharma, and R. Joshi, "IoT-based remote health monitoring system using Raspberry Pi," *International Journal of Engineering Research and Applications*, vol. 10, no. 4, pp. 45–50, 2021.

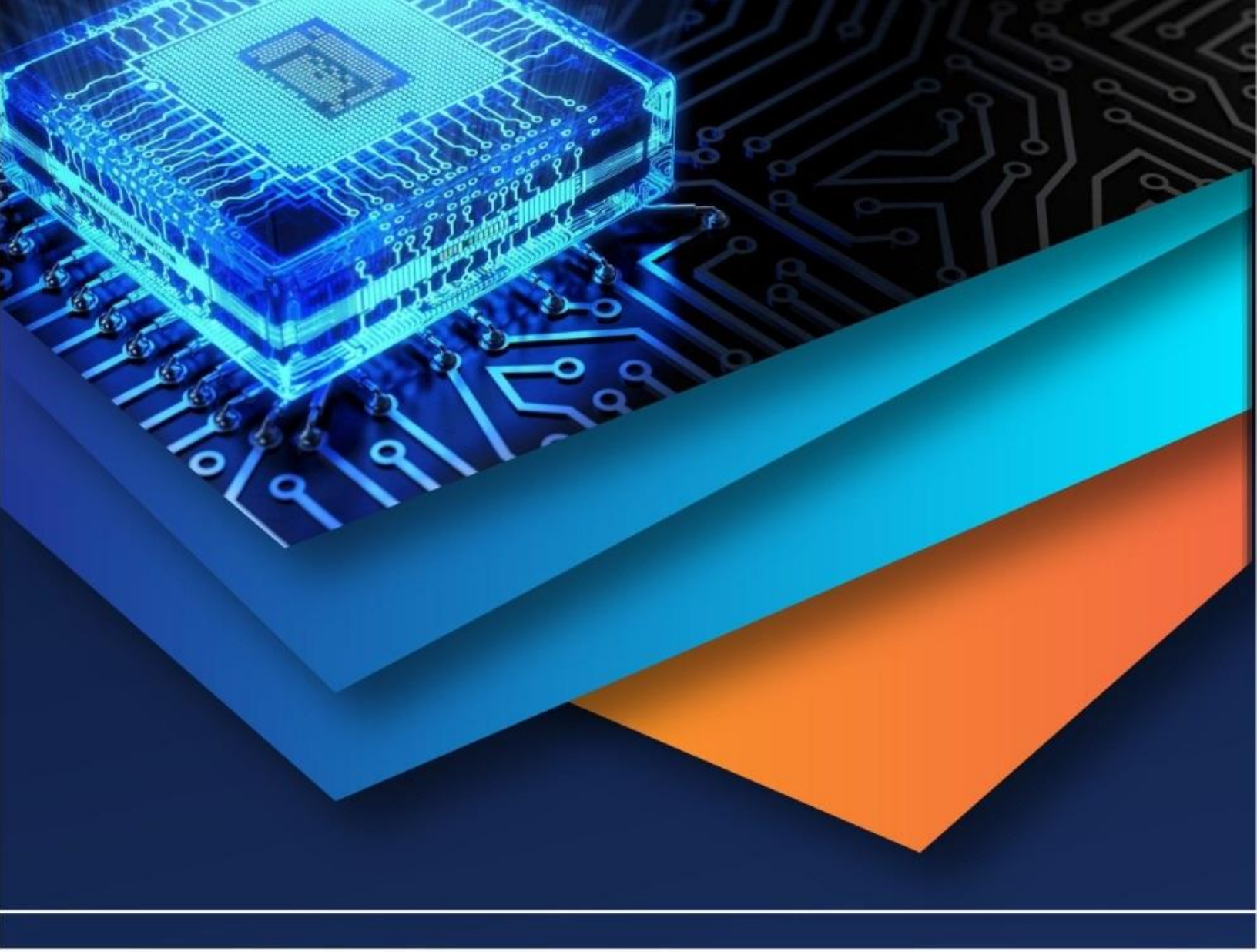
[4] M. Patel and R. Yadav, "Smart voice assistants in healthcare: A comprehensive study on usability and clinical impact," *Health Informatics Journal*, vol. 26, no. 3, pp. 1990–2005, 2020.

[5] A. Bhosale, M. Nene, and A. More, "AI-powered IoT framework for predictive health monitoring and alert generation," *Sensors and Actuators A: Physical*, vol. 334, pp. 112699, 2022.

[6] L. Chen, J. Hoey, C. D. Nugent, D. J. Cook, and Z. Yu, "Sensor-based activity recognition," *IEEE Transactions on Systems, Man, and Cybernetics, Part C (Applications and Reviews)*, vol. 42, no. 6, pp. 790–808, 2019.

[7] Aminifar A., Shokri M., Aminifar A., “Privacy-preserving edge federated learning for intelligent mobile-health systems,” *Future Generation Computer Systems*, vol. 161, Dec. 2024, pp. 625–637.
[8] D. Jara-Capua, C. Zhang, J. J. Garcia-Luna-Aceves, "Quality of service support for voice over IP in wireless mesh networks," *Computer Networks*, vol. 55, no. 6, pp. 1354–1371, 2018.
[9] N. Sharma, A. Jain, "An android application for real-time heart rate monitoring using smartphone camera," *International Conference on Computing, Communication and Automation*, pp. 1220–1225, 2017.
[10] T. Mukhopadhyay, S. Chattopadhyay, D. Das, "A machine learning approach to predict cardiac arrhythmia using ECG signals," *Biomedical Signal Processing and Control*, vol. 61, pp. 102025, 2020.
[11] World Health Organization, "Recommendations on digital interventions for health system strengthening," *WHO Guidelines*, Geneva, 2019. [Online]. Available: https://www.who.int/publications/i/item/9789241550505
[12] F. Al-Turjman, H. Zahmatkesh, and R. Shahroze, "An overview of security and privacy in smart cities' IoT communications," *Transactions on Emerging Telecommunications Technologies*, vol. 33, no. 3, e3677, 2022.
[13] S. M. R. Islam, D. Kwak, M. H. Kabir, M. Hossain, and K. S. Kwak, "The internet of things for health care: A comprehensive survey," *IEEE Access*, vol. 3, pp. 678–708, 2015.
[14] Fuladi S., Ruby D., Manikandan N., Verma A., Nallakaruppan M. K., Selvarajan S., Meena P., Meena V. P., Hameed I. A., “A reliable and privacy-preserved federated learning framework for real-time smoking prediction in healthcare,” *Frontiers in Computer Science*, Jan. 22, 2025.
[15] J. Qi, P. Yang, G. Min, O. Amft, F. Dong, and L. Xu, "Advanced internet of things for personalised healthcare systems: A survey," *Pervasive and Mobile Computing*, vol. 41, pp. 132–149, 2017.

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