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Glaucoma Detection using Hybrid SVM+ANN Classification

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ABSTRACT: Glaucoma is a neurological disease and one of the most well-known causes of vision loss, according to the abstract. Being a cause of nerve degeneration is an irreversible process, early detection of the condition is essential to preventing permanent visual loss. Glaucoma is mostly caused by elevated intraocular pressure, and if it is not identified and treated promptly, it can damage vision. Glaucoma is a vision condition that gradually becomes worse over time and affects the eye's optic nerve. It results from pressure accumulation inside the eye. Glaucoma frequently runs in families and may not manifest itself until later in life. One of the most crucial and difficult parts is the identification of glaucoma as it progresses. In this study, we presented a unique hybrid algorithm for glaucoma diagnosis. In this study, we provide a novel hybrid approach for classification utilizing Artificial Neural Networks (ANN) and support vector machines (SVM). For segmentation, we used HMM with Cuckoo search optimization (CSO), and for classification, we employed a hybrid of SVM and ANN. When compared to other approaches already in use, the results demonstrate strong performance.

Keyword: [Glaucoma Detection, Artificial Neural Network (ANN), Support vector machine (SVM), Cuckoo search optimization (CSO), HMM.]

1. INTRODUCTION

Glaucoma is a variety of progressive disorders in which the eye's intraocular pressure (IOP) rises, narrowing the opening that the optic nerve enters the eye. The pressure being applied to the optic nerve is increased by this narrowing of the aperture. The optic nerves are damaged as a result of this pressure.



Figure 1 (a) Normal optic nerve (b) Glaucoma affected optic nerve

Due to the high eye pressure brought on by an imbalance in the formation and outflow of the aqueous humor of the eye, glaucoma causes harm to the optic nerve of the eye. If neglected, the problem worsens over time and finally results in total blindness. Glaucoma cannot be cured, although visual loss can be avoided with medicine. Aqueous humor normally exits the eye through the trabecular meshwork. However, the aqueous humor will increase if this pathway is closed. The increase in this liquid will result in an increase in pressure and the loss of ganglion cells. Patients with glaucoma gradually lose their eyesight because the ganglion cells do not renew. By 2020, glaucoma cases will have increased by more than 30%, according to research. It is currently the second most common cause of blindness globally. Glaucoma is one of the main worldwide causes of visual impairment, according to the World Health Organization [2].

The name "glaucoma" is derived from an ancient Greek phrase that means "clouded or blue-green hue," ostensibly describing someone who has a dilated cornea or is developing rapidly. Both of which might be impacted by chronic (long-term) rise in intraocular pressure in the eye. A group of illnesses known as glaucoma caused damage to the optic nerve, which results in permanent visual loss. The vast majority of the time, this injury is brought on by an enormous rise in intraocular pressure. The posterior chamber, which is the area between both the iris and the lens, is where the eye produces aqueous humor, a vitreous fluid that drains via the trabecular meshwork. The rates of drainage and secretion are equal in a healthy eye. Glaucoma develops when a drainage canal is partially or entirely clogged, causing an increase in intraocular pressure and harm to the optic nerve, which is responsible for sending signals to the brain where sensory data may be processed. Untreated injury might result in complete blindness. As a result, glaucoma must be detected early [3].

The most intricate, fragile, and delicate organs in the human body are the eyes, through which we observe the outside world. They are in charge of providing our brain with 45% of all the information. The word "glaucoma" refers to a series of eye illnesses that eventually cause blindness by irreparably harming the optic nerve, which is the nerve that ends visual signals to the brain [4]. Therefore, the requirement for a computer-aided diagnostic

(CAD) solution [3] for glaucoma that can assist ophthalmologists in quickly and thoroughly analysing medical pictures. Pre-processing, segmentation, and categorization of medical pictures are all included in the CAD system's glaucoma diagnosis capabilities. Pre-processing is the first stage in the process of preparing an image for subsequent analysis using various filters, morphological procedures, etc. by removing some noise and outliers from the input picture. In order to extract the desired area of interest (ROI), which is more significant than other parts and makes it easier to assess the anomaly, the input picture is further segmented into numerous regions. The classification process, which determines whether a picture is "normal" or "abnormal," is the last step. The categorization function of CAD systems employing machine learning techniques in retinal pictures is the focus of this work [5].

By eliminating some clutter and outliers from the input image, pre-processing is the initial step in the process of prepping an image for later analysis using different filters, morphological processes, etc. The incoming picture is then divided into several regions in order to identify the desired interest area (ROI), that is more important than other areas and facilitates the evaluation of the anomaly. The next phase is categorization, which decides whether an image is "normal" or "abnormal." This work [5] focuses on the classification function of Digital systems using machine learning approaches in retinal imagery. The Optic Nerve Head feature extraction methodology aids in automated detection and is a non-invasive method.

Changes in texture and intensity can be used to distinguish between glaucoma and normal images. When structural alterations take place in a sick picture, the texturing is a structure of that image that alters. To accurately comprehend the illness and the sort of structural alterations, several texture characteristics may be retrieved from a picture [7].

2. LITERATURE SURVEY

An innovative, automated, appearance-based glaucoma classification method that does not rely on segmentation-based measures was created by Rudiger Bock et al. We may use our wholly data-driven approach in extensive screening exams. It uses a typical two-stage classification pipeline for pattern recognition. In order to capture glaucomatous structures, various types of image-based characteristics were examined and merged. In the preprocessing stage, some disease-independent variables such as illumination inhomogeneities, size variations, and vessel architecture are removed. Physicians may get new knowledge about and a better understanding of glaucoma from the "vessel free" pictures and intermediate findings of the procedures. On a data set made up of 200 genuine photographs of healthy and vasodilator eyes, our algorithm has an 86% success rate. The system's effectiveness in identifying glaucomatous retina fundus pictures is on par with that of human medical specialists.

Ahmed El-Rafei and others [9] Analysis of the visual system's white matter fibres using DTI has recently been used to the glaucoma condition. The provided approach is the first categorisation for diagnosing glaucoma based upon DTI and ocular radiation analysis. The suggested visual pathway-based method is a fresh viewpoint in glaucoma classification, in contrast to the typical ocular detection systems that rely on eye imaging techniques.

The method has good identification rates for distinguishing between entities of glaucoma as well as healthy participants from various categories of glaucoma sufferers. Additionally, it performs better than several of the most advanced retina-based cataract detection algorithms and yields fair categorization rates. In line with other research, our study highlights the DTI-derived measures' sensitivity to glaucoma and advises integrating them into the glaucoma exam flow. Glaucoma is a challenging systemic condition. Therefore, a comprehensive investigation of the visual system may help with glaucoma diagnosis and prognosis. Given the developments in neuroscience and retinal imaging, this may be accomplished by combining the information from several visual system regions.

Zhuo Zhang and others, [10] In clinical practice, the diagnosis of glaucoma is based on a number of variables, including the patient's medical history, an examination of the eyes, and an ophthalmoscopy examination of the optic nerve's head. For computer-aided diagnosis, combining several data sources can improve the simulation of clinical decision-making in the actual world. The black box nature of reinforcement methods is one of its drawbacks. With mRMR, it is possible to train a simpler module and, more crucially, to offer a clear list of characteristics to clinicians. This makes it much easier to explain to doctors what the classifier learned from the data and how the expert knowledge came from. Additionally, the mass screening procedure for glaucoma early detection may be guided by the characteristics derived, requiring less data to be gathered. The suggested framework may be used to treat various eye conditions including retinopathy and cataract.

Using an SVM-based learning algorithm, N. Anantrasirichai et al. [11] describe an automatic texture classification for the identification of glaucoma. The inner retina's thickness and texture are taken into account. The classification accuracy can be increased by up to 4% by utilising texture characteristics as opposed to just layer thickness, according to the results. This might also be evidence that the speckle, which humans interpret as texture, contains information that can be utilised to understand how glaucoma affects retinal tissue. Future research will examine the texture of more retinal layers, and early glaucoma diagnosis will incorporate data from visual fields.

Tangila Saba and others [12] One of the neurodegeneration, glaucoma is thought to be one of the most commonly understood causes of vision loss. Since nerve degeneration is an irreversible process, it is essential to

diagnose the condition early in order to prevent a permanent loss of eyesight. The article includes a schematic of the glaucoma disease, including its types, symptoms, risks, treatments, and suggested image-handling methods for analysis. Various symptomatic approaches have been examined and dissected. Benefits and drawbacks of each approach have been discussed in detail by highlighting the circumstances in which one approach is superior than the other. Clinical diagnosis is necessary for the condition known as glaucoma. There is no accepted method for gauging glaucoma progression. Due to the lack of an ultimate calculation in our current structural methodologies, it is difficult to be positive regarding the relative specificities and sensitivities. In contrast to the subjective and rudimentary methods used in the past, developments in structure and function assessment methods provide greater aim precision and precision for the identification and diagnosis of diseases. P.V. Rao et al. The cup over disc ratio is utilised to segment the glaucoma section of the glaucomatous picture, and wavelet sub bands are then applied to the segmented image to extract the energy levels. The energy levels of the Daubechies (Db4), Symlets (sym4), and Curvelet filters (bio3.7, bio4.2, and bio4.7) are clearly different from those of the conventional retinal picture. Normal data is used to train the ANN algorithms Artificial Neural network (ann and MLP-BP).

With a classification accuracy of 89.6%, Bayes classifies the photographs in the database. The database's photos are accurately classified with 97.6% accuracy using the MLP-BP ANN algorithm. Comparing the suggested approach to current glaucoma classification systems, the proposed system displays more accuracy. This technology is affordable and simple to use in hospitals. This approach lessens the pressure on doctors and eliminates human mistake.

Gayathri.R. and others [15] The energy levels retrieved from the glaucomatous picture utilising the wavelet sub bands Daubechies (Db4), Symlets (sym4), and curvelet filtering (bio3.7, bio4.2 & bio4.7) clearly show a difference in the energies levels compared to those of the normal retina image. The Naive Bayes and MLP-BP ANN algorithms classify input pictures as normal or abnormal by taking extracted energy levels into consideration after being trained on normal retinal images. With an accuracy of 89.6%, Naive Bayesian classifies the photos in the database. Classification accuracy for the database's photos by the MLP-BP ANN method is 97.6%. Comparing the suggested approach to current glaucoma classification systems, the proposed system displays more accuracy. This technology is affordable and simple to use in hospitals. This approach lessens the pressure on doctors and eliminates human mistake. Future upgrades to the device might use artificial intelligence to categories other eye problems.

Sumaiy Pathan and others [16] Strong segmentation of OD was made possible by the use of the circle finding

technique and decision tree classifier. The suggested OC segmentation approach seeks to improve the OC region by introducing a new channel since there is less variation between the OD and OC pixels. The threshold value determined by the segmentation algorithms may be applied to a variety of datasets because it is not specific to any one dataset. Statistical aspects of colour and texture are combined with domain knowledge of glaucoma, such as CDR and NRR area. SVM, ANN, and an ensemble of AdaBoost classifiers are employed for classification, and dynamic selection techniques have been devised to discriminate between normal and glaucomatous fundus pictures. Additionally, an ensemble of AdaBoost classifiers using dynamic selection techniques, SVM, and ANN is tested using ten-fold cross validation. On a hospital data of 300 photos and the publicly accessible Drishti dataset, the suggested approach is tested. The method's effectiveness is demonstrated by the numerical parameters. When mass screening for glaucoma is being done, the suggested approach can be employed as a component of the glaucoma detection system.

An effective network for yopia screening that builds on DENet [14] has already been suggested by S. Phasuk et al. The network consists of two segmentation networks for segmenting the optic disc and the optic cup as well as four classification networks, including the final classification. The experimental finding demonstrates that, with an AUC of 0.94, the suggested solution outperforms the original DENet on publicly available datasets such as ORIGA-650 [18], RIM-ONE R3 [19], and DRISHTI-GS [5].

A method for glaucoma disease detection has been put into place, according to A. Soltani et al. [18]. If this dangerous illness is not discovered in time, blindness may result. As a result, we created a brand-new automated diagnostic system that is based on several image-processing algorithms that can extract the crucial information needed to identify this pathology. In order to give the medical personnel a precise and trustworthy diagnosis, this programme also incorporates a decision support system created using two distinct artificial intelligence techniques, probabilistic reasoning and artificial neural networks.

Summary:

Artificial intelligence can be included into the system to categorise the eye disorders. In order to be utilised for telemedicine, it may also be built to automatically create a report with all the patient's data.

Some are made to create reports on their own, complete with patient data, so they may be utilised in telemedicine.

By including additional examples in both the training database and the validation database, we may continue to enhance the performance of the proposed system. In fact, if indeed the data of both the learning instances is modified, the neural net will generalise more well.

3. PROPOSED METHOD

This study suggests a model that uses a variety of

extracting features and SVM + ANN Hybrid classifier approaches to diagnose glaucoma in fundus image pictures. The retinal fundus pictures were used as the source for further processing, which performed a detailed analysis of the those image utilising 20 characteristics [15]. Results of the above glaucoma identification for each data set, namely retinal photographs, may be both normal and glaucoma-infected. The proposed method is broken down into many phases, as seen in Fig. 2: input information, processing, extraction of features, dimension reduction, and classification.

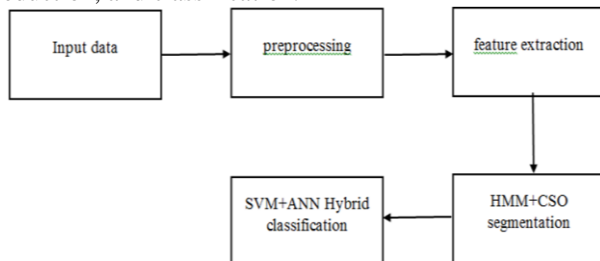


Figure 2. Block Diagram

Dataset

ORIGA-650 [18]: 650 fundus photographs taken from 482 healthy eyes and 168 glaucomatous eyes. Optic disc plus cup mask manual ground truths were also supplied. The ophthalmologists personally annotated every retinal image and optic cup mask.

RIM-ONE

Version 3 [19]: The third RIMONE release includes 85 healthy eyes, 74 glaucomatous eyes, and 159 stereoscopic retinal fundus pictures. Two 2D retinal fundus photos taken from slightly different perspectives are put side by side to create stereoretinal fundus image. Only the first (left) stereo retinal fundus picture from each set of stereo retinal fundus photos was used in this study. Ophthalmology specialists have split the mechanical data of the eye image and cup.

Also from different sources totally 10000 images were collected among those 7000 were glaucoma affected image and 3000 normal images. The proposed model is trained with 7000 images where 2250 normal image and 4750 glaucoma affected images and testing performed with 3000 images (2250 abnormal and 750 normal images)

Feature Extraction

The glaucoma condition alters the structure of a picture, causing texture and intensity shifts. Because of this, glaucoma picture features are different from those of a normal image. These characteristics are retrieved and categorised as abnormal or ill. In the suggested technique, the Markov Random Domain and Grey Level Word co-occurrence Matrix are recovered.

Markov Random Field Least Estimates

A visual model made up of stochastic process with Markov-like features is called a Markov Field (MRF). The MRF model's primary goal is to accurately determine the distribution of picture intensity. The model is adaptable and stochastic to discover the

texture of the image and analyse it. The proximity of pixels is a key factor in determining the image's intensity and pixel position.

The intensities of the picture and significant image properties like labels, textures, and image edges may be used to calculate the Markov Random Field. In essence, it is an undirected graph.

The intensities of a picture are regarded as random variables. The values are the intensities of both the spatial neighbourhoods. A pixel array with an intensity value between 0-255 makes up the input picture. Using the Cartesian coordinates on the grid as, and the $M \times M$ lattice, $P(Y_s | \text{all } Y_r, r \text{ s}) = P(Y_s | Y_r, \text{where } r \text{ is } s \text{'s neighbour})$

The Hidden Markov Field is mostly utilised in the photo editing industry for tasks like texture analysis and picture segmentation. The suggested solution makes use of the Gaussian Markov Random (GMRF).

		7	6	7		
	5	4	3	4	5	
7	4	2	1	2	4	7
6	3	1	X	1	3	6
7	4	2	1	2	4	7
	5	4	3	4	5	
		7	6	7		

Figure 3. GMRF Model Organization

The centre pixel of the GMRF model, shown in Figure 3, is referred to as X, and its surrounding pixels are identified by numbers. The neighborhood's rank is indicated by the numbers. The suggested solution takes into account the fourth order neighbourhood.

Gray Level Covariance Matrix

To determine how frequently pixel pairings with specific values appear in a picture, the GLCM texture feature is represented in the matrix. It describes the connection between the intensities of individual pixels inside the specified neighbourhood. This approach is excellent for obtaining texture properties of an image since the matrices produced are big.

The many qualities of an image, such as contrast, correlation, energy, and homogeneity, are retrieved once the GLCM has been obtained. Contrast is employed to quantify variations, and correlations calculate the likelihood that a specific pair of pixels will appear. Homogeneity and energy both gauge how evenly the components are spread across the matrix.

4. SEGMENTATION

a) Combined HMM and CSO

In simpler Markov models, the sole parameters are the probability of state change; in contrast, the standing in the HMM is not readily observable, but the output becomes obvious in accordance with the state. A probability distribution across potential output tokens exists for each state. As a result, the tokens offered by the HMM offer certain details about just the status sequence, commonly referred to as the model theory. The model is additionally known as an HMM since these variables are

exactly understood. The detection of temporal patterns such speech, handwriting, gestures, voice components, incidental music, partial discards, and bioinformatics is one of the main applications of HMM [20].

Cuckoo search optimization (CSO), a biologically inspired optimization approach developed by Yang and Deb, is based on the brood parasites of avian cuckoos. Typically, cuckoos don't build nests; instead, the ylayer eggs in the nests of certain host birds. The host bird will either rebuild its nest or discard its eggs if it realises the chicks are not its own. A nest egg is regarded as a solution, while a cuckoo egg is regarded as a brand-new solution [22]. Here, the optimal wavelet transform scalar values are found using the cuckoo search optimization technique. Using trials and errors values, a range of scalars is generated. Each solution is seen as a nest in CSO. 50 chicks within the range were created your application. Based on the Levy struggle, a cuckoo chooses a random nest to build a nest in which to deposit eggs. Following the evaluation of the nest's fitness via nest selection, cuckoo changes the rank of the nests based on fitness value [23]. Only each state and its accompanying seen object are necessary for HMM to function: In addition to getting a link with specific words, the sequence labelling also has relationships with other elements including the observed length, word context, and others. We are improving the HMM with Chopper search optimization to fix its shortcomings. Continuous non-linear optimization yields superior results for this optimizer.

Algorithm 1. Combined HMM and CSO Algorithm

1. IM is a multidirectional sub-image of Ib, there fore first calculate $IM_i = HMM(Ib)$.
2. Initialize the HMM parameter using the first equation and (2)
3. There are 3 columns in the image matrix IM_i .
4. Repeat steps 1-3 for each column in the picture matrix.
5. Adjust HMM parameters using Equations (3) and (4)
6. If there is a vessel discontinuity,
7. The pixel state is predicted by HMM.
8. The final image is IMF.
9. Randomly initialise a colony of n nest
10. while not meeting the halting criterion do
11. Use Levy flight to pick a random cuckoo X_i .
12. Pick a nest X_j at random.
13. If $F(X_i)$ is superior to $F(X_j)$, then
14. Change j to the new answer.
15. end
16. Use Levy flights to build new nests in place of some of the inferior ones.
17. End

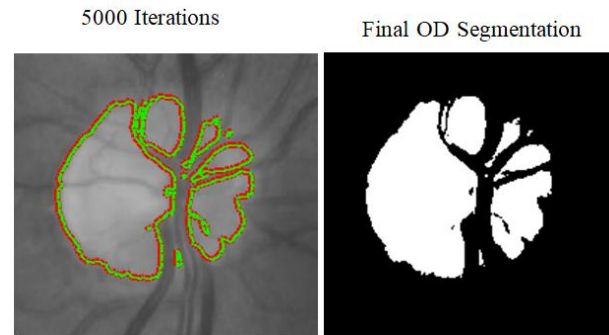


Figure 4. Potential segmented picture

SVM Classification

SVM is a machine learning approach used for supervised classification of binary classes. It makes an effort to linearly distinguish between two classes by fitting a hyper-plane through feature space. In actuality, the majority of information in the field cannot be separated linearly. If we employ the kernel functions, their separation will be most effective. The feature points can be mapped to higher dimensions using the kernel function. We have employed kernel functions with cubic, exponential, linear, and radial basis functions in this study [2].

Data must often be divided between training and testing groups when performing a classification job. Each instance in the training set has a number of characteristic t to the r with a goal value (the class labels) (i.e. the features or observed variables). We have employed a supervised learning approach called the vector support machine (SVM) classifier to distinguish between normal and glaucoma-affected ocular fundi. The objective of SVM is to develop a system (based on training data) that can predict the key parameters of the testing data given just the properties of test data [4].

The task of implying a function from labelled training data is referred to as supervised learning. A

collection of training examples make up the training data. Each example pair in supervised learning

H as the intended output value and the input objects. An inferred function is created by a supervised algorithm for learning using the training examples and may be used to mapping examples [1]. To identify between glaucoma-affected and healthy ocular fundi, we employed a supervised learning approach known as the support vector machines (SVM) classifier. The objective of SVM is to predict the test data's target values simply based on its features. The changed input image matrix from the previous PCA and processing steps serve as the test data.

Data must often be trained and tested sets when performing a classification job. The training set has one target value per instance. We have employed a supervised learning approach called the relevance vector model (SVM) classifier to distinguish between normal and glaucoma-affected ocular fundi. The objective of SVM is to predict the target outcomes of the tests data given just the test data features (training data). Test data are change

input image matrices from the previous phases' preprocessing and PCA procedures. SVM is a helpful machine learning method for the classification process of discrete classes. To make an organizer choice between two classes, the approach fits a hyperplane over the feature space. It is actually impossible to linearly segregate the overwhelming majority of data that exists. The best way to separate them is through kernel functions. Use the kernel [10] to map facial landmarks to higher dimensions. The general version of the SVM's decision function, $u(x)$, is as follows:

$$u(x) = \sum N \alpha_i y_i k(x, x_i) + b \quad (5)$$

The SVM develops the kernel, which is represented by the notation (x, x_i) , while a binding by the constraints $\alpha_i y_i = 0$ and $0 = \alpha_i = A$. The user-determined punishment time In a supported vector machine, the parameter A controls generalisation performance. Only a small portion of s would be non-zero after the training. The classification SVM's structure is shown in Figure 5. The generalisation performance of optical character recognition, facial recognition, and text classification using SVMs has all been good. Additionally, it has been used to examine data on expression of genes, DNA, and proteins.

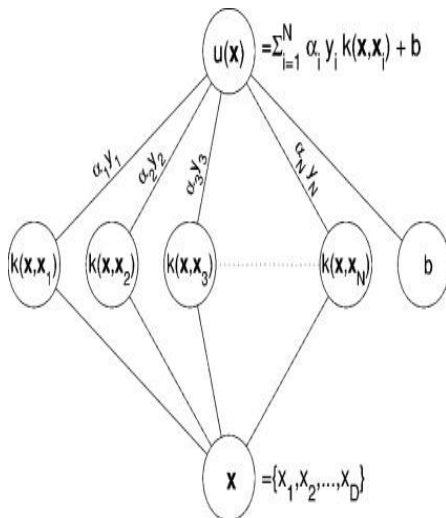


Figure 5. Are presentation of the SVM's classification architecture [13].

ANN

The back propagation algorithm was employed in this investigation. It is the training algorithm in neurons that is most frequently employed. To reduce the error function between the target output value and the network output value, gradient descent is used [18].

Three layers make up the suggested network: the input layer, which has five inputs and a biased, the hidden layer, which has ten neuron and a bias, and the final output layer, which has just one neuron. In Fig. 5, a feed for word network is depicted.

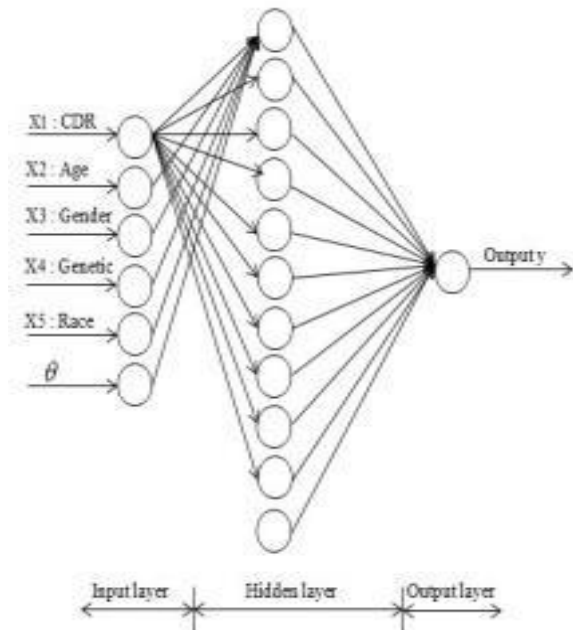


Figure 6. The suggested ANN's structure

The biases and weights are adjusted in this backward phase in accordance with the error slope vector. During the forward computing stage, an input pattern is applied, and the result is a network output vector. To direct the network's output toward the anticipated desired value, a targeted killingst is given to it [14]. Calculate the standard errors and gradientas follows, starting the with output layer and working your way back towards to the input layer:

$$w_{ij}^l(L+1) = w^l(L)_{ij} + \Delta w^l(L)_{ij} \quad (3)$$

$W_{ij}^l(l)$ (L) is the current synapse weight where $l=1,2,\dots,L(l)$ and $j=0,1,\dots,L(l-1)$ are in the equation.

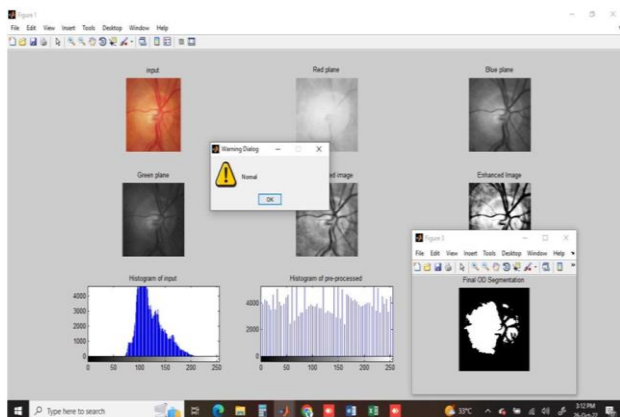
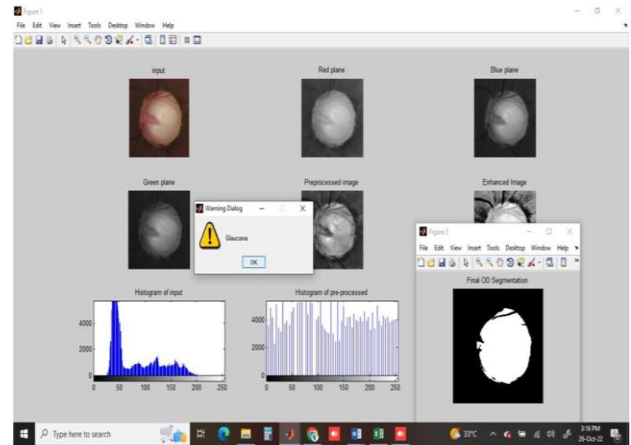
The revised synaptic weights designated $W_{ij}^l(l)$ ($L+1$), will be applied in the following geed-forward iteration. In neural network training, the term "period" refers to a thorough run through each of the training examples. We demonstrate the whole cycle of this phrase. The neural network's weights may bead justed on ceat the conclusion of the period or after each sequence is given to the network.

Combined Hybrid SVM+ ANN Algorithm

SVM divides the pictures in the information source into a subspace using an ideal linear hyperplane. Maximizing the margin between two sets results in the ideal hyperplane. The final hyperplane is the reforedependen ton the boundary training patterns known as b as is functions. The back propagation technique was used as the ANN in this in vestigation. It is the learning algorithm in deep learning that is most frequently employed. To reduce the error function between the target output value and the network output value, gradient descent is used. To improve classification for glaucoma detection, we adopt a combined hybrid SVM+ANN algorithm.

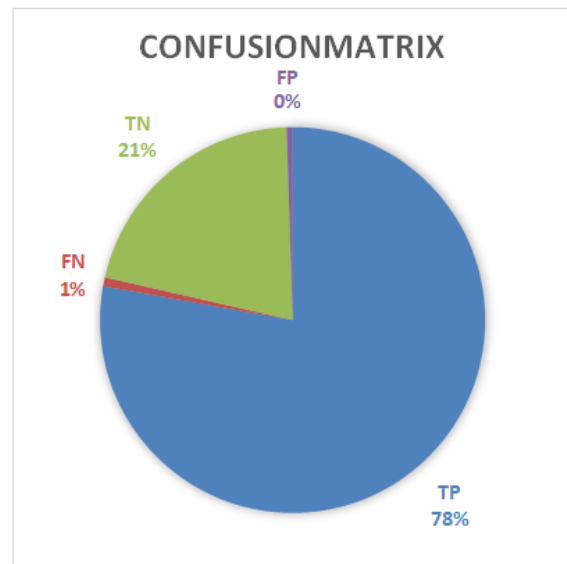
Algorithm2. HybridSVM+ANNAlgorithm

1. Adding data to the load
2. Establish categories to divide the data samples into glaucoma and non-glaucomatous categories.
3. Select the training and test sets of photos.
4. Getting the classifier ready.
5. Describe the hyperplane H used as the decision surface.
6. Using input feature x_i and vector x for any feature inside the feature space, $K(x, x_i)$ denotes the internal vectors product of feature axes in the feature space.
7. For machine learning, the kernel function is chosen as a polynomial since it is necessary to satisfy Mercer's theorem.
8. The definition of the nonlinear SVM classifier function is $f(x) = w^T x + b$.
9. The definition of the asymmetric SVM classifier is $f(x) = w^T(x) + b$.
10. Set the synaptic weights in the network to extremely low random values.
11. Introduce the learning database (input, output).
12. Distribute the input signal throughout the network and compute the output after that.
13. Do the total mean square calculation.
14. The error of the j th neuron in the l th layer.
15. For $L=1$
16. In which $e_j = (u - x_j)$
17. If $l=1, 2, 3, \dots, L-1$
18. Consequently, $e_j = w_{jl}(l+1) - s_j(l+1)$
19. The derivative of the activation function is $s_j(l+1)$.
20. $w_{ij}(l)(L+1)$ represents the new connection weights to be applied in the following feed-forward iteration.
21. The neural network's weights may be adjusted first at the conclusion of the period or after any pattern is given to the network.

**Figure 7. Classification of eye image resulting Normal****Figure 8. Classification of eye image resulting Abnormal-Glaucoma affected****iv) Results:**

Performance evaluation standards Utilizing the three fundamental performance requirements of specific, precision, and sensitivity, the effectiveness of the proposed technique was evaluated. Performance indicators include the following, as examples:

Metrics	TP	FN	TN	FP
Dataset	2724	26	732	18

Table 1. Confusion matrix resulting from proposed method**Figure 9. Pie chart displaying confusion matrix parameters.**

Specificity: A recognised TNR. It calculates the proportion of properly detected healthy test images. Here is the calculation:

$$SPE (\%) = TN / (TN + FP) \times 100 \quad (4)$$

Sensitivity: It is TPR. It is defined as the proportion of glaucoma test images that were appropriately identified as having the condition. The equation reads as follows:

$$SEN(\%) = \frac{TP}{TP + FN} \times 100 \quad (5)$$

Accuracy: It is the proportion of all test images that properly recognised glaucoma and healthy subjects. The equation reads as follows:

$$ACC(\%) = \frac{TP + TN}{TP + TN + FP + FN} \times 100 \quad (6)$$

Table 2. Validation Parameter

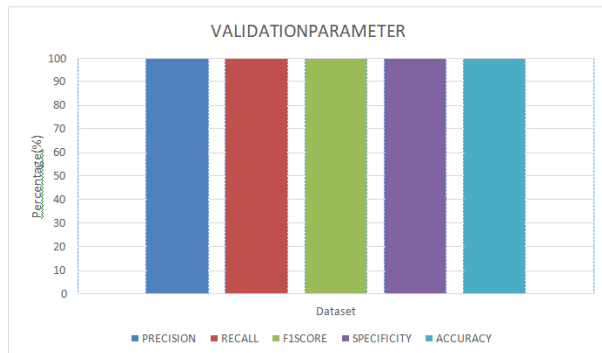


Figure 9. Bar chart displaying Validation parameters of proposed method.

TP, TN, FP, and FN areas follows:

Images classified as glaucoma are those particular images .TP: True Positive. Images that fit into this category are those that are TN: True Negative, Healthy. False Positive (FP), Images that have been classified as glaucoma photographs are really healthy images. Photos of cataracts are recorded as being in excellent health, therefore the result is a false negative.

Methods	Accuracy	Specificity	Sensitivity
VGG-19	92	86.5	93.5
CNN	87	84.5	90.5
LS-SVM	88.33	90	85
HMM-CSA-SVM	95	95	95
Proposed	98.34	96.53	98.84

Table 3. Comparison Accuracy, Specificity and Sensitivity among different algorithms

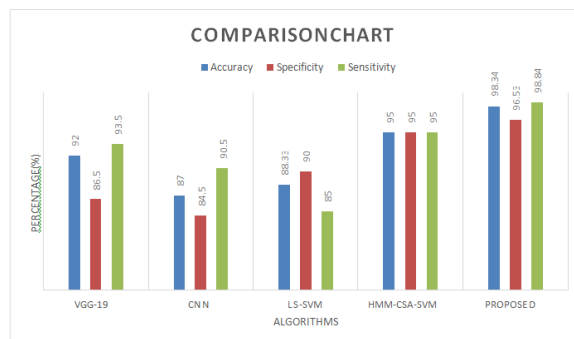


Figure10. Comparison Accuracy, Specificity and Sensitivity among different algorithms

From Figure 9 and 10 it is proved that the proposed

algorithm performs well on all required aspects with high TP, TN and low FP, FN. Also validation parameters like precision, recall, sensitivity, specificity and accuracy of proposed methodology is high and all values are above 98% which proves the system is good. Finally in figure 10, Accuracy, Specificity and sensitivity of proposed system compared with state-of-art methods and proved the

	PRECISION	RECALL	F1 SCORE	SPECIFICITY	ACCURACY
Dataset	99.05	98.84	98.94	96.53	98.34

proposed methodology has better performance comparing to others.

CONCLUSION

In this study, we presented a unique hybrid algorithm for glaucoma diagnosis. In this study, we provide a novel hybrid approach for classification utilising Artificial Neural Networks (ANN) and supported vector machines (SVM). For segmentation, we used HMM with Cuckoo search optimization (CSO), and for classification, we employed a hybrid of SVM and ANN. When compared to other approaches already in use, the results demonstrate strong performance.

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