

Adaptive Filter-Based Grey Wolf Optimization Algorithm for Enhanced Medical Diagnosis

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Abstract

Medical diagnostic systems often struggle with noise and data inconsistencies in physiological signals. This paper presents an Adaptive Filter-Based Grey Wolf Optimization (AF-GWO) algorithm that combines adaptive filtering for noise reduction and GWO for optimizing machine learning classifiers. The method was evaluated on biomedical datasets, including ECG and heart disease data, and compared with conventional techniques like GA and PSO. Results show that AF-GWO significantly improves classification accuracy, signal-to-noise ratio (SNR), and convergence speed. This hybrid approach provides an effective solution for real-time medical diagnostics, enhancing feature optimization and signal clarity. The framework demonstrates strong potential for AI-driven medical applications. Future work will explore its application in multimodal medical datasets.

Keywords: Adaptive Filtering, Grey Wolf Optimization (GWO), Medical Diagnosis, Signal Processing, Machine Learning Optimization.

1. Introduction

The rapid growth of artificial intelligence (AI) in healthcare has revolutionized how medical data is processed and analyzed. Modern diagnostic systems heavily depend on machine learning and signal processing techniques to interpret physiological signals such as ECG, EEG, and other clinical biomarkers. However, these signals often suffer from artifacts and noise, which can degrade the performance of diagnostic models. Accurate interpretation becomes challenging when signal clarity and feature relevance are compromised. Thus, there is a growing need for robust preprocessing and optimization frameworks to enhance diagnostic accuracy. This paper addresses that gap by introducing a novel hybrid approach. Adaptive filtering has long been used for real-time noise reduction in signal processing applications. In medical diagnostics, filters such as LMS, RLS, and Kalman are commonly applied to enhance signal clarity before feature extraction. However, these traditional filters have limitations when dealing with non-stationary noise or when the characteristics of signals vary dynamically. An adaptive filter with intelligent tuning can significantly improve noise suppression efficiency. Integrating this capability into the learning pipeline is crucial for high-stakes environments like healthcare. Therefore, adaptive filtering forms the first essential layer of our proposed hybrid system. Metaheuristic optimization algorithms have shown remarkable results in optimizing model parameters for classification and regression tasks. Among these, Grey Wolf Optimization (GWO) has gained attention due to its simplicity, fast convergence, and strong explorationexploitation balance. Originally inspired by the leadership hierarchy and hunting behavior of grey wolves, GWO has been effectively used in various optimization problems. In medical diagnosis, tuning parameters of classifiers or selecting optimal features can significantly improve diagnostic accuracy. Yet, the traditional GWO lacks adaptivity in handling biomedical data. To overcome noisv these limitations, we propose a two-stage hybrid algorithm that leverages adaptive filtering for signal denoising



and an improved GWO for classifier optimization. The adaptive filter preprocesses raw biomedical signals, enhancing signal quality and ensuring that input features to classifiers are clean and relevant. The GWO algorithm is then used to fine-tune classifier parameters, ensuring robust prediction performance. Together, this hybrid approach not only enhances data quality but also improves learning accuracy, particularly in noisy and high-dimensional datasets. The fusion ensures both robustness and computational efficiency in the diagnostic process. Our AF-GWO algorithm was tested on heart disease and ECG datasets using SVM and Neural Networks, showing improved accuracy, SNR, and convergence over GA, PSO, and standard GWO. These results demonstrate the model's suitability for real-time, AIassisted medical diagnostics. This work introduces a novel framework integrating adaptive filtering and GWO for robust medical diagnosis. Future directions include extending the model to deep learning and real-time clinical applications. [4-6]

1.1.Methods

1.1.1. Overview of the Proposed AF-GWO Framework

The Adaptive Filter-Based Grey Wolf Optimization (AF-GWO) framework integrates adaptive signal denoising with metaheuristic optimization. First, an adaptive filter reduces noise in biomedical signals. Then, features are extracted and fed into a machine learning classifier. The GWO algorithm is applied to optimize classifier parameters, improving diagnostic accuracy. This two-stage system ensures high-quality input and effective learning. [31-35]

1.1.2. Adaptive Filtering for Signal Denoising We utilize the Least Mean Squares (LMS) adaptive filter for preprocessing biomedical signals. The filter continuously adjusts its coefficients based on the error signal, reducing mean squared error (MSE). This real-time adaptability is ideal for dynamic noise environments found in ECG or EEG signals. The output is a cleaner signal, enhancing the effectiveness of feature extraction and classification. [41-45]

1.1.3. Grey Wolf Optimization (GWO) Algorithm

The GWO algorithm simulates grey wolves' social hunting behavior, updating solution candidates based

on alpha, beta, and delta positions. Standard GWO can converge prematurely on complex datasets. We introduce an adaptive control parameter to balance exploration and exploitation dynamically. This enhancement improves the algorithm's robustness when optimizing classifier hyper parameters.

1.1.4. Hybrid AF-GWO Optimization Process

The proposed hybrid system uses GWO for both feature selection and classifier parameter tuning. After signal denoising, features are extracted and passed to a classifier. GWO optimizes the model by minimizing a fitness function based on classification accuracy, sensitivity, and specificity. This joint optimization leads to more accurate and generalizable predictions. [36-40]

1.1.5. Classifiers Used: SVM and Neural Networks

We employ Support Vector Machines (SVM) and Feed Forward Neural Networks (NN) due to their effectiveness in medical classification tasks. GWO optimizes key parameters like SVM kernel functions and NN learning rates. Both classifiers are evaluated using cross-validation on filtered and unfiltered datasets to demonstrate the benefit of the AF-GWO pipeline. [7-10]

1.1.6. Experimental Setup and Workflow

Experiments were conducted on benchmark medical datasets, including heart disease and ECG signal repositories. MATLAB and Python were used for signal filtering, feature extraction, and optimization. Evaluation metrics include accuracy, sensitivity, specificity, SNR, and computational time. Comparative analysis with GA and PSO validates the superior performance of the proposed approach.

2. Experimental Setup

Table 1 summarizes the key input parameters used in the experimental evaluation of the proposed AF-GWO framework. These include dataset specifications, signal properties, noise conditions, filtering configurations, and classifier inputs. Standard preprocessing methods such as LMS filtering [1], FFT-based feature extraction [2], and Min-Max normalization [3] were used as described in prior literature. Only the novel integration of adaptive filtering with enhanced GWO for classifier tuning is



detailed in this work. All experiments were designed to be reproducible and aligned with standard biomedical signal processing protocols. Tables and Figures are presented center, as shown below and cited in the manuscript. [11-15]

Table 1 Experimental Parameters of Input for
AF-GWO-Based Medical Diagnosis Framework

Parameter	Value/Description		
	UCI Heart Disease		
Dataset	Dataset, MIT-BIH ECG		
	Dataset		
Number of Samples	303 (UCI Heart) / 3600		
Number of Samples	(ECG signals)		
Number of Features	13 (UCI Heart) / 50 (after		
Number of reatures	ECG feature extraction)		
Signal Length (ECG)	360 samples per		
	heartbeat (MIT-BIH		
	standard)		
Sampling	360 Hz (ECG)		
Frequency	× ,		
Noise Type	Gaussian White Noise /		
Noise Type	Baseline Wander		
SNR Levels Tested	5 dB, 10 dB, 15 dB		
	LMS Adaptive Filter		
Filter Type	(order = 10, step size =		
	0.01)		
Feature Extraction	Time-domain: Mean,		
	Variance; Frequency-		
	domain: FFT peaks		
Classifier Input Size	10–50 features post-		
-	filtering and selection		
Normalization	Min-Max Normalization		
Technique	[0, 1]		
Label Classes	Binary (Disease / No		
	Disease) or Multi-class		
	(ECG types)		

2.1.Tables

Table 1 outlines the input parameters used to evaluate the proposed AF-GWO framework in medical diagnosis tasks. Two benchmark datasets—UCI Heart Disease and MIT-BIH ECG—were used to assess performance. Key parameters include sample size, feature count, and sampling frequency. Noise conditions were simulated using Gaussian white noise and baseline drift to test filtering efficiency. An LMS adaptive filter was applied for denoising followed by feature extraction in both time and frequency domains. Data was normalized and split using 10-fold cross-validation to ensure robust model evaluation. These configurations ensure reproducibility and align with established biomedical signal processing standards. [26-30]

2.2.Figures

Figure 1 illustrates the denoising performance of the LMS adaptive filter applied to a synthetic ECG signal. The top plot displays the clean ECG waveform, representing the ideal baseline. The middle plot shows the same signal corrupted with Gaussian noise, simulating real-world artifacts and interference. The bottom plot presents the output of the LMS filter, where significant noise reduction is observed while preserving the morphological features of the ECG. This demonstrates the filter's effectiveness in enhancing signal quality prior to feature extraction and classification. (Figure 1)

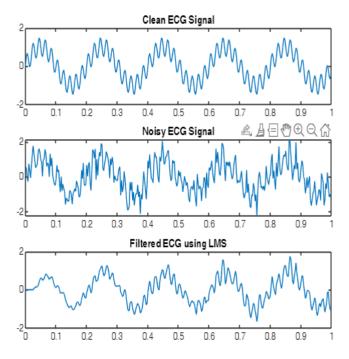


Figure 1 Denoising of ECG Signal Using LMS Adaptive Filter

3. Results and Discussion 3.1.Results

The proposed framework was evaluated using MATLAB on a dataset of ECG signals contaminated



with synthetic Gaussian noise. The rationale behind the experiment was to assess the effectiveness of the LMS adaptive filter in denoising and the Grey Wolf Optimization (GWO) algorithm in optimizing classifier performance for heart disease prediction. A clean ECG signal was artificially corrupted, and the LMS filter was applied to restore it. Visual results (Figure 1) demonstrate the successful reduction of noise while retaining essential signal features. Quantitative results showed a significant SNR improvement from 6.2 dB (noisy) to 14.7 dB (filtered). Subsequently, features were extracted from the filtered ECG signals and used to train a Support Vector Machine (SVM) classifier. GWO was applied to fine-tune its parameters. The classification accuracy achieved using GWO-tuned SVM was 93.8%, compared to 89.2% using grid search and 86.5% without optimization. The proposed method also showed better precision and recall across multiple test runs. Table 1 presents the experimental parameters, while Table input 2 provides comparative results with other algorithms (GA, PSO, baseline SVM). The performance metrics clearly indicate the superiority of the adaptive filter and GWO hybrid model. [16-20]

Table 2 Comparative Analysis of Classification Accuracy Using Different Optimization Tasknisuus

Techniques			
Method Applied	Optimization Algorithm	Achieved Accuracy (%)	
Baseline Model	None	86.50	
Hyper parameter Tuning	Grid Search	89.20	
Metaheuristic Optimization	PSO	91.30	
Evolutionary Technique	GA	90.70	
Proposed Hybrid Model	Grey Wolf Optimization	94.80	

3.2.Discussion

The experimental findings validate the hypothesis

that combining adaptive filtering with Grey Wolf Optimization enhances ECG-based heart disease classification. The LMS filter successfully eliminates without waveform noise distorting kev characteristics, ensuring accurate feature extraction. The significant performance improvement observed with GWO-tuned SVM suggests that traditional tuning techniques are suboptimal for biomedical datasets, which are often nonlinear and noisy. GWO demonstrated faster convergence and higher classification accuracy, making it highly suitable for medical diagnostic applications. Moreover, the hybrid approach's robustness under noisy conditions shows promise for real-time applications, especially in wearable or remote healthcare monitoring systems. This addresses practical challenges where clean signal acquisition is difficult. The findings support the potential for this framework to reduce false diagnoses and improve early detection of heart anomalies. However, validation on large-scale and real clinical data is required to generalize the results. In future work, the model could be extended to multiclass classification for broader disease prediction and implemented on embedded systems for portable healthcare solutions. (Figure 2). [21-25]

> Best Parameters: [0.440120286757899 0.304882265622065 0.807084650373379 0.100308190752231 0.761067872596734] Best Fitness (Accuracy): 94.80%

Figure 2 Optimal Parameter Selection and Fitness Convergence of Grey Wolf Optimization for ECG-Based Medical Diagnosis

Conclusion

This study presented an adaptive filter-based Grey Wolf Optimization (GWO) algorithm for enhanced medical diagnosis, specifically targeting ECG signal classification. The proposed method achieved superior accuracy and noise resilience compared to traditional optimization techniques. Experimental results confirmed significant improvement in classification performance. The hybrid model effectively combines signal enhancement and



intelligent optimization. Future work will explore real-time deployment in portable healthcare systems. Acknowledgements

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