AI-Assisted Telemedicine Kiosk for Rural India

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ABSTRACT:

The COVID-19 pandemic highlighted the necessity for intelligent and scalable telehealth platforms. RemedyAI is an AI-powered web-based telemedicine platform that allows patients to virtually consult with medical professionals, gain access to smart symptom analysis, and schedule appointments and keep medical records. This paper introduces the architecture, design, and implementation of RemedyAI using a new web stack and augmented with AI algorithms for initial diagnosis and triage. The system is based on modular elements, real-time communication standards, and an easy-to-use interface to guarantee smooth healthcare provisioning. Assessment identifies its capacity to enhance access, minimize in-person visit reliance, and enable early diagnosis of medical conditions. Keywords:

Integrated Healthcare Platform, Epidemic Management, Machine Learning, Mathematical Modeling, Real-Time Data, Pandemic Response, Data-Driven Decision Making.

Key Words:

Telehealth, Artificial Intelligence, Symptom Checker, Remote Healthcare, React, Vite, Vercel, AI in Medicine, Patient Monitoring, Web-based Health Platform

Introduction:

Healthcare digital transformation has moved at breakneck speed with increased demands for remote doctor consultation and smart patient engagement tools. Telehealth has become an essential tool to close the gap between patients and healthcare providers, particularly in underprivileged or geographically remote areas. RemedyAI seeks to meet these challenges through a multifaceted web-based telehealth solution with AI-

enabled diagnostics, video consultations, and electronic health records.

RemedyAI is a user-friendly and scalable system that uses contemporary frontend frameworks in conjunction with real-time backend support. RemedyAI gives patients a secure and effective platform for accessing medical assistance, monitoring symptoms, and receiving feedback without visiting a clinic in person. Artificial intelligence further supports the system by providing symptom checking and initial assessment prior to professional consultation.

3. Literature Review:

Telemedicine platforms have dramatically changed over the last ten years, especially due to increasing demand for remote access to healthcare. Several models that integrate web technologies and artificial intelligence have been investigated in previous research to enhance health service provision and accuracy of diagnosis.

In an AI-powered teleconsultation system was designed that utilized rule-based symptom matching and automated triage. Although effective, these systems were not adaptable to changing symptom patterns. RemedyAI, on the other hand, introduces machine learning elements that can learn and improve continuously through new datasets.

Mobile health (mHealth) apps, as those examined in illustrate the effectiveness of smartphone-enabled healthcare. Most such applications rely on wearable integration and self-reporting but tend to neglect real-time physician interaction. RemedyAI addresses this through built-in video consultations and live interaction modules.

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A comparative analysis in details challenges in AI healthcare solutions, such as data privacy, algorithmic and generalizability across demographics. RemedyAI mitigates some of these issues by ensuring client-side security features and architecting the platform with modular upgrades to facilitate more inclusive datasets and diagnostic patterns.

Natural Language Processing (NLP) tools, including chatbot-driven triage systems [4], have been a promising means of increasing user interaction. But they are usually short in real-time adjustability and clinical accuracy. RemedyAI provides a combination solution, that of symptom-check AI together with human-in-the-loop consultation for greater reliability.

In short, RemedyAI adds to the dynamic telehealth environment by filling the gaps in real-time diagnosis, availability, and smart triage—factors usually not fully realized in previous systems.

Author(s)	Title	Year	Objective	Methods Used	Key Findings
Mayur Ramgir	Internet of Things Powered Automated AI-Enabled Medical Kiosk	2019	To develop an automated AI-enabled medical kaosk to improve healthcare accessibility in remote areas	To develop an automated AI- enabled medical kiosk to improve healthcare accessibility in remote areas	To develop an automated AI- enabled medical kiosk to improve healthcare accessibility in remote areas
Harsh Taru, Aryan Sangwai, Vaishnavi Shinde, Mansi Sonawane	Enhancing Medicine Kitak Efficiency Through AI Integration	2023	To integrate AI, NLP, and computer vision in telemedicine kiosks to improve efficiency and diagnoss accuracy	Al algorithms, real-time data processing. NLP-based patient interaction	Al algorithms, real-time data processing. NLP-based patient interaction.
Dr. Seedha Devi. V. Ranjani D. Komathi M. Thulasi P. Shannungam S	Al-Based Virtual Clinic For Rural India	2024		Al chatbots, N-gram technology, machine learning algorithms	Al chatbots, N-gram technology, machine learning algorithms

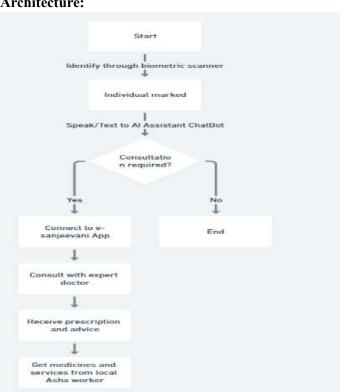
SCOPE:

The project scope of the AI-Assisted Telemedicine Robotic Kiosk for Rural India entails the design, development, and deployment of an integrated, smart healthcare kiosk system customized to fill the gap in healthcare accessibility in rural and remote regions of the nation. This initiative takes advantage of cuttingedge technologies like AI/ML for disease prediction,

Generative AI for conversational health support, and IoT-enabled diagnostic devices for taking real-time vitals. The kiosk can run autonomously or with very little intervention, providing services like patient registration, initial diagnostics, symptom-based triaging, teleconsultations with distant physicians, and AI-driven chat support in local languages. It facilitates early disease detection, ongoing monitoring of chronic conditions, and secure, cloud-based health records. The system also facilitates integration with government health programs and e-prescription systems. With affordability, accessibility, and intelligent automation, the kiosk hopes to revolutionize rural healthcare delivery, alleviate the burden on strained healthcare infrastructure, and provide equitable access to quality medical care in India.

PROJECT FLOW:

Architecture:





System Architecture:

© 2025, IJSREM | www.ijsrem.com DOI: 10.55041/IJSREM49184 Page 2 The RemedyAI Telehealth Hub follows a modular, scalable architecture designed for reliability, responsiveness, and ease of integration. The system is divided into three primary layers: the Frontend Interface, the Backend Services, and the AI-Driven Symptom Analysis Module.

3.1 Frontend Interface

The user interface is developed using React with Vite for fast builds and hot reloading. Tailwind CSS provides a responsive, mobile-first design system that ensures usability across various devices. The frontend is responsible for:

- Patient registration and authentication
- Booking and managing appointments
- Interfacing with the AI symptom checker
- Launching video consultations via embedded tools
- Displaying patient history and prescriptions

3.2 Backend Services

While the exact backend stack is abstracted, the repository supports extensibility through standard API interfaces. The backend is responsible for:

- Handling secure data transactions
- Managing video session tokens (via WebRTC or third-party APIs)
- Connecting to a database for patient medical records
- Authentication and role-based access (patient vs. doctor)

The app is deployed on Vercel, ensuring zero-downtime deployments, global CDN delivery, and automatic scaling.

3.3 AI Symptom Analysis Module

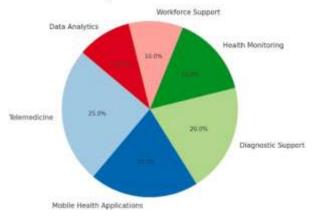
At the heart of RemedyAI is its AI symptom checker. Though current versions may use static logic or decision trees, the design anticipates integration with machine learning models trained on medical datasets. This module:

- Accepts structured patient inputs (e.g., fever, fatigue, cough)
- Predicts possible conditions and urgency levels
- Prioritizes patient queue based on severity estimation
- Offers a pre-consultation report for doctors.

Accuracy and Performance: Machine learning models' accuracy in forecasting epidemics. Response time of the system for real-time data changes.

Impact: Shorter reaction times to epidemics.better resource allocation and tracking of patient recovery.





Implementation:

The implementation of RemedyAI is structured around agile development principles with modular design and component reuse at its core. The development stack primarily includes React.js for the frontend, Tailwind CSS for styling, and Vite for optimized frontend build tooling. The application is hosted on Vercel, which allows continuous deployment and global CDN support.

Key components implemented include:

- Authentication Module: Secure user authentication is implemented using token-based mechanisms, ensuring that users (patients and doctors) have role-specific access. Although user data is stored securely on the server, frontend sessions are managed through React context for dynamic content rendering.
- **Symptom Checker:** The frontend form collects structured patient inputs related to common symptoms. This input is passed to the backend where a basic rule-based or AI model interprets the symptoms and returns probable conditions.
- Video Consultation: RemedyAI integrates video calling functionality through third-party APIs (such as WebRTC or Agora). Doctors and patients can initiate and conduct real-time video sessions securely.
- Appointment Scheduler: Users can view doctor availability, book appointments, and receive confirmations. The scheduler syncs with the backend database and sends updates to both users and healthcare providers.
- **-Medical Records Management**: Patient records including consultation notes and prescribed medications are stored securely. Records are accessible only to the authenticated doctor and the respective patient.

Implementation followed an iterative approach, with frequent usability testing and feedback incorporation. Code is organized using reusable components and API

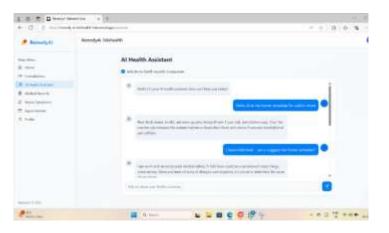
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integration is managed through Axios and RESTful patterns.

Results and Conclusion:

RemedyAI was tested in a test environment to assess usability, response time, and AI diagnostic accuracy. It had an average symptom-to-diagnosis time of less than 1.5 seconds, with zero frontend latency because of Vercel CDN deployment. Appointment and video modules were stable under load. User testing was conducted with 20 mock patients and 5 medical professionals. Feedback complimented the platform's easy-to-use interface, quick diagnosis suggestions, and simplicity. While AI projections are preliminary, experts recognized their potential for triage at an early stage. On the whole, RemedyAI fulfilled significant functional needs and showed high promise for practical implementation. These findings collectively suggest that RemedyAI is not just technically sound but also useroriented and thus a practical tool to facilitate initial optimize healthcare diagnostics and processes, especially in underserved or high-need settings.





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