

CHAPTER 6

CONCLUSION

Naive Bayes can give disease predictions based on the patient's symptoms. Using user input, the data is sent to backend then it processed or calculated, then it returned to the highest Naive Bayes score. Users can see their predicted disease, and decide it.

The algorithm result if the disease has the same symptoms then the data have to sort using the last function. That function is required too. That way, there is almost no required to call if the symptoms are the same. The returned data then get colored by the javascript. This way we know the most related symptoms.

Naive Bayes was suitable for detecting disease. But the problem is the data. Naive Bayes can classify available data, but there is not much alternative and ready to use dataset. That is why this system is not too good because the data is not repetition.

The data is work, the algorithm needs repetition data, but not the unique one. The dataset that available in the system is not like that. All of the data is primary or unique, so there is no repetition.

For the next research, the data is the most important one. Naive Bayes is working the best if the data is like what it wants. For example, "malaria" has symptoms like Demam Tinggi, Sakit kepala, berkeringat, menggigil, muntah. But it is not always like that and we need the data for every people that have the disease to volunteer and become the dataset. But the name remains unknown.