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Paper Title (16 Bold Red Color)

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Abstract:* *(11Bold, Italic)
The Adoption of video analysis for depression state identification using a postulated Convolutional Neural Network (CNN). The architecture extracts and processes both spatial and temporal video analysis techniques, examining the facial expressions, movements of the body, and entire movement patterns. Employing a comprehensive CNN (CCNN) architecture, the architecture substantially exceeds usual machine learning architectures, like Naïve Bayes, Support Vector Machine (SVM), Random Forest, and K-Nearest Neighbors (KNN) in identifying the symptoms of depression.
Key Word*: *(11Bold) *Intrathecal; Bupivacaine; Buprenorphine; Nalbuphine; Postoperative analgesia.*

I. INTRODUCTION (11 Bold)

Video analysis has evolved as a potent tool for tracking the well-being of the mental state, giving a nonintrusive technique to evaluate the patterns of behavior and psychological conditions. In contrast to fixed pictures or voice, videos acquire interactive experiences among spatial and temporal specifications, fostering the determination of fine behaviors of mental states. Depression is frequently expressed in videos using monotonous faces, not making eye contact lack of facial expressions, and rigid posture [1, 2]. These mannerisms are commonly ignored in real time and can be efficiently estimated through computational approaches. Deep learning approaches, especially CCNN have been remarkably verified in identifying behaviors in cellular structures like pictures and videos [3]. **(size:10)**

II. LITERATURE SURVEY (11 Bold)

This makes it especially appropriate for identifying the depressive states that are occasionally fine and want extensive spatial-temporal evaluation [5]. The suggested approach leverages these virtues, employing CCNNs to derive and sort features out of videos, giving precise and effective outcomes for depressive state identification.

1) Inclusion criteria: (10 Bold) (heading 2)

1. Diabetic patients (fasting blood glucose ≥ 126 mg/dL [7.0mmol/L])
2. Either sex
3. Aged ≥ 18 years,
4. Patients have a total cholesterol level of ≥154.68 mg/dl , LDL-C 96.6 mg/dl, HDL-C ≤ 138.6 in men and ≤46.3 mg/dl in women.
5. Fasting triglycerides ≥ 150.56 mg/dl, obtained within 1 week before the first use of statins which was then compared at first- and second-year intervals. (10)

(a) Exclusion criteria: (10 Bold) (Heading 3)

1. Pregnant women;
2. Patients with genetic disorders
3. Patients on other concurrent lipid lowering agents such as bile acid sequest
4. rants (cholestyramine, colesevelam), niacin, ezetimibe, fenofibrate and/or omega 3.
5. Patients with previous history of angina, severe vascular disease, or other life threatening disease.
6. Patients with nephropathy and/or hypothyroidism, active liver disease, bile duct problems, or ALT > 3 × ULN.
7. Patients with creatine kinase levels > 10 × ULN.
8. Patients taking concurrent corticosteroids, ciclosporin, and/or hormone replacement therapy.
9. Patients who are physically inactive.
10. Patients with a history of drug or alcohol abuse. (10)

III. PROPOSED SYSTEM

Once the features are isolated, to assure consistency in the pixel values normalization is performed. As the natural pixel values can differ among frames because of lighting, the position of the camera, or other causes, the pixel values are rescaled to a stable range through normalization [13, 14]. This lessens partialities initiated by the changes in video quality and assures that the approach relies on the organizational features of the video instead of the conditions of light. After the normalization process, all the frames are ready for the extraction of features and classification. The normalization process is given in equation (1), (Equation type using Insert Equation)

$$x''_{d,e} = \frac{x'_{d,e} - \min(x')}{\max(x') - \min(x')} \tag{7}$$

Where $x'_{d,e}$ describes the pixel value at location (d,e) in the original frame
$\min(x')$ describes the minimum pixel value of the frame $\max(x')$ describes the maximum pixel values of the frame

IV. RESULT ANALYSIS (11 Bold)

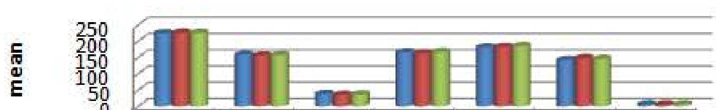
After 6 weeks of follow upmit was found that LDL-C ,went down by -32.81%on regular dose of Atorvastatin 40 mg,-37.28% on Rosuvastatin 20 mg daily and -37.53% on Rosuvastatin 20 mg alternate day. (size 10)

Table no 1 Shows metabolic parameters of patients of the three groups before treatment. Figure 1 describes about the performance analysis.

Table no 1 (10 Bold)**:** Performance Analysis. (10)

	Atorvastatin 40 mg	**Rosuvastatin 20mg**	**Rosuvastatin 20 mg alternate day**
LDL-C	158.3±22.6	156.1±27.8	157.2±26.7
HDL-C	37.5±8.70	35.5±9.21	36.4±7.90
Triglyceride	165.8±30.8	162.6±28.2	166.8±35.7
Non-HDL-C	180.6±31.2	182.4±29.2	185.2±32.4

Table Size (10)



	Total Cholesterol (TC)	LDL-C	HDL-C	Triglyceride	Non-HDL-C	FBG, mg/dL	HbA1c, %
Column1	224.3	158.3	37.5	165.8	180.6	142.5	5.82
Group II	226.1	156.1	35.5	162.6	182.4	148.2	5.62
Group III	225.3	157.2	36.4	166.8	185.2	145.8	5.65

Figure. 1 Sample Figure (size 10, bold)

V. CONCLUSION (11 Bold)

Rosuvastatin 20 mg on every other regimen had equal effect when compared to daily dose regimen of atorvastatin 40 mg &rosuvastatin 20mg.

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Note to Authors:
Equation, Figures, Tables should have proper callouts,
At the end of the document, add every authors bibliography of 50 words with photo

We suggest that you use a text box to insert a graphic (which is ideally a 300 dpi TIFF or EPS file, with all fonts embedded) because, in an MSW document, this method is somewhat more stable than directly inserting a picture.
To have non-visible rules on your frame, use the MSWord “Format” pull-down menu, select Text Box > Colors and Lines to choose No Fill and No Line.