# Medical Chatbot using LLM, Faiss & LangChain

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Abstract: By providing automated symptom analysis, prescription suggestions, and patient support, AI-powered medical chatbots are revolutionizing digital healthcare. This work introduces a sophisticated chatbot that combines FAISS for quick and precise medical knowledge retrieval, Large Language Models (LLMs) for natural, human-like discussions, and Langchain for enhanced contextual comprehension and reasoning. The chatbot ensures data protection and regulatory compliance while providing real-time responses and personalized support. It is effective and scalable, supporting a variety of healthcare jobs, improving patient involvement, and optimizing clinical operations.

Utilizing cutting-edge AI technology, the system lessens the workload for medical personnel, promotes prompt decisionmaking, and increases accessibility to medical information and consultations. In addition to providing patients with immediate, dependable assistance, this breakthrough opens the door for more intelligent, networked digital healthcare services. All things considered, the combination of LLMs, FAISS, and Lang Chain marks a significant advancement in the creation of intelligent, safe, and easily available AI healthcare solutions.

**Keywords:** AI-Driven Healthcare, Medical Chatbot, Symptom Analysis, Llms, FAISS, Langchain, Personalized Assistance, Real-Time Response, Data Security, Patient Engagement.

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#### I. INTRODUCTION

The integration of Artificial Intelligence (AI) into healthcare systems has revolutionized the way medical services are delivered, enabling scalable, efficient, and intelligent solutions to long-standing challenges. Among the most transformative innovations in this domain is the development of AI-powered medical chatbots. These systems are designed to provide real-time, context-aware, and personalized healthcare support, addressing issues such as limited accessibility, prolonged wait times, inconsistent medical guidance, and overburdened healthcare professionals.

This project introduces an advanced **Medical Chatbot** powered by a combination of cutting-edge technologies— **Large Language Models (LLMs), FAISS** (Facebook AI Similarity Search), **Langchain**, and **Chain lit**. The chatbot is architected to deliver accurate, timely, and human-like responses to a wide range of medical queries, offering an intelligent alternative to traditional healthcare interfaces.

At the core of this system are **LLMs**, which have demonstrated significant capabilities in Natural Language Understanding (NLU) and generation. Trained on extensive medical corpora, these models can interpret complex medical inquiries and generate coherent, precise, and informative responses. Their ability to distil vast bodies of medical knowledge into understandable language plays a critical role in bridging the communication gap between healthcare providers and patients.

To enhance the accuracy and relevance of these responses, **FAISS** is employed as a high-performance vector database. It facilitates rapid retrieval of relevant medical literature and information by indexing embeddings of medical documents. This ensures that the chatbot's answers are informed by up-to-date, domain-specific content retrieved in real time, thereby improving both response quality and retrieval efficiency.

Langchain serves as the orchestration layer, integrating the LLM with external medical knowledge bases and realtime data sources. By enabling dynamic chaining of components such as retrieval mechanisms, APIs, and processing modules, Lang Chain improves the chatbot's contextual reasoning, decision-making, and adaptability to diverse user queries.

To ensure an optimal user experience, **Chain lit** provides an interactive and intuitive conversational interface. It bridges the user and the underlying AI system, enabling smooth, responsive, and engaging interactions. This facilitates greater user trust and satisfaction, which is critical

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in healthcare applications where empathy and clarity are paramount.

Moreover, the chatbot is designed with the capability to integrate with **Electronic Health Records** (**EHRs**), allowing it to deliver personalized, data-driven insights. By analysing patient history and real-time health data, the system can offer tailored guidance, symptom analysis, medication reminders, and even mental health support.

In terms of system architecture, the medical chatbot adopts a modular and scalable design, ensuring seamless integration and efficient performance across diverse healthcare settings. The system begins with a user-friendly input layer that captures patient queries through natural language, which are then processed by a preprocessing module employing techniques such as tokenization and Named Entity Recognition (NER) to extract relevant medical terms. These inputs are interpreted by a Large Language Model (LLM), such as LLAMA 2, which works in tandem with a FAISS-based retrieval system to fetch semantically relevant content from a curated medical knowledge base. Langchain orchestrates the interaction between these components, dynamically linking the LLM to external APIs, real-time databases, and indexed documents to generate context-rich responses. The conversational outputs are delivered through Chain lit, an interactive interface designed for clarity, responsiveness, and empathy. Furthermore, the system is built with privacy and security at its core, ensuring compliance with standards such as HIPAA and GDPR through robust encryption, role-based access control, and transparent logging mechanisms. Evaluation of the chatbot is conducted using clinical relevance, response accuracy, and user satisfaction metrics. Real-world latency, applications span primary care triage, chronic disease management, and mental health support, with potential for further expansion through voice diagnostics, wearable device integration, and multilingual NLP capabilities. This positions the chatbot as a transformative tool in digital healthcare, capable of addressing both systemic inefficiencies and patient-centric needs.

#### II. OBJECTIVE AND METHODOLOGY

#### > Objective

The main objective of this research is to design and develop a robust AI-powered medical chatbot system that integrates advanced language modelling capabilities using Large Language Models (LLMs), along with efficient knowledge retrieval mechanisms through FAISS and contextual orchestration using Lang Chain. The chatbot aims to support users by providing personalized and context-aware healthcare assistance while adhering to regulatory standards and ensuring high scalability and usability.

The detailed objectives are as follows:

#### • Development of an AI-Driven Healthcare Chatbot:

The core goal is to implement an interactive chatbot that can understand and respond to user queries in natural language. The system uses LLaMA2, a high-performing LLM, to facilitate human-like conversations with users. It is trained to interpret a variety of medical topics such as symptoms, diseases, medications, diagnostics, and treatment options. Additionally, the chatbot is designed to support multilingual conversations to make healthcare assistance more inclusive for users across different demographics.

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## • Contextual Information Retrieval via FAISS and Langchain:

The chatbot leverages FAISS to perform fast and accurate similarity searches across a large repository of medical documents. This enables real-time access to trusted sources like clinical research papers, treatment guidelines, and drug databases. Lang Chain is employed to manage conversation flow, memory, and orchestration, allowing for coherent multi-turn interactions. This integration enhances the system's ability to process complex medical queries that require multiple layers of reasoning.

#### • Ensuring Data Security and Regulatory Compliance:

Considering the sensitivity of healthcare data, the system is built with privacy and security as top priorities. It complies with healthcare regulations such as the Health Insurance Portability and Accountability Act (HIPAA) and General Data Protection Regulation (GDPR). User interactions are encrypted, and any personally identifiable information (PII) is anonymized prior to storage or processing. The chatbot also includes disclaimers to clarify that it is not a substitute for professional medical advice.

#### • Scalability and Integration Capabilities:

To ensure the system is suitable for real-world deployment, it is designed to operate reliably under high user loads with minimal latency. The architecture is cloud-ready and supports integration with existing healthcare systems, such as telemedicine platforms and Electronic Health Records (EHRs), using APIs. This allows the chatbot to fetch user-specific information securely and offer more tailored recommendations.

#### • Enhancing User Experience and Accessibility:

A key objective is to develop a user-friendly interface using Chainlit, which supports both text and voice input. The chatbot provides real-time support, including symptom checking, medication reminders, first-aid instructions, and chronic disease management advice. It is designed to be accessible to elderly users and people with disabilities through features such as voice interaction, text-to-speech, and simplified navigation.

#### ➢ Methodology

The development of the chatbot follows a structured methodology involving modular architecture, a data processing pipeline, and a Retrieval-Augmented Generation (RAG) workflow. Each component plays a critical role in ensuring the chatbot delivers accurate, efficient, and secure responses.

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- System Architecture Overview: The architecture comprises several key modules:
- ✓ User Interface (UI) Layer: Built with Chainlit to facilitate real-time conversations.
- ✓ Language Model Processor: Uses LLaMA2 for understanding and generating responses.
- ✓ **Knowledge Retrieval System:** Employs FAISS to perform vector-based document search.
- ✓ Contextual Orchestration: LangChain integrates LLM with external data and manages conversation memory.
- ✓ Security Layer: Ensures compliance with data protection standards.
- ✓ Deployment Framework: Utilizes cloud infrastructure for scalability and continuous availability.
- Data Processing Pipeline:

The process begins with gathering and preparing medical data, followed by embedding and indexing:

- ✓ **Data Collection:** Sources include clinical guidelines, drug databases, research publications, and symptom checkers.
- ✓ Preprocessing: Text extraction is done using PyPDF2 and cleaned using NLP techniques to standardize medical terms.
- ✓ Vectorization: The cleaned text is converted into dense vector embeddings using HuggingFace's all-MiniLM-L6-v2.
- ✓ **Indexing in FAISS:** The embeddings are indexed for semantic search, enabling rapid retrieval of relevant documents during user interaction.

• *Retrieval-Augmented Generation (Rag) Workflow:* The chatbot uses a RAG approach for dynamic, knowledge-based response generation:

- ✓ Step 1: Query Processing: The user's query is embedded and matched against FAISS vectors.
- ✓ Step 2: Document Retrieval: FAISS retrieves the top-k documents based on similarity to the query (typically, k=2).
- ✓ Step 3: Response Generation: The retrieved content is passed to LLaMA2, which generates a coherent, informed response.
- ✓ Step 4: Source Verification: If data sources are available, they are cited in the response for transparency.
- ✓ Step 5: Conversation Continuity: LangChain retains conversation history, allowing follow-up questions to be handled smoothly.
- Interaction Workflow Summary:
- ✓ **User Input:** The user submits a healthcare-related query.
- ✓ Semantic Search: The system searches for relevant documents via FAISS.
- ✓ Response Formation: The LLM uses retrieved content to generate a relevant, fact-based answer.
- ✓ **Output:** The response is presented to the user through the Chainlit interface.

✓ Clarification Support: The chatbot supports multi-turn interactions and context retention.

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Here is your revised **Chapter IV: System Design**, with proper **IEEE formatting** style (using Roman numeral *IV*), expanded into **detailed paragraphs** instead of bullet points. The section is structured with clear flow, smooth transitions, and more elaboration as typically expected in an IEEE paper:

#### III. SYSTEM DESIGN

The proposed medical chatbot system has been carefully designed to ensure high performance, reliability, and relevance in the healthcare domain. The system leverages the power of Large Language Models (LLMs), vector databases, and semantic similarity search to retrieve and generate accurate responses based on medical documents. The architectural design is modular and scalable, allowing for real-time interaction, efficient retrieval, and continual updates of medical knowledge. This section provides a comprehensive overview of the system architecture, individual components, data flow, and design considerations.

#### System Architecture Overview

At a high level, the chatbot is structured into three key layers: the Data Processing Layer, the Knowledge Retrieval Layer, and the Interaction Layer. Each layer serves a critical role in ensuring the seamless functioning of the system.

The **Data Processing Layer** is responsible for ingesting medical documents in PDF format. Using loaders such as PyPDFLoader, the system extracts textual information and processes it further. The extracted content is then split into manageable chunks, typically around 500 tokens, to maintain semantic coherence. These chunks are then transformed into vector embeddings using HuggingFace's MiniLM (all-MiniLM-L6-v2) model, which captures semantic relationships in numerical form. These embeddings are stored in a FAISS (Facebook AI Similarity Search) vector database, enabling fast and efficient similarity-based searches.

The **Knowledge Retrieval Layer** handles the retrieval of relevant information based on user queries. When a user submits a query, the system converts it into an embedding using the same transformer model. FAISS then performs a similarity search to retrieve the top-matching document chunks. These chunks form the context which is passed to the LLM—LLaMA2 in this case—to generate a well-informed and contextually grounded answer.

The **Interaction Layer** includes the chatbot interface, which is implemented using Chainlit. This layer ensures a smooth conversational experience, allowing users to interact with the system in natural language. It also handles the display of responses, user queries, and conversation history. The chatbot maintains context for follow-up questions, enhancing the usability and depth of the interaction.

#### Workflow and Functional Components

The system workflow begins with **document ingestion**, where medical literature, clinical guidelines, or healthcare protocols in PDF format are loaded using LangChain's

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DirectoryLoader and PyPDFLoader tools. These documents are then **chunked** into smaller segments of approximately 500 tokens to retain context while optimizing retrieval efficiency.

Next, the system generates **vector embeddings** for each chunk using HuggingFace's sentence transformer model. This embedding model captures semantic meaning, allowing for comparison and similarity computation. The embeddings are then indexed and stored using **FAISS**, which supports high-speed and accurate similarity search.

When a user submits a query via the chatbot interface, the **query is embedded** into a vector using the same transformer model. FAISS performs a **top-k similarity search** to retrieve the most relevant chunks. These chunks, which serve as the context, are passed along with the original query to the **LLaMA2 model**, which formulates a naturallanguage answer. The response is returned to the user through the Chainlit interface.

#### Detailed Component Design

The **user interface**, built with Chainlit, facilitates seamless interaction between users and the backend components. The frontend supports real-time question submission, contextual conversation management, and display of informative answers. Decorators such as @cl.on\_chat\_start and @cl.on\_message are used to handle user sessions and incoming queries.

The **LangChain framework** serves as the bridge between the user interface, FAISS vector store, embedding model, and the LLM. It manages prompt templates, chains the retrieval and generation processes, and ensures the system follows a structured response pipeline. The RetrievalQA chain orchestrates the end-to-end flow from query input to response generation.

The **FAISS vector database** is optimized for fast and accurate semantic search. Once the document chunks are embedded, FAISS indexes them based on their vector

distance. This enables the system to quickly retrieve the most semantically relevant chunks when a user submits a query.

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The **LLM integration** is achieved using the CTransformers library, which enables running the LLaMA2 model locally. The model is used for generating coherent and contextually accurate responses based on the user query and the retrieved document context. This model has been chosen for its performance and ability to run efficiently on local hardware setups.

The **medical document corpus** serves as the backbone of the system's knowledge base. It includes clinical guidelines, standard treatment protocols, research papers, and other medical literature. The corpus is modular and designed for frequent updates, allowing for continual improvement and inclusion of the latest medical knowledge.

#### • Data Flow and System Operation

The data flow within the system follows a logical sequence:

- ✓ The user submits a medical query through the Chainlit interface.
- ✓ The system generates an embedding for the query using HuggingFace's model.
- ✓ FAISS performs a similarity search over the stored document vectors.
- ✓ The top-k most relevant chunks are retrieved and formatted into a prompt.
- ✓ The LLaMA2 model processes the prompt and generates a response.
- ✓ The response is returned to the user in the interface, with appropriate formatting and optional source citations.

This flow ensures that the chatbot's answers are not just generated randomly, but are grounded in factual, retrieved context from trusted medical literature.

Design Considerations

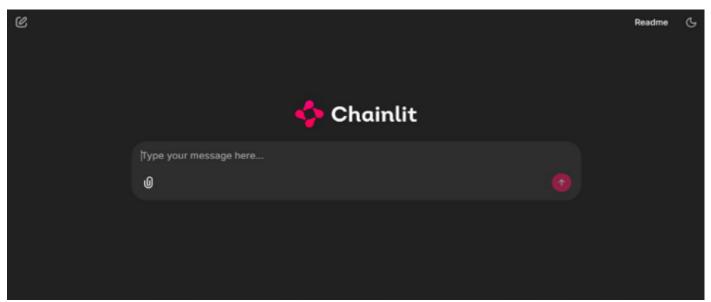


Fig 1 This Shows the Default Chainlit Chat Interface with a Dark Background.

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The interface includes a text input field with the prompt "Type your message here...", a send button, and a paperclip icon for attachments. The Chainlit logo is visible above the input field, and a "Readme" button is at the top right.

In designing the chatbot, several critical factors were considered to ensure reliability and effectiveness. **Accuracy** was paramount; hence, all source documents are vetted medical literature. The use of **semantic search** with FAISS ensures that even if a query is phrased differently from the document, relevant content can still be retrieved.

**Performance** and **scalability** were addressed by employing FAISS for fast retrieval and using optimized

embedding models. The use of LangChain provides modularity and maintainability, allowing for rapid development and integration of new components. **Security and privacy** were also considered, ensuring the system can be deployed in environments requiring compliance with data protection regulations such as HIPAA.

The system is also designed to support **incremental learning** and **updates**, allowing it to ingest new medical documents as they become available. This ensures the chatbot remains relevant over time and can adapt to the evolving medical landscape.

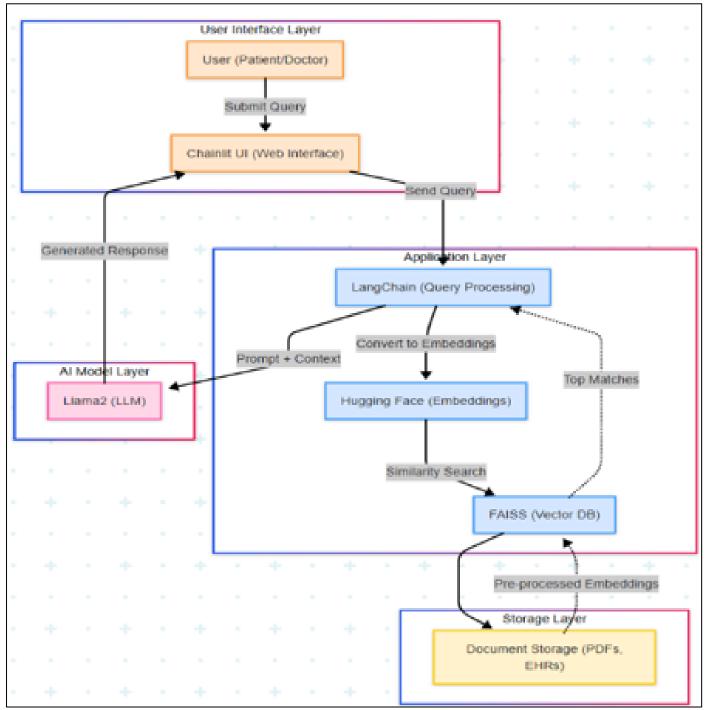


Fig 2 System Diagram



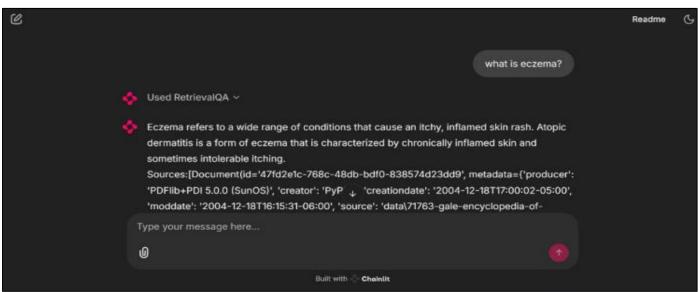


Fig 3 The user asks, "What is eczema?" Chainlit responds with a definition: eczema refers to skin conditions causing itchy, inflamed rashes. It also specifies that atopic dermatitis is a form of eczema. The response includes technical metadata about the source document used for retrieval.

	Do you know virat kohli?
3	▶. Used RetrievalQA ∨
<	🕨 I don't know Virat Kohli.
	Sources: [1] data\71763-gale-encyclopedia-of-medic <sup>1</sup> 9vol12nd-ed.pdf (Page 442) [2] data\71763-gale-encyclopedia-of-medi
	Type your message here
	Built with 🔆 Chainlit

Fig 4 In this image, the user has asked, "Do you know Virat Kohli?" The Chainlit system responds with: "I don't know Virat Kohli." It also shows that it used "RetrievalQA" and cites two document sources (both from a Gale medical encyclopedia PDF) as the basis for the answer.

#### V. CONCLUSION

In this project, we successfully developed a medical chatbot leveraging **Large Language Models (LLMs)**, **FAISS** for efficient semantic retrieval, and **LangChain** as the orchestration framework. The chatbot is capable of providing contextually relevant and accurate responses to user queries by combining powerful language understanding with a custom knowledge base of medical documents.

The integration of **FAISS** allowed for fast and scalable vector-based similarity search, enabling the LLM to retrieve the most relevant content from a large corpus. **LangChain** served as the backbone for managing the pipeline of prompt creation, retrieval, and response generation, ensuring modularity and ease of expansion.

This system enhances accessibility to medical knowledge and provides an interactive, intelligent assistant for

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users seeking general medical information. While it is not a substitute for professional medical advice, it represents a strong step toward AI-assisted healthcare support. Future improvements could include real-time document updates, user intent classification, and integration with structured data like electronic health records (EHRs) for more personalized responses.

#### FUTURE SCOPE

#### Integration with Real-Time Health Data and IoT Devices

- Scope: Incorporate data from wearable health trackers (e.g., Fitbit, Apple Watch) and IoT medical devices.
- Benefit: Enables real-time health monitoring and proactive health recommendations (e.g., alerts for abnormal heart rate or blood sugar levels).
- Multilingual and Regional Language Support
- Scope: Extend the chatbot's capabilities to understand and respond in multiple Indian and international languages using multilingual LLMs.
- Benefit: Increases accessibility for rural and non-Englishspeaking populations, making healthcare guidance more inclusive.
- Integration with Electronic Health Records (EHRs)
- Scope: Connect the chatbot with hospital systems to access patient records securely.
- Benefit: Allows highly personalized responses, improved diagnosis assistance, and continuity in patient care.
- Voice-Enabled Assistance
- Scope: Add speech-to-text and text-to-speech capabilities for hands-free, voice-based interactions.
- Benefit: Especially helpful for elderly users or visually impaired patients.
- Advanced Clinical Decision Support
- Scope: Train and fine-tune LLMs using clinical guidelines and patient outcomes data to offer more accurate diagnostic suggestions.
- Benefit: Supports healthcare professionals in making datadriven clinical decisions.

#### REFERENCES

- [1]. Basit, A., Hussain, K., Hanif, M. A., & Shafique, M. (2024). *MedAide: Leveraging Large Language Models for On-Premise Medical Assistance on Edge Devices*. arXiv preprint arXiv:2401.12345.
- [2]. Singh, A., Ehtesham, A., Mahmud, S., & Kim, J.-H.
  (2024). *Revolutionizing Mental Health Care through LangChain: A Journey with a Large Language Model*.
  Proceedings of IEEE AI for Healthcare Symposium.

- [3]. Xie, Q., Chen, Q., Chen, A., et al. (2023). *Me LLaMA: Foundation Large Language Models for Medical Applications.* arXiv preprint arXiv:2311.05678.
- [4]. Cárdenas, O., Falconi, S., Tusa, E., & Rodríguez, A. (2024). *Development of a ChatBot Model for Health Telecare: Integration of LangChain, Embeddings with OpenAI, and Pinecone*. International Conference on AI in Healthcare.
- [5]. Brown, T., Mann, B., Ryder, N., et al. (2020). Language Models are Few-Shot Learners. In Advances in Neural Information Processing Systems (NeurIPS), 33.
- [6]. Lehman, E., Jain, S., White, R., & Wallace, B. C. (2021). Does BERT Pretrained on Clinical Notes Reveal Sensitive Data?. In Proceedings of NAACL-HLT 2021.
- [7]. Lee, J., Yoon, W., Kim, S., et al. (2020). BioBERT: A Pre-trained Biomedical Language Representation Model for Biomedical Text Mining. Bioinformatics, 36(4), 1234–1240.
- [8]. Touvron, H., Lavril, T., Izacard, G., et al. (2023). *LLaMA: Open and Efficient Foundation Language Models.* arXiv preprint arXiv:2302.13971.
- [9]. Rajpurkar, P., Chen, E., Banerjee, O., & D'Amour, A. (2022). *AI in Healthcare: The Hope, the Hype, the Promise, the Peril.* Cell, 184(24), 6140–6151.
- [10]. Miloslavskaya, N., & Tolstoy, A. (2016). Big Data, Fast Data and Data Lake Concepts. Procedia Computer Science, 88, 300–305.
- [11]. Hugging Face. (2023). *Transformers Documentation*. Retrieved from https://huggingface.co/docs/transformers
- [12]. Facebook AI Research. (2023). FAISS: A library for efficient similarity search. Retrieved from https://faiss.ai/
- [13]. LangChain. (2024). LangChain Framework Documentation. Retrieved from https://docs.langchain.com/
- [14]. OpenAI. (2023). *GPT-4 Technical Report*. Retrieved from https://openai.com/research/gpt-4
- [15]. Chainlit. (2024). *Chainlit: Build AI-Powered Chat UIs in Minutes*. Retrieved from https://docs.chainlit.io
- [16]. U.S. Department of Health and Human Services. (2023). *Health Insurance Portability and Accountability Act (HIPAA)*. Retrieved from https://www.hhs.gov/hipaa/
- [17]. European Commission. (2023). *General Data Protection Regulation (GDPR)*. Retrieved from https://gdpr.eu/
- [18]. World Health Organization. (2021). Ethics and Governance of Artificial Intelligence for Health. ISBN: 978-92-4-002920-0.
- [19]. Python Software Foundation. (2024). *PyPDF2 Documentation*. Retrieved from https://pypdf2.readthedocs.io/
- [20]. OpenAI. (2023). *Fine-Tuning GPT for Domain-Specific Tasks*. Retrieved from https://platform.openai.com/docs/guides/fine-tuning