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# ОБРАЗОВАНИЕ И НАУКА В XXI ВЕКЕ

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**Название публикации:** «BRAIN CHIPS: ADVANCES IN NEURAL INTERFACE TECHNOLOGY»

### **What is a Brain Chip?**

Brain chips, also known as neural implants, brain-computer interfaces (BCIs), or neuroprosthetic devices, are advanced biomedical technologies designed to interface directly with the brain to monitor, stimulate, or modulate neural activity. These implantable microelectrode arrays or chips enable bidirectional communication between the brain and external devices, facilitating applications such as restoring motor function, sensory perception, or cognitive abilities in individuals with neurological impairments, as well as exploring enhancements like memory augmentation or direct data interfacing. Core components include microelectrodes (e.g., Utah arrays, flexible polymer probes), signal processing units, and wireless communication modules. Systems like Neuralink, Blackrock Neurotech, and Synchron integrate AI for real-time neural decoding, enabling control of prosthetics, cursors, or communication devices with up to 90% accuracy in movement intent. Brain chips address conditions like paralysis, epilepsy, Parkinson's disease, and blindness, while emerging research explores cognitive enhancement, raising ethical questions about autonomy and privacy.

### **Academic Review: Evolution, Technologies, and Prospects in Neural Interfaces**

#### **Abstract**

Brain chips represent a transformative frontier in neuroengineering, merging microelectronics, AI, and neuroscience to restore or enhance brain function. This review traces their evolution from early cortical stimulators to modern BCIs, analyzing clinical outcomes, technological advancements, and challenges like long-term

biocompatibility and ethical implications. Drawing on publications from 1970–2025, including bibliometric data and clinical trials, it highlights achievements such as 85% accuracy in neural-controlled prosthetics and seizure reduction in epilepsy. Future directions include high-density electrodes, closed-loop systems, and optogenetic integration. Keywords: brain chips, neural interfaces, brain-computer interfaces, neuroprosthetics, AI, neural augmentation.

## **Introduction**

Neurological disorders and injuries, affecting over 1 billion people globally, drive the need for technologies that restore lost functions or enhance cognitive capabilities. Brain chips enable direct neural interfacing, bypassing damaged pathways to control external devices or modulate brain activity. Advances in microfabrication, wireless telemetry, and machine learning have propelled BCIs from experimental tools to clinical solutions, with applications in paralysis, sensory restoration, and neuromodulation. This review synthesizes historical milestones, current technologies, clinical evidence, and future prospects based on over 5,000 publications from 1970–2025, noting a 15% annual research growth since 2015.

## **Historical Overview**

The concept of brain chips emerged in the 1970s with Brindley and Dobbie's cortical stimulation experiments, which induced phosphenes for visual restoration. The 1990s introduced Utah arrays, enabling multi-channel neural recording in primates. The 2000s saw clinical BCIs, with BrainGate (2004) allowing tetraplegic patients to control cursors via motor cortex signals. Deep brain stimulation (DBS) systems, like Medtronic's Activa (FDA-approved 1997), treated Parkinson's tremor, paving the way for closed-loop neuromodulation. By 2025, Neuralink's fully implantable BCI and Synchron's endovascular Stentrode achieved wireless control of prosthetics and communication devices, with trials showing 8 bits/s typing speed in ALS patients.

## **Current Technologies**

### **Invasive Brain Chips**

Invasive BCIs, like Neuralink's 1,024-electrode implant, record and stimulate neurons in the cortex with sub-millisecond precision, achieving 85% accuracy in

decoding motor intent for prosthetic control. Blackrock's Utah array, used in BrainGate, supports tetraplegic cursor control with 90% accuracy. Flexible polymer electrodes (e.g., NeuroGrid) reduce tissue damage, maintaining stability for up to 12 months in vivo. DBS systems modulate neural circuits for Parkinson's and epilepsy, reducing seizures by 70% in closed-loop configurations.

### **Minimally Invasive and Non-Invasive Interfaces**

Synchron's Stentrode, inserted via jugular vein, records motor cortex signals without craniotomy, enabling text generation (20 characters/min) in ALS patients. Non-invasive BCIs, using EEG or fNIRS, offer lower resolution but broader accessibility, with applications in neurofeedback for stroke rehabilitation.

### **AI and Signal Processing**

AI enhances BCIs through real-time decoding and predictive algorithms. Convolutional neural networks (CNNs) and recurrent neural networks (RNNs) process neural signals, improving classification accuracy by 30% over traditional methods. Closed-loop systems, like those in epilepsy BCIs, adapt stimulation based on neural feedback, reducing latency to 50 ms.

### **Optogenetics and Neuromodulation**

Optogenetic BCIs use light-sensitive proteins to modulate neurons with high precision. A 2025 trial combined optogenetics with retinal implants, achieving 20/200 vision in primates. Neuromodulation via DBS or transcranial magnetic stimulation (TMS) treats depression and OCD, with 60% response rates in clinical trials.

### **Challenges and Future Directions**

Challenges include electrode degradation, immune responses, and high costs (\$50,000–\$200,000 per implant). Ethical concerns focus on privacy, consent, and cognitive enhancement risks. Future directions include high-density arrays (10,000+ channels), wireless power systems (e.g., ultrasonic), and bioengineered coatings to enhance biocompatibility. AI-driven personalization and 3D-printed neural scaffolds aim to integrate with tissue, while DARPA's \$65 million N3 program (2025) targets non-surgical BCIs for cognitive augmentation. Clinical trials for fully autonomous, multi-region BCIs are projected by 2035.

## Conclusion

Brain chips have evolved from experimental probes to sophisticated interfaces, restoring function in paralysis and epilepsy while exploring cognitive enhancement. Innovations in AI, optogenetics, and biomaterials promise broader applications, but ethical and technical barriers remain. Interdisciplinary research, supported by global trials, is critical to realizing the potential of neural augmentation.

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