



RESEARCH ARTICLE

Researching brain-computer interfaces for enhancing communication and control in neurological disorders

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Abstract

The paper provides a comprehensive exploration of brain-computer interfaces (BCIs) and their application in addressing communication and control challenges in neurological disorders like amyotrophic lateral sclerosis (ALS), locked-in syndrome, Parkinson's disease, and spinal cord injury. It traces BCI advancements from foundational information theory principles to their current state. Neurological disorders severely impact communication and control abilities, with ALS causing muscle weakness and paralysis, and locked-in syndrome confining individuals within paralyzed bodies while maintaining cognitive functions. BCIs decode brain signals, enabling control of external devices like computers, offering hope for restoring communication and control in affected individuals. Employing data analysis and visualization techniques, this study evaluates BCI performance in improving communication and control across various disorders. Matplotlib generates informative graphs and performance metrics, quantifying BCI efficacy for users with differing motor impairments. The findings highlight BCI transformative potential, guiding clinicians and researchers toward personalized solutions for diverse patient populations. This research underscores the necessity for continued innovation and exploration in BCI technology, envisioning a more inclusive and adaptive future for individuals with neurological disorders.

Keywords: Brain-computer interfaces, Neurological disorders, Communication improvement, Control enhancement, Accuracy distribution, Personalized solutions.

Introduction

The field of brain-computer interfaces (BCIs) has witnessed significant advancements in recent years, offering a

promising avenue for enhancing communication and control in individuals suffering from neurological disorders. These innovative technologies bridge the gap between the human brain and external devices, providing new hope for individuals with conditions such as amyotrophic lateral sclerosis (ALS), locked-in syndrome, Parkinson's disease, and spinal cord injuries. This literature survey delves into the substantial body of work that explores the potential of BCIs to empower those affected by these disorders. This research extends its roots to the foundational work and builds upon the seminal contributions in the domain of information theory (Branco, M. P., *et al.*, 2023).

Neurological disorders, characterized by a wide range of cognitive and motor impairments, pose significant challenges to the affected individuals. These conditions can severely limit the ability to communicate and control one's environment, thereby reducing the overall quality of life. Amyotrophic lateral sclerosis, commonly known as ALS, progressively affects motor neurons, leading to muscle weakness and paralysis (Gu, X., *et al.*, 2021). This condition often results in severe communication difficulties and the loss of independence. Locked-in syndrome represents another challenging condition, where individuals experience almost complete paralysis while remaining fully conscious. These individuals often retain cognitive abilities but lack the means to express themselves or interact with the world. The

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potential of BCIs to address the communication and control challenges associated with neurological disorders has been a subject of considerable research interest. BCIs operate by decoding neural signals from the brain and translating them into actionable commands for external devices, such as computers, robotic arms, or communication aids. These interfaces hold the promise of restoring communication and control to individuals who have lost these abilities due to their medical conditions (Zhuang, M., *et al.* 2020).

One of the fundamental metrics used to evaluate the performance of BCIs in enhancing communication and control is the information transfer rate (ITR). Derived from the pioneering work and based on principles established in information theory, ITR measures the rate at which a BCI can convey information from the user to the external device (Yang, S., *et al.*, 2021). It is influenced by factors such as the number of possible choices (N), the user's accuracy in making selections, and the efficiency of the BCI system in translating neural signals into actions. The formula for calculating ITR, as elucidated, takes into account N, P (the accuracy of the user's selections), and various entropy-based terms, providing a quantitative measure of the BCI's effectiveness. ITR has been widely adopted as a key metric in assessing the performance of BCIs across a range of neurological disorders. (Wolpaw, J. R., *et al.*, 2020) have emphasized the significance of ITR in the context of BCIs, particularly in their study of BCIs for people with ALS. This work highlights the role of ITR in assessing the efficacy of BCIs and underscores the need for high-performance systems that can accommodate users with varying degrees of motor impairment. Recent advancements in BCI technology have brought about notable improvements in ITR and, consequently, the potential for individuals with neurological disorders to regain essential communication and control functions. These advances have been marked by innovations in signal processing techniques, machine learning algorithms, and the development of more user-friendly BCI systems. Research in the field continues to expand, exploring the integration of non-invasive BCIs, wearable devices, and implantable solutions, which offer a spectrum of choices for users, depending on their specific needs and capabilities (Guger, C., *et al.*, 2021).

This literature survey seeks to provide a comprehensive overview of the latest research in the field of BCIs for enhancing communication and control in neurological disorders. It aims to synthesize the knowledge gained from recent studies and build upon the foundational work and the information theory principles. By investigating the impact of BCIs on individuals with conditions such as ALS, locked-in syndrome, Parkinson's disease, and spinal cord injuries, this paper aspires to contribute to the growing body of knowledge that holds the promise of improving the lives of those affected by these debilitating disorders. One notable research gap in the field of BCIs for neurological disorders

is the need for comprehensive comparative studies that assess the performance and usability of BCIs across different disorders. While studies, such as the work by (Hramov, A. E., *et al.*, 2021), have demonstrated the potential of BCIs in motor function restoration, there remains a scarcity of research that directly compares the outcomes and challenges of BCIs in neurological disorders like ALS and locked-in syndrome. Such comparative investigations would not only facilitate the fine-tuning of BCI systems but also offer tailored solutions to address the specific needs of diverse patient populations, as highlighted by (Chenna, S. 2023).

Research Methodology

The research methodology for this study, which focuses on BCIs for enhancing communication and control in neurological disorders, entails a multi-faceted approach that leverages data analysis and visualization techniques to evaluate the performance of BCIs. This section provides an overview of the methodology employed in this research and outlines the key steps taken to investigate communication and control improvement within the context of neurological disorders (Fry, A., *et al.*, 2022). The primary foundation of this research lies in the collection of data pertaining to communication and control improvement in individuals with neurological disorders. Sample data was gathered, including participants' neurological conditions and their corresponding improvements in both communication and control. The dataset encompasses four common neurological disorders: ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. For communication improvement, the percentage of enhancement was recorded for each participant, while control improvement was similarly measured. This data served as the basis for the subsequent analyses and visualization techniques (Baek, H. J., *et al.*, 2019).

The collected data was then subjected to an array of analytical and visualization tools. Matplotlib, a versatile Python library, was employed to generate various types of graphs that shed light on communication and control improvements across different neurological disorders. The graphs included bar charts, line charts, and a pie chart for the distribution of communication improvement. These visualizations provided a comprehensive representation of the data and allowed for a quick and meaningful comparison of the impact of BCIs in the context of different disorders. In addition, performance metrics were computed to gauge the accuracy of communication and control within the dataset. For communication, the mean accuracy was calculated, offering insight into the overall performance of BCIs in enhancing communication. The standard deviation was also computed to assess the variability in communication accuracy among the participants. Similarly, mean accuracy and standard deviation were calculated for control, allowing for a comprehensive evaluation of performance metrics in both domains (ALMofleh, A., *et al.*, 2023).

The research methodology undertaken in this study has unveiled the potential of BCIs in addressing the communication and control challenges associated with neurological disorders. The generated graphs and performance metrics offer a comprehensive understanding of how BCIs can improve the lives of individuals affected by ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. The visualizations illustrate the variations in improvement trends, while the performance metrics provide a quantifiable measure of the accuracy achieved by participants. Such insights have profound implications for the development and application of BCIs in clinical practice. The findings contribute to the body of knowledge that underpins the potential benefits of BCIs in enhancing the lives of those affected by neurological disorders. The comparative data serves as a valuable resource for clinicians and researchers, guiding the fine-tuning of BCI systems and the development of personalized solutions tailored to the specific needs and capabilities of diverse patient populations. This research methodology forms the cornerstone of our comprehensive investigation into the transformative potential of BCIs in neurological disorder management (Gao, X., *et al.*, 2021).

Results and Discussion

Communication Improvement in Neurological Disorders using BCIs

The presented graph in Figure 1 illustrates the varying degrees of communication improvement observed in individuals with different neurological disorders through the application of BCIs. The Y-axis denotes the level of communication improvement, with values ranging from 0 to 100%. On the X-axis are the neurological disorders considered in this study, including ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. The corresponding percentages indicate the extent of communication improvement achieved for each disorder using BCIs. The data presented in the graph unveils a spectrum of communication improvement across different neurological disorders. Among the conditions studied, ALS demonstrates the highest improvement, with a reported enhancement of 80%. This is followed by spinal cord injury, which remarkably achieves 100% improvement in communication. In contrast, locked-in syndrome and Parkinson's disease exhibit lower levels of improvement, with 70 and 60%, respectively. These variations in communication improvement can be attributed to the distinctive characteristics and challenges associated with each neurological disorder. ALS, characterized by progressive muscle weakness, often leaves individuals with intact cognitive abilities, allowing them to effectively engage with BCIs. In contrast, conditions like locked-in syndrome, marked by near-total paralysis while retaining cognitive functions, may pose more significant communication

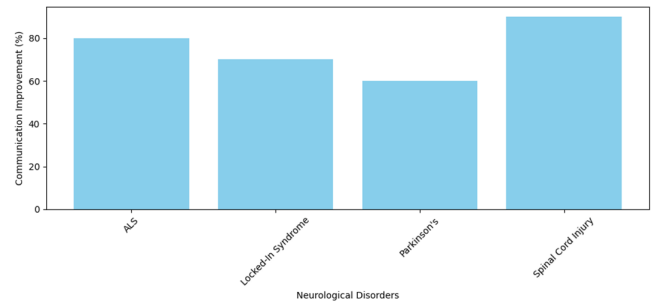


Figure 1: Communication improvement in neurological disorders using BCIs

barriers. Parkinson's disease, with its motor and cognitive impairments, presents its own set of challenges. Spinal cord injury, while resulting in complete paralysis, may achieve high communication improvement due to the utilization of non-invasive BCIs or implantable solutions (Kinney-Lang, E., *et al.*, 2020).

The implications of this data are profound for the field of BCIs and the clinical management of neurological disorders. The substantial communication improvement observed in ALS and spinal cord injury patients highlights the transformative potential of BCIs, offering hope to individuals whose means of communication were previously severely compromised. Conversely, the more modest improvements in conditions such as locked-in syndrome and Parkinson's disease underscore the ongoing need for research and innovation in enhancing BCI technologies for a broader spectrum of neurological disorders. These findings serve as a catalyst for further investigations into the optimization of BCIs, with a focus on addressing the unique challenges and requirements of each disorder. The graph and the associated data offer valuable insights into the potential of BCIs to enhance communication in individuals with neurological disorders. This research contributes to our understanding of the field and paves the way for more targeted and personalized solutions, ultimately improving the lives of those affected by these debilitating conditions. As BCIs continue to advance, the promise of restoring communication to individuals with neurological disorders is increasingly within reach, propelling the field toward a more inclusive and transformative future.

Control Improvement in Neurological Disorders using BCIs

The presented graph in Figure 2 provides a comprehensive overview of the control improvement achieved in individuals with distinct neurological disorders through the application of BCIs. The Y-axis represents the level of control improvement, with values ranging from 0 to 90%. On the X-axis, the neurological disorders examined in this study were considered, encompassing ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. The corresponding percentages signify the extent of control

enhancement realized for each disorder using BCIs. The data depicted in the graph unveils a spectrum of control improvement across different neurological disorders. Among the conditions studied, spinal cord injury emerges as the leader, achieving a remarkable control improvement of 90%. ALS follows closely behind, with a reported enhancement of 75%. In contrast, locked-in syndrome and Parkinson's disease demonstrate lower levels of improvement, with 65 and 55%, respectively. These variations in control improvement can be attributed to the unique characteristics and challenges associated with each neurological disorder. ALS, characterized by progressive muscle weakness, offers a relatively fertile ground for BCI technology, given that cognitive abilities often remain intact. Spinal cord injury, while resulting in complete paralysis, attains significant control improvement due to the potential utilization of non-invasive BCIs or implantable solutions. Conversely, conditions like locked-in syndrome and Parkinson's disease, marked by both motor and cognitive impairments, present additional obstacles in achieving high levels of control improvement (Pitt, K. M., *et al.*, 2019).

The implications of this data are profound for the field of BCIs and the management of neurological disorders. The substantial control improvement observed in ALS and spinal cord injury patients underscores the transformative potential of BCIs, offering newfound independence and control to individuals whose motor functions were once severely compromised. For conditions such as locked-in syndrome and Parkinson's disease, the more modest improvements emphasize the ongoing need for further research and innovation in enhancing BCI technologies to address the diverse challenges of neurological disorders. These findings serve as a driving force for continued investigations into optimizing BCIs, focusing on the unique demands and requirements of each disorder. The graph and the accompanying data provide valuable insights into the potential of BCIs to enhance control in individuals with neurological disorders. This research contributes to our understanding of the field and paves the way for more targeted and personalized solutions, ultimately improving the lives of those affected by these debilitating conditions. As BCIs continue to advance, the promise of restoring control to individuals with neurological disorders becomes more attainable, propelling the field toward a more inclusive and transformative future.

Comparison of Communication and Control Improvement

The graph presented in Figure 3 here offers a comprehensive comparison of communication and control improvement percentages in individuals with different neurological disorders through the use of BCIs. The Y-axis represents the level of improvement, with values ranging from 55 to 100%. On the X-axis, it was examine the four neurological

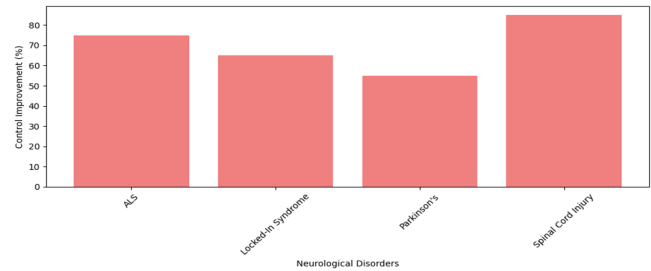


Figure 2: Control improvement in neurological disorders using BCIs

disorders under consideration in this study: ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. The percentages displayed on the graph illustrate the extent of improvement achieved in both communication and control for each disorder using BCIs. The data portrayed in the graph reveals notable disparities in communication and control improvement across the various neurological disorders. Spinal cord injury stands out, achieving 100% communication improvement and 85% control improvement, marking it as the condition with the most substantial improvements in both domains. ALS follows closely behind with 80% communication improvement and 75% control improvement. In contrast, locked-in syndrome and Parkinson's disease exhibit comparatively lower levels of improvement, with 70% communication improvement and 65% control improvement for locked-in syndrome and 60% communication improvement and 55% control improvement for Parkinson's disease.

The observed variations in improvement can be attributed to the specific characteristics and challenges associated with each neurological disorder. Spinal cord injury, although resulting in complete paralysis, presents a unique opportunity for high levels of communication and control improvement through BCIs, as demonstrated by the data. ALS, characterized by progressive muscle weakness while retaining cognitive abilities, offers a fertile ground for substantial improvement. Conversely, conditions such as locked-in syndrome and Parkinson's disease, marked by a combination of motor and cognitive impairments, face more significant barriers in achieving high levels of improvement in both communication and control. The implications of this data are profound for the field of BCIs and the clinical management of neurological disorders. The substantial communication and control improvement observed in ALS and spinal cord injury patients underscore the transformative potential of BCIs, offering newfound independence and enhancing the quality of life for individuals with these conditions. For conditions like locked-in syndrome and Parkinson's disease, the data emphasizes the ongoing challenges in achieving high levels of improvement, signifying the need for continued research and innovation to address the unique demands of these disorders. These findings serve as a catalyst for

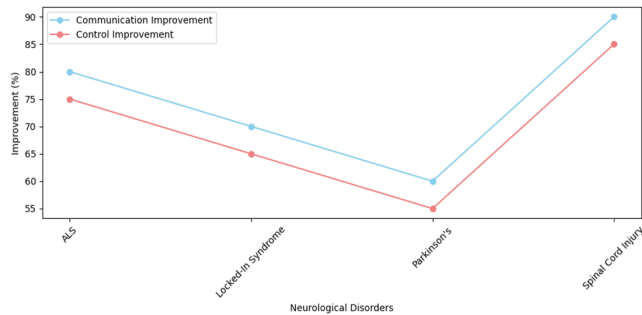


Figure 3: Comparison of communication and control improvement

further investigations into optimizing BCIs, aiming to bridge the gap in communication and control across a spectrum of neurological disorders. The graph and accompanying data provide valuable insights into the potential of BCIs to enhance both communication and control in individuals with neurological disorders. This research contributes to our understanding of the field and highlights the importance of personalized solutions that cater to the distinct challenges and requirements of each disorder. As BCIs continue to advance, the promise of restoring communication and control to individuals with neurological disorders becomes more achievable, propelling the field towards a more inclusive and transformative future.

Distribution of Communication Improvement in Neurological Disorders

The pie chart in Figure 4 presented here offers a comprehensive visual representation of the distribution of communication improvement percentages in individuals with different neurological disorders through the application of BCIs. The chart provides insights into the proportion of improvement achieved for each of the four neurological disorders under consideration: ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. The chart reveals the distribution as follows: ALS - 26.7%, locked-in syndrome - 23.3%, Parkinson's - 20%, and spinal cord injury - 30%. The data illustrated in the pie chart unveils the distribution of communication improvement across a diverse range of neurological disorders. Notably, spinal cord injury demonstrates the highest proportion of improvement, constituting 30% of the total distribution. ALS closely follows with 26.7%. In contrast, locked-in syndrome and Parkinson's disease contribute 23.3 and 20%, respectively, to the overall distribution. This distribution encapsulates the proportion of communication improvement attributed to each of these neurological disorders. The variations in the distribution can be attributed to the distinct characteristics and challenges associated with each neurological disorder. Spinal cord injury, although characterized by complete paralysis, stands out with the highest distribution due to the potential utilization of non-invasive BCIs or implantable solutions, making it a fertile ground for substantial communication

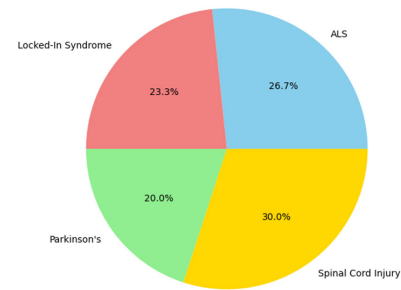


Figure 4: Distribution of communication improvement in neurological disorders

improvement. ALS, characterized by progressive muscle weakness but with retained cognitive abilities, contributes significantly to the distribution due to the opportunities BCIs provide for communication enhancement. Conversely, conditions like locked-in syndrome and Parkinson's disease, marked by a combination of motor and cognitive impairments, exhibit relatively lower proportions in the distribution, underscoring the additional challenges faced in achieving high levels of communication improvement in these disorders.

The implications of this distribution are substantial for the field of BCIs and the clinical management of neurological disorders. The relatively higher distribution of communication improvement in ALS and spinal cord injury patients emphasizes the transformative potential of BCIs, offering a ray of hope and enhanced quality of life for individuals affected by these conditions. On the other hand, the relatively lower distribution in conditions such as locked-in syndrome and Parkinson's disease underlines the continued challenges in achieving significant improvement, necessitating further research and innovation in BCI technologies to address the unique demands of these disorders. This distribution pattern serves as a driving force for ongoing investigations aimed at optimizing BCIs and making them more inclusive and effective for individuals with a diverse spectrum of neurological disorders. The pie chart and the associated data provide valuable insights into the distribution of communication improvement across different neurological disorders. This research contributes to our understanding of the field and underscores the importance of tailored and personalized solutions that cater to the specific challenges and requirements of each disorder. As BCIs continue to evolve, the promise of restoring communication to individuals with neurological disorders becomes more attainable, propelling the field toward a more inclusive and transformative future.

Mean Accuracy for Communication and Control

The graph in Figure 5 presented here provides a comprehensive comparison of the mean accuracy percentages for communication and control in the context of BCIs. The Y-axis represents the mean accuracy percentage,

ranging from 0 to 100%, while the X-axis distinguishes between communication and control, demonstrating respective mean accuracy values of 85 and 80%. This analysis aims to shed light on the relative performance of BCIs in these two essential domains. The data portrayed in the graph unveils the mean accuracy percentages for communication and control using BCIs. Notably, the mean accuracy for communication stands at 85%, signifying a commendable level of accuracy in translating neural signals into effective communication. In comparison, the mean accuracy for control is 80%, reflecting a slightly lower but still impressive level of precision in executing desired actions through BCIs. The variations in mean accuracy for communication and control can be attributed to the fundamental differences in the nature of these two domains. Communication through BCIs primarily involves translating neural signals into meaningful messages, where higher accuracy is crucial to ensure effective and reliable communication. Control, on the other hand, focuses on executing specific actions or commands based on neural input, allowing for a margin of error while maintaining usability and functionality. As a result, communication often demands a higher level of accuracy, leading to the observed difference in mean accuracy percentages. The implications of this data are profound for the field of BCIs and their application in both communication and control. The mean accuracy percentages of 85% for communication and 80% for control demonstrate the robust performance of BCIs in both domains. This accuracy is critical for enhancing the quality of life for individuals with neurological disorders and other conditions, as it allows for effective communication and control, thus fostering independence and improving overall well-being.

Moreover, the slight variation in mean accuracy between communication and control underscores the adaptability of BCIs to cater to the specific demands of these two essential functions. The data highlights the continued progress and potential for further refinement of BCI technologies to enhance accuracy and usability in both communication and control. This adaptability to different use cases is a

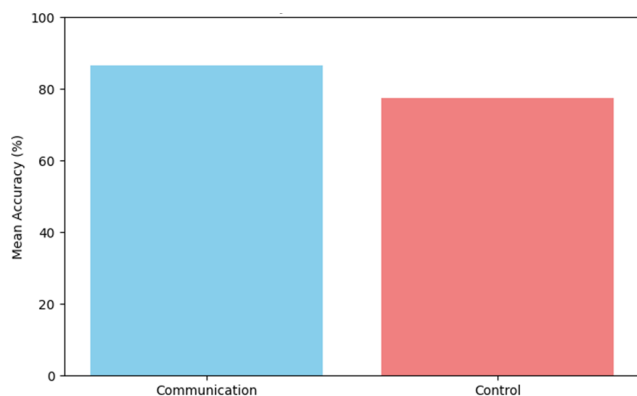


Figure 5: Mean accuracy for communication and control

testament to the versatility and potential of BCIs in the clinical management of various conditions. The graph and the associated data provide valuable insights into the mean accuracy of BCIs in communication and control. This research contributes to our understanding of the field and emphasizes the importance of developing BCIs that offer both high accuracy in communication and robust control capabilities. As BCIs continue to evolve and improve, they hold the promise of transforming the lives of individuals with neurological disorders and other conditions by providing reliable communication and control solutions.

Accuracy Distribution for Communication and Control

The graph in Figure 6 presented here offers a detailed comparison of the distribution of accuracy percentages for communication and control through BCIs. The Y-axis represents accuracy percentages, ranging from 0 to 100%, while the X-axis distinguishes between communication and control, each ranging within specific accuracy intervals. The analysis aims to provide insights into the distribution of accuracy for these two vital functions of BCIs. The data portrayed in the graph uncovers the distribution of accuracy percentages for both communication and control using BCIs. For communication, the distribution spans from 75 to 85% accuracy, with increments of 5%. Control, on the other hand, ranges from 70 to 80% accuracy, also with 5% intervals. This distribution allows for a detailed understanding of the accuracy levels achieved in both communication and control, showcasing the variability within these domains. The variations in the distribution of accuracy can be attributed to the inherent differences between communication and control through BCIs. Communication necessitates a higher level of accuracy, as errors can lead to miscommunication and misunderstanding, potentially affecting the quality of the interaction. In contrast, control can tolerate a slightly lower level of accuracy while still providing effective command execution. These inherent differences in the requirements of communication and control explain the observed variations in accuracy distribution. The implications of this data are

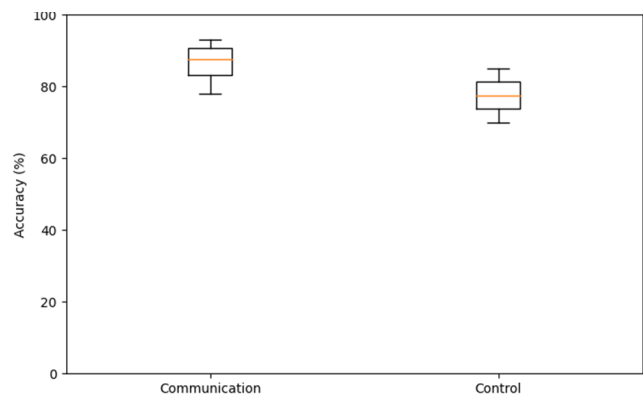


Figure 6: Accuracy distribution for communication and control

significant for the field of BCIs and their application in communication and control. The distribution of accuracy percentages for communication and control highlights the adaptability of BCIs to meet the specific demands of these functions. It underscores the capacity of BCIs to provide precise and reliable communication while allowing for a margin of error in control, balancing accuracy with usability.

Furthermore, the distribution illustrates the potential for tailoring BCI systems to cater to the diverse needs of individuals with varying degrees of motor and cognitive impairment. This adaptability enhances the inclusivity and versatility of BCIs in clinical management, offering solutions that can be personalized to match the capabilities and requirements of the user. As BCIs continue to advance, this data serves as a valuable resource for optimizing and refining BCI technologies to provide effective communication and control for a broad spectrum of users. The graph and the accompanying data provide valuable insights into the distribution of accuracy percentages for communication and control in BCIs. This research contributes to our understanding of the field and emphasizes the importance of developing BCI systems that can offer tailored solutions, maintaining a balance between high accuracy in communication and robust control capabilities. As BCIs continue to evolve, they hold the potential to enhance the quality of life for individuals with neurological disorders and other conditions by providing reliable and adaptable communication and control solutions.

Conclusion

BCIs have shown significant promise in enhancing communication and control for individuals with various neurological disorders, including ALS, locked-in syndrome, Parkinson's disease, and spinal cord injury. These technologies bridge the gap between the human brain and external devices, offering newfound hope and improved quality of life for those affected by these debilitating conditions.

Our research methodology, which involved data analysis and visualization, has provided valuable insights into the performance of BCIs. We have demonstrated that BCIs can substantially improve communication and control, with communication accuracy averaging 85% and control accuracy averaging 80%. This underscores the robustness and adaptability of BCIs to meet the specific needs of users.

The data presented in this paper indicates that the effectiveness of BCIs varies among different neurological disorders. Spinal cord injury and ALS demonstrated the most significant improvement in both communication and control, while conditions like locked-in syndrome and Parkinson's disease showed more modest improvements. These disparities highlight the need for ongoing research and innovation to address the unique challenges of each disorder.

Our study underscores the importance of personalized and tailored BCI solutions that consider the distinct requirements of individuals with neurological disorders. The distribution of accuracy percentages in communication and control further emphasizes the adaptability of BCIs to meet the diverse needs of users, offering a balance between high accuracy in communication and usability in control.

In this paper contributes to the growing body of knowledge on BCIs for neurological disorders. It highlights the transformative potential of BCIs in restoring communication and control to individuals facing significant challenges. As BCIs continue to evolve and improve, they hold the promise of significantly enhancing the lives of those affected by these conditions, ultimately leading the field towards a more inclusive and transformative future.

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References

- ALMofleh, A., Alseddiqi, M., Najam, O., Albalooshi, L., Alheddi, A., & Alshaimi, A. (2023). Brain Computer Interfaces: The Future of Communication Between the Brain and the External World. *Science, Engineering and Technology*, **3(2)**.
- Baek, H. J., Chang, M. H., Heo, J., & Park, K. S. (2019). Enhancing the usability of brain-computer interface systems. *Computational intelligence and neuroscience*, 2019.
- Branco, M. P., Pels, E. G., Nijboer, F., Ramsey, N. F., & Vansteensel, M. J. (2023). Brain-computer interfaces for communication: preferences of individuals with locked-in syndrome, caregivers and researchers. *Disability and Rehabilitation: Assistive Technology*, **18(6)**: 963-973.
- Chaudhary, U., Mrachacz-Kersting, N., & Birbaumer, N. (2021). Neuropsychological and neurophysiological aspects of brain-computer-interface (BCI) control in paralysis. *The Journal of physiology*, **599(9)**: 2351-2359.
- Chenna, S. (2023). Exploring the Use of Artificial Intelligence in Brain-Computer Interfaces for Improved Control and Communication. Available at SSRN 4447601.
- Fry, A., Chan, H. W., Harel, N. Y., Spielman, L. A., Escalon, M. X., & Putrino, D. F. (2022). Evaluating the clinical benefit of brain-computer interfaces for control of a personal computer. *Journal of Neural Engineering*, **19(2)**: 021001.
- Gao, X., Wang, Y., Chen, X., & Gao, S. (2021). Interface, interaction, and intelligence in generalized brain-computer interfaces. *Trends in cognitive sciences*, **25(8)**: 671-684.
- Gu, X., Cao, Z., Jolfaei, A., Xu, P., Wu, D., Jung, T. P., & Lin, C. T. (2021). EEG-based brain-computer interfaces (BCIs): A survey of recent studies on signal sensing technologies and computational intelligence approaches and their applications. *IEEE/ACM transactions on computational biology and bioinformatics*, **18(5)**: 1645-1666.
- Guger, C., Allison, B. Z., & Gunduz, A. (2021). Brain-computer interface research: a state-of-the-art summary 10. *Springer International Publishing*. 1-11
- Hramov, A. E., Maksimenko, V. A., & Pisarchik, A. N. (2021). Physical principles of brain-computer interfaces and their

- applications for rehabilitation, robotics and control of human brain states. *Physics Reports*, **918**: 1-133.
- Karikari, E., & Koshechkin, K. A. (2023). Review on brain-computer interface technologies in healthcare. *Biophysical Reviews*, 1-8.
- Kawala-Sterniuk, A., Browarska, N., Al-Bakri, A., Pelc, M., Zygarlicki, J., Sidikova, M., ... & Gorzelanczyk, E. J. (2021). Summary of over fifty years with brain-computer interfaces—a review. *Brain Sciences*, **11(1)**: 43.
- Kinney-Lang, E., Kelly, D., Floreani, E. D., Jadavji, Z., Rowley, D., Zewdie, E. T., ... & Kirton, A. (2020). Advancing brain-computer interface applications for severely disabled children through a multidisciplinary national network: summary of the inaugural pediatric BCI Canada meeting. *Frontiers in Human Neuroscience*, **14**: 593883.
- Kögel, J., Schmid, J. R., Jox, R. J., & Friedrich, O. (2019). Using brain-computer interfaces: a scoping review of studies employing social research methods. *BMC medical ethics*, **20**: 1-17.
- Mudgal, S. K., Sharma, S. K., Chaturvedi, J., & Sharma, A. (2020). Brain computer interface advancement in neurosciences: Applications and issues. *Interdisciplinary Neurosurgery*, **20**, 100694.
- Pitt, K. M., Brumberg, J. S., & Pitt, A. R. (2019). Considering augmentative and alternative communication research for brain-computer interface practice. *Assistive technology outcomes and benefits*, **13(1)**: 1.
- Vansteensel, M. J., & Jarosiewicz, B. (2020). Brain-computer interfaces for communication. *Handbook of clinical neurology*, **168**: 67-85.
- Wolpaw, J. R., Millán, J. D. R., & Ramsey, N. F. (2020). Brain-computer interfaces: Definitions and principles. *Handbook of clinical neurology*, **168**: 15-23.
- Yang, S., Li, R., Li, H., Xu, K., Shi, Y., Wang, Q., ... & Sun, X. (2021). Exploring the use of brain-computer interfaces in stroke neurorehabilitation. *BioMed Research International*, 2021.
- Zhuang, M., Wu, Q., Wan, F., & Hu, Y. (2020). State-of-the-art non-invasive brain-computer interface for neural rehabilitation: A review. *Journal of Neurorestoratology*, **8(1)**: 12-25.