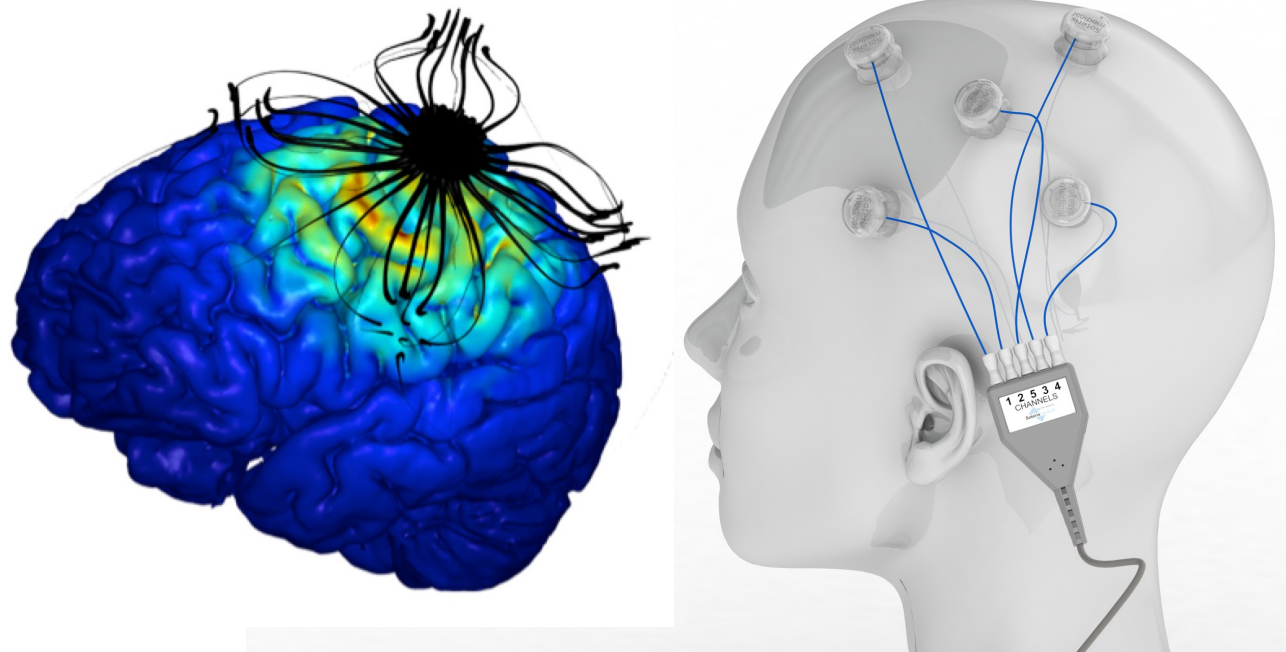


Design of non-invasive electrical brain stimulation

Marom Bikson, **The City College of New York**



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Mojtaba Belali Koochesfahani,
Mahima Sharma. Lucas Parra,
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FallahRad, Mark Jackson,
Tianhe Zhang, Rosana Esteller,
Asif Rahman, Darpan
Chakraborty Dennis Truong,
Hanoch Kaphzan, Vividha
Bhaskar, Thomas Radman

NJIT, April 19. 2024

I will like to explain how transcranial electrical brain stimulation works,

but more than that, **I want to show how biomedical engineering thinking drives innovation.**

I will not talk about uses of brain stimulation (like treatment of pain, depression, dementias, or brain enhancement) but welcome questions.

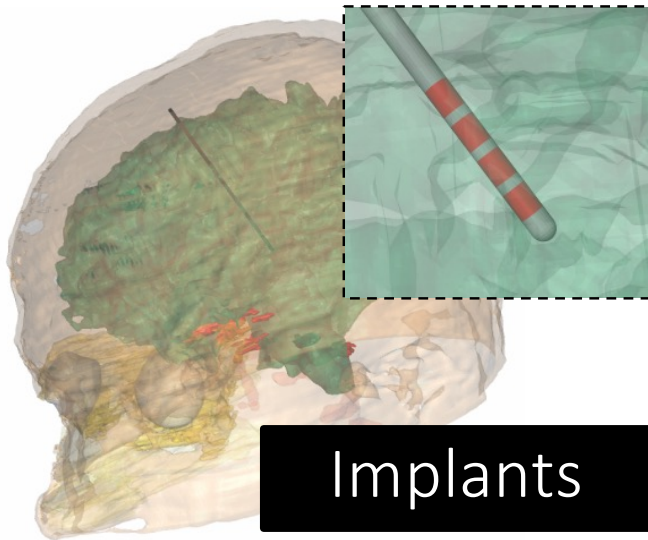
Disclosure

The City University of New York holds patents on brain stimulation with MB as inventor. MB has equity in **Soterix Medical Inc.** MB consults, received grants, assigned inventions, and/or served on the SAB of SafeToddles, Boston Scientific, GlaxoSmithKline, Biovisics, Mecta, Lumenis, Halo Neuroscience, Google-X, i-Lumen, Humm, Allergan (Abbvie), Apple, Ybrain, Ceragem, Remz. MB is supported by grants from Harold Shames and the National Institutes of Health: NIH-NIDA UG3DA048502, NIH-NIGMS T34 GM137858, NIH-NINDS R01 NS112996, NIH-NINDS R01 NS101362, and NIH-G-RISE T32GM136499.



Slides and References
@MaromBikson

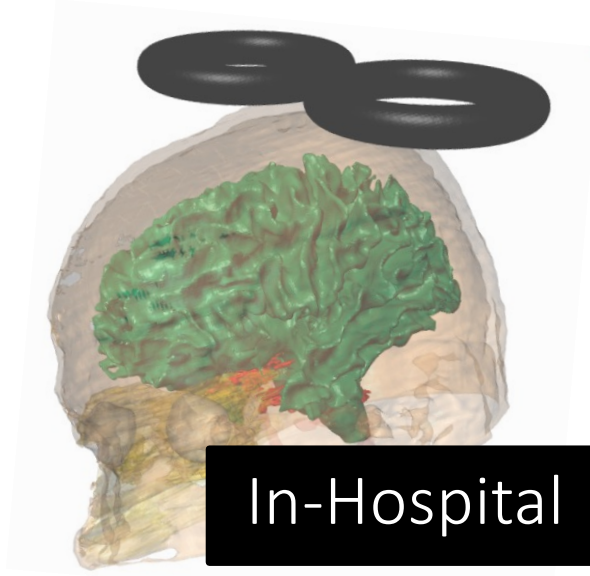
What defines neuromodulation technologies is how energy is delivered to what target



Implants

Deep Brain Stimulation (DBS)

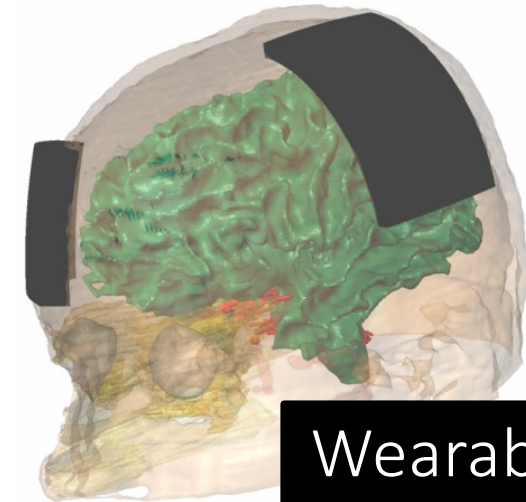
Spinal Cord Stimulation (SCS)



In-Hospital

Transcranial Magnetic Stimulation (TMS)

Electroconvulsive Therapy



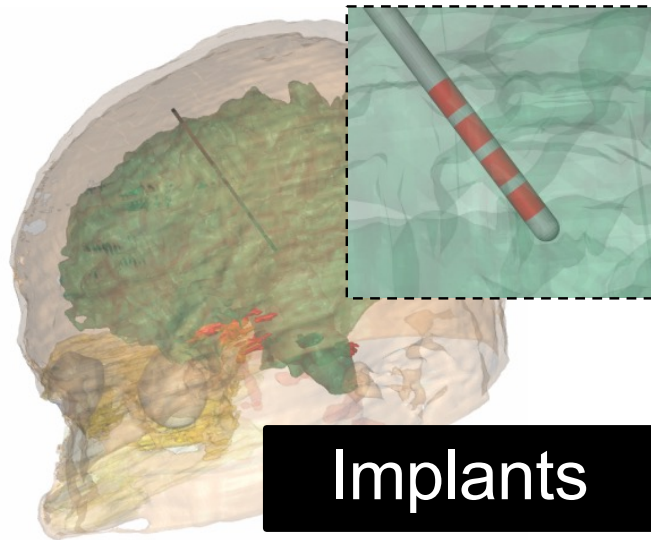
Wearable

Transcranial Electrical Stimulation (tES)

Transcranial Direct Current Stimulation (tDCS)

More risk

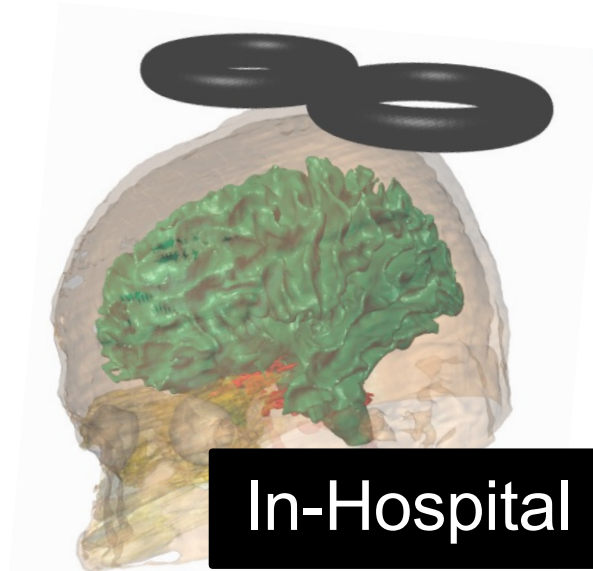
More targeted



Implants

Deep Brain Stimulation (DBS)

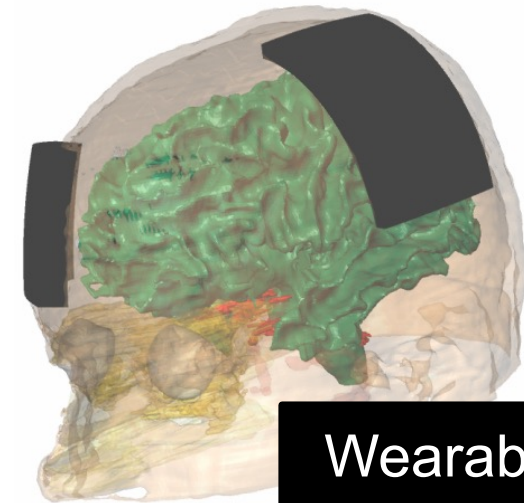
Spinal Cord Stimulation (SCS)



In-Hospital

Transcranial Magnetic Stimulation (TMS)

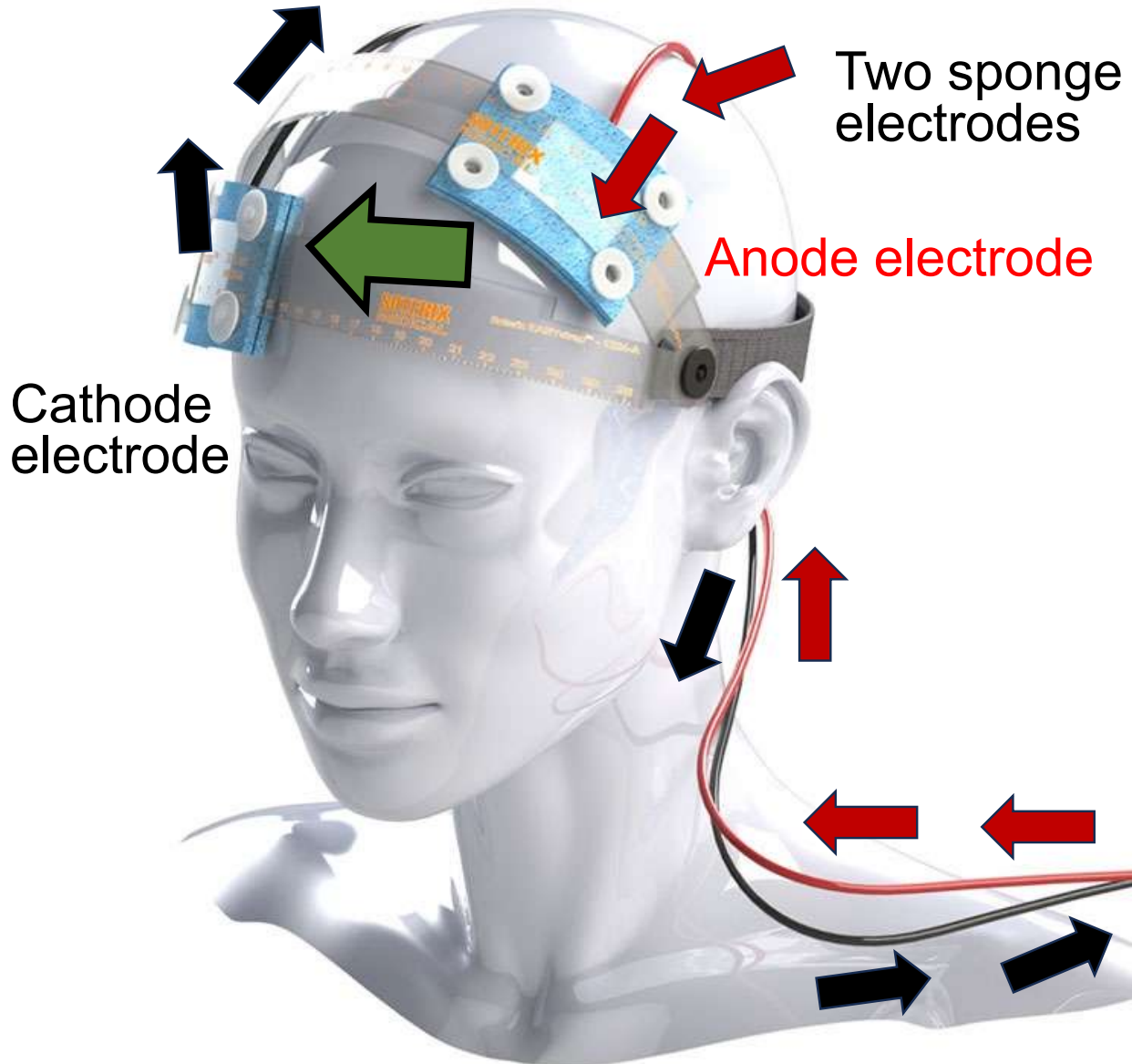
Electroconvulsive Therapy



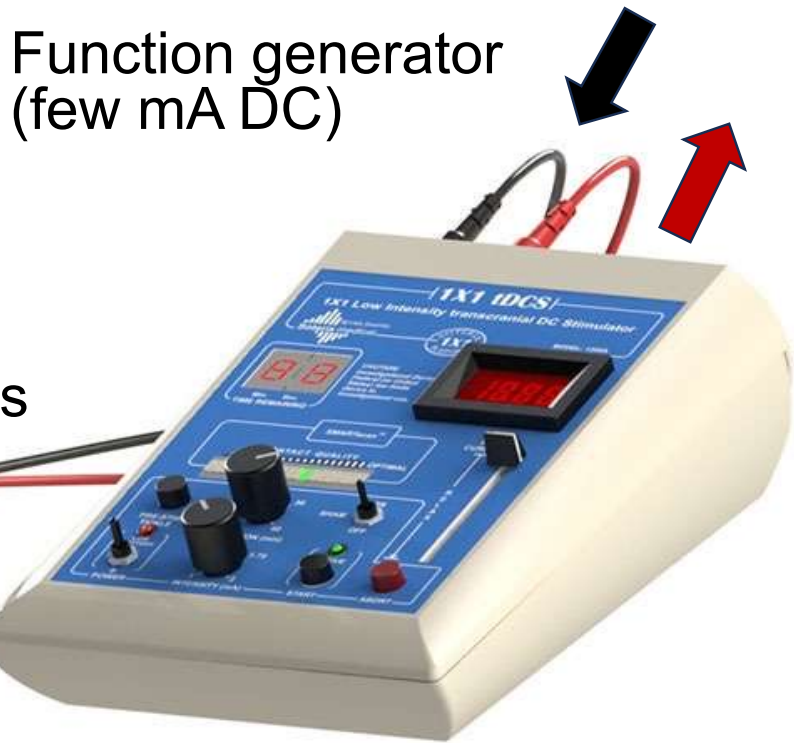
Wearable

Transcranial Electrical Stimulation (tES)

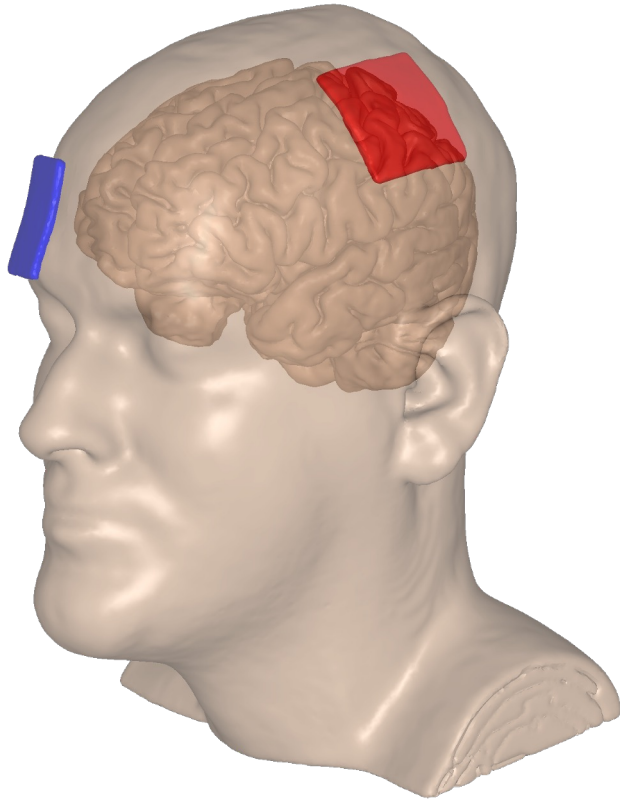
Transcranial Direct Current Stimulation (tDCS)



transcranial Direct Current Stimulation



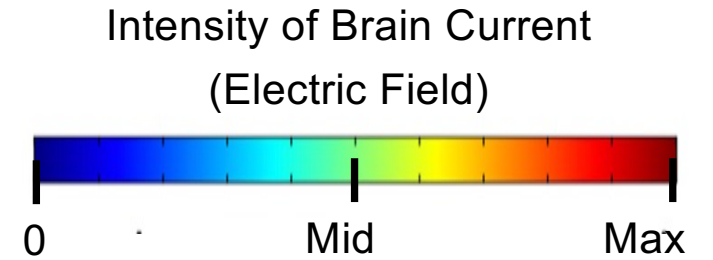
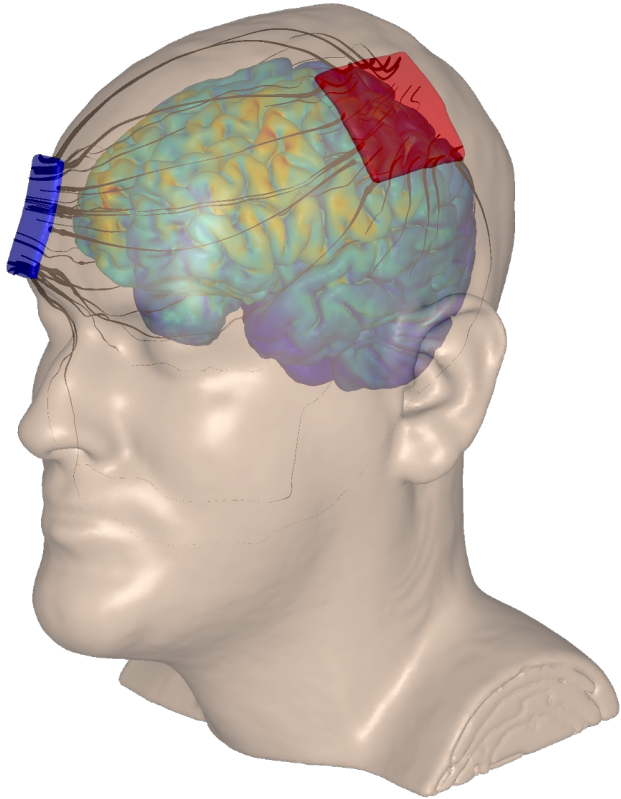
Conventional tDCS



Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

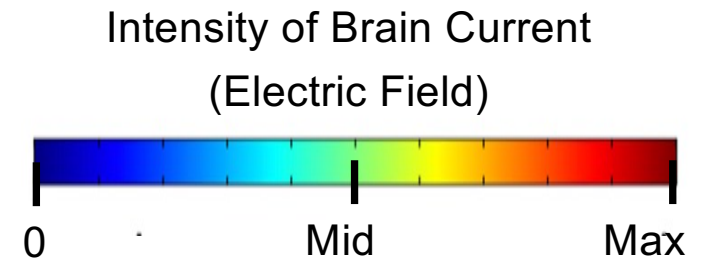
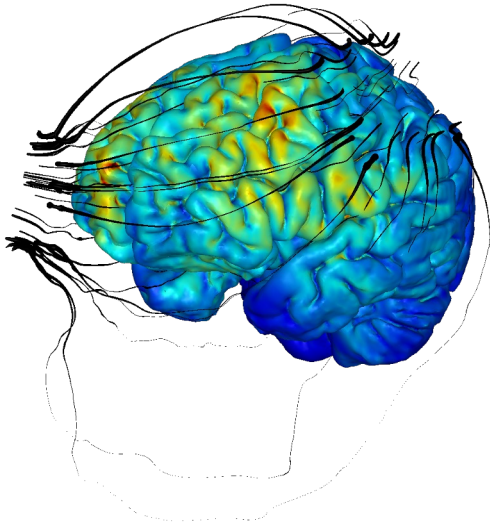
Conventional tDCS



Simulation of brain
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Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

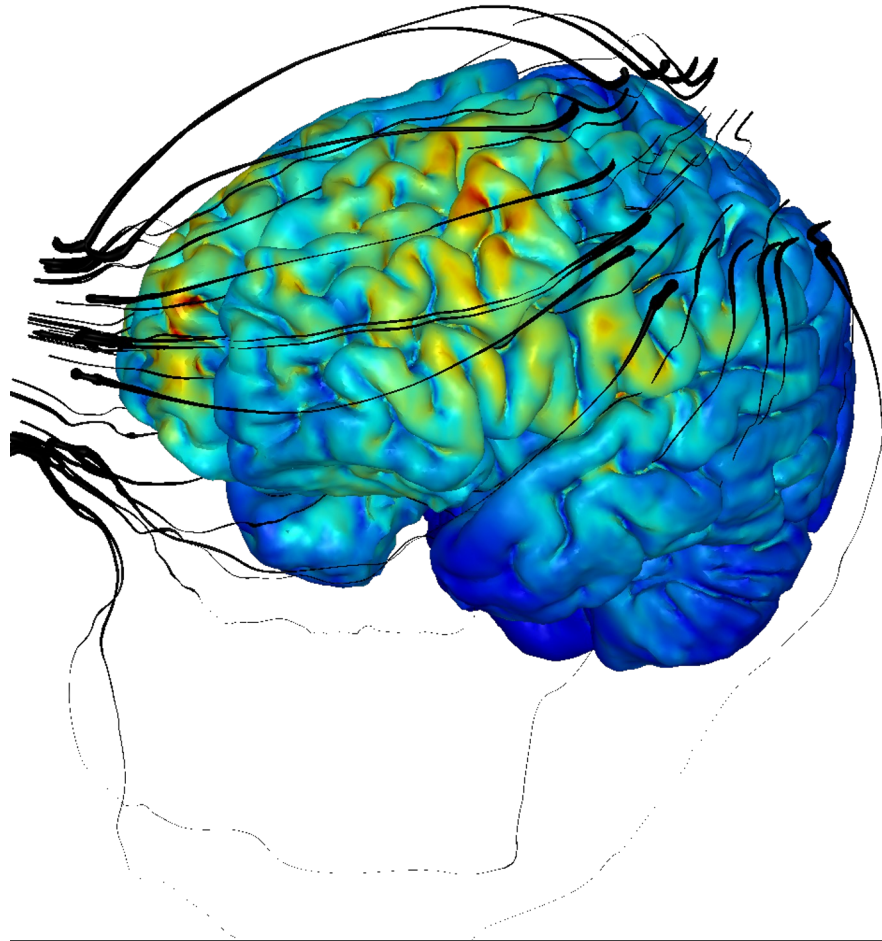
Conventional tDCS



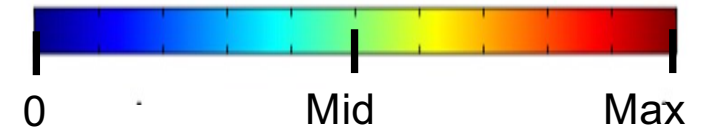
Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

Conventional tDCS



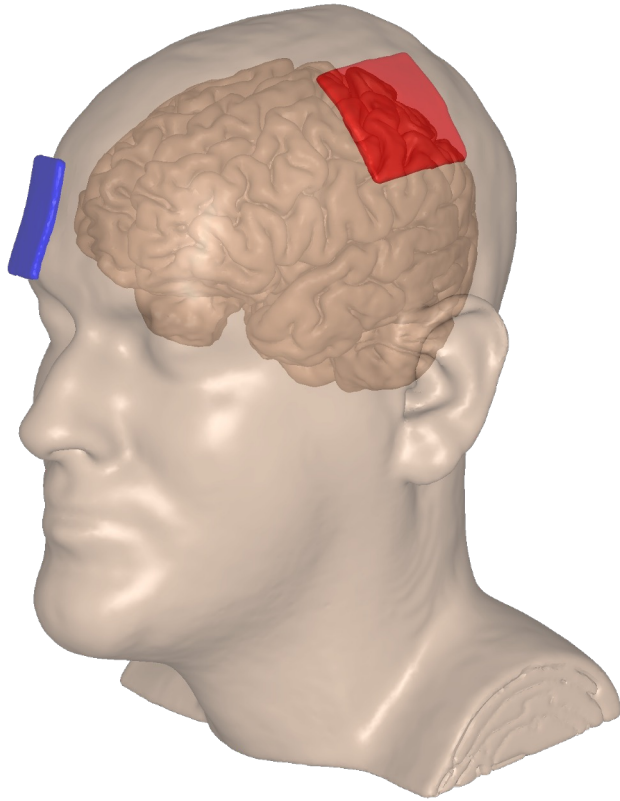
Intensity of Brain Current
(Electric Field)



Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

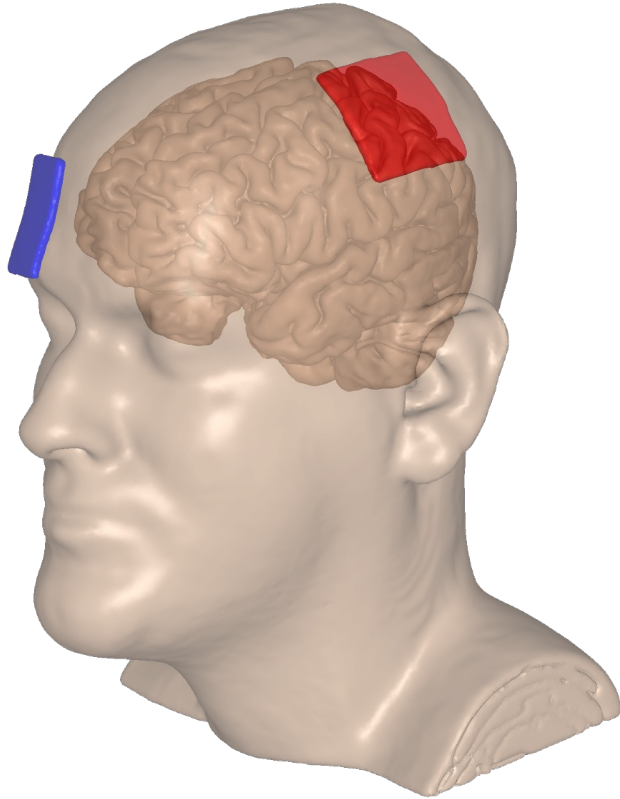
Conventional tDCS



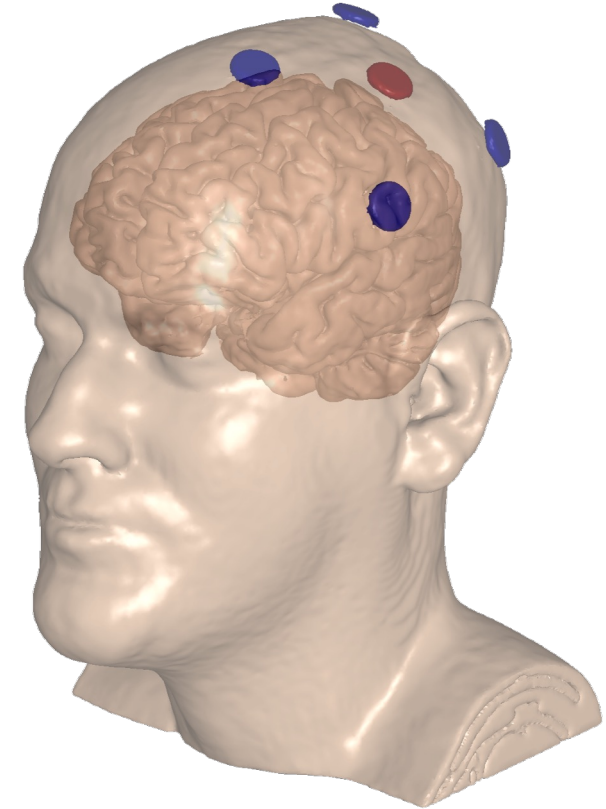
Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

Conventional tDCS



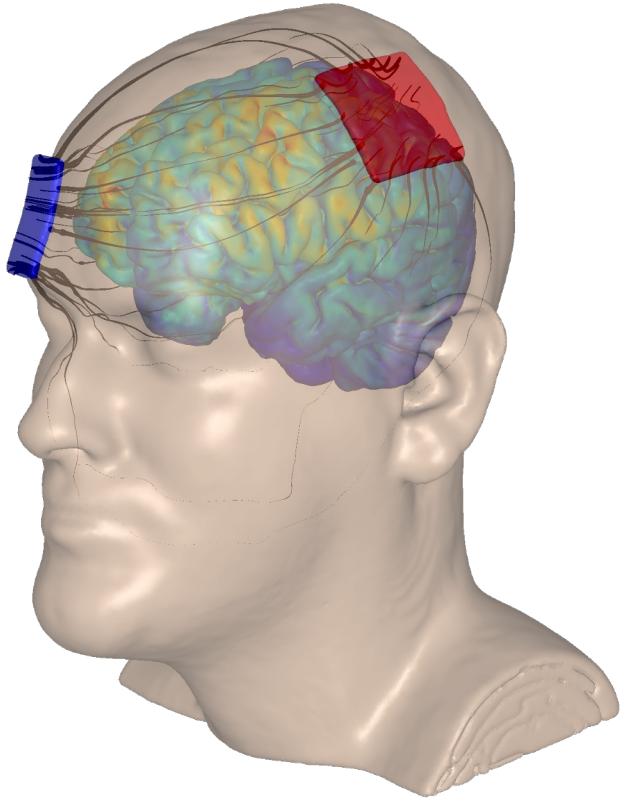
High Definition tDCS



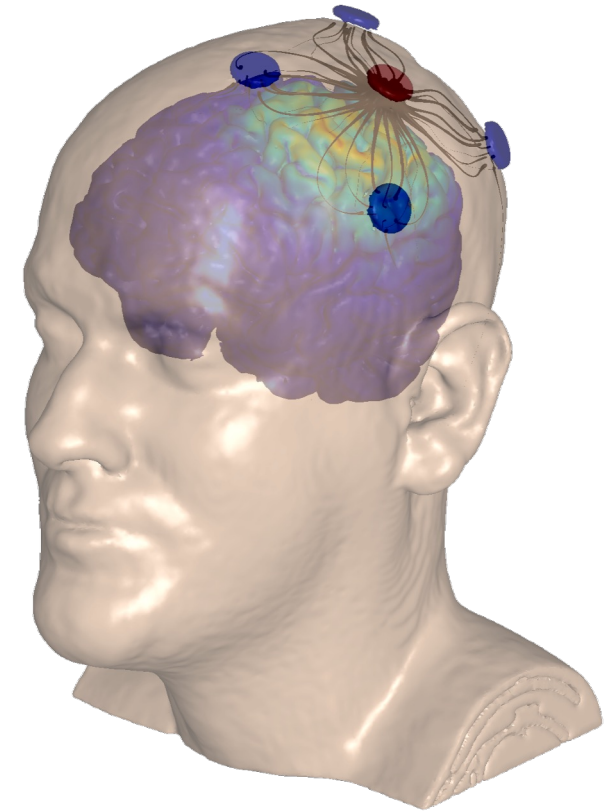
Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

Conventional tDCS



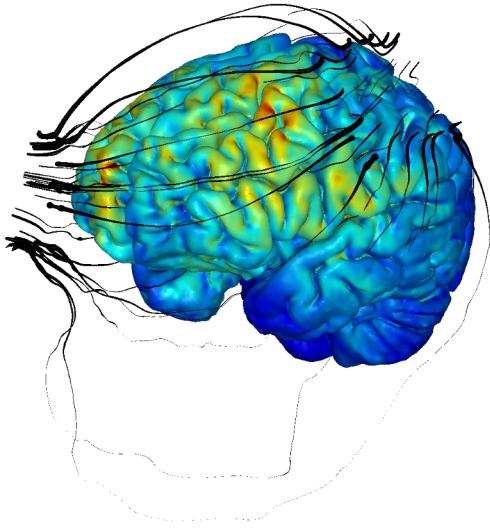
High Definition tDCS



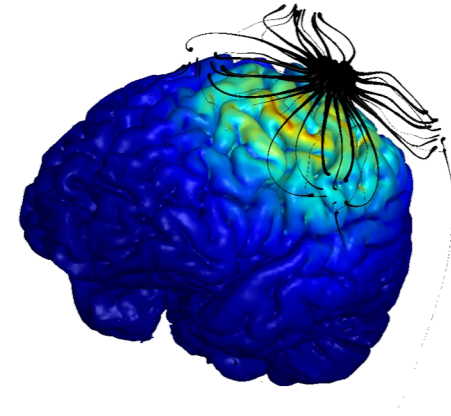
Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

Conventional tDCS



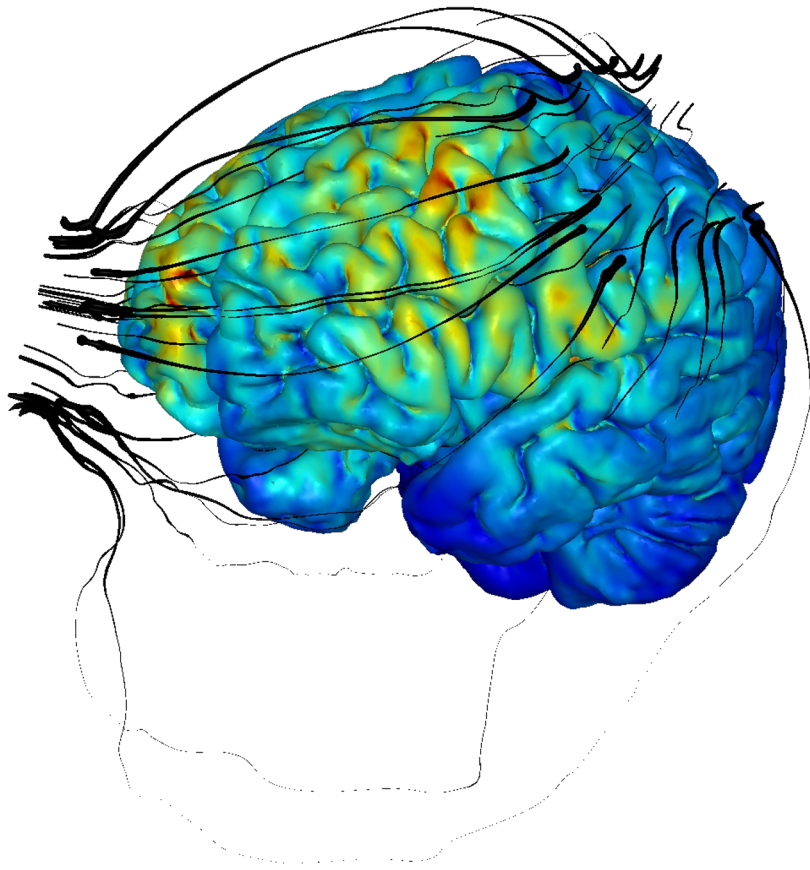
High Definition tDCS



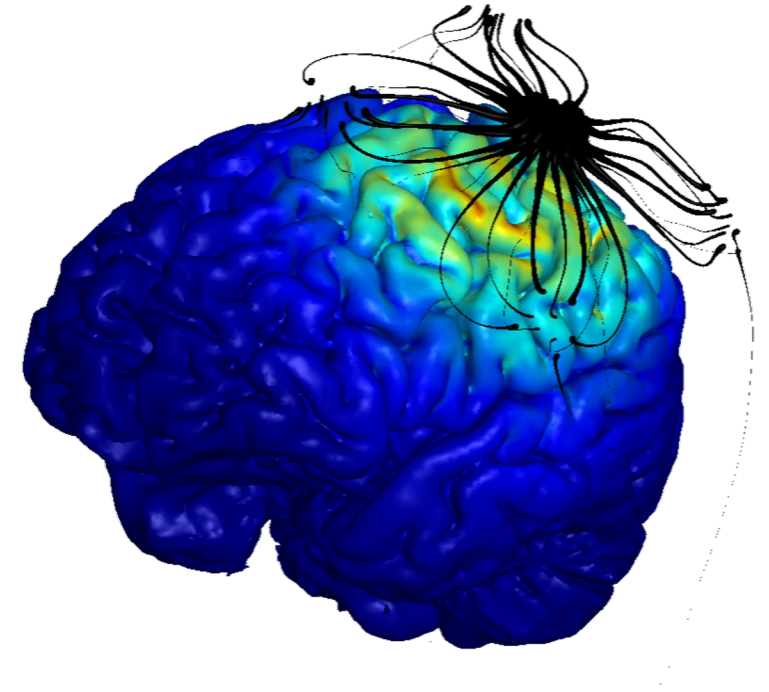
Simulation of brain
current flow

Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009

Conventional tDCS

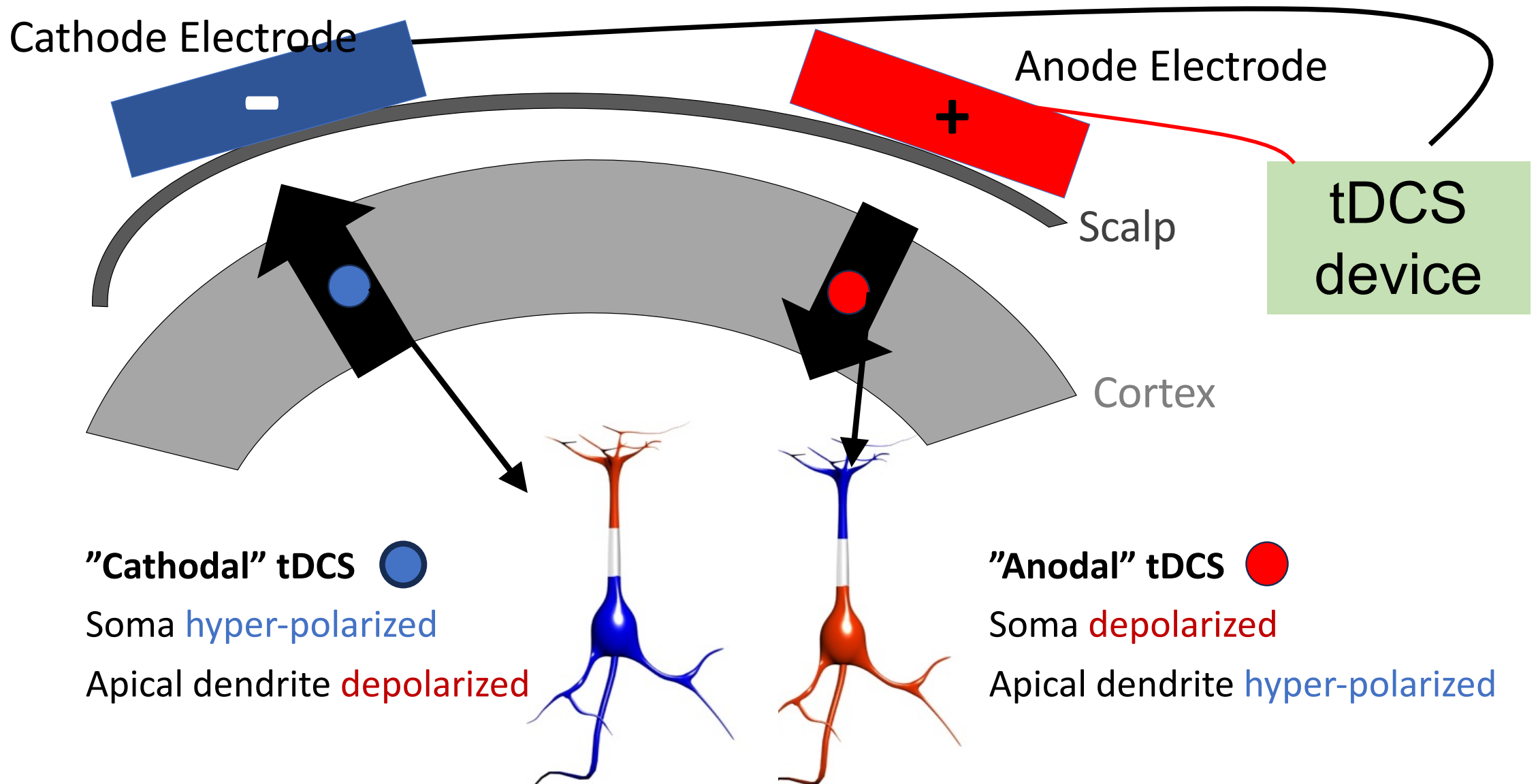


High Definition tDCS

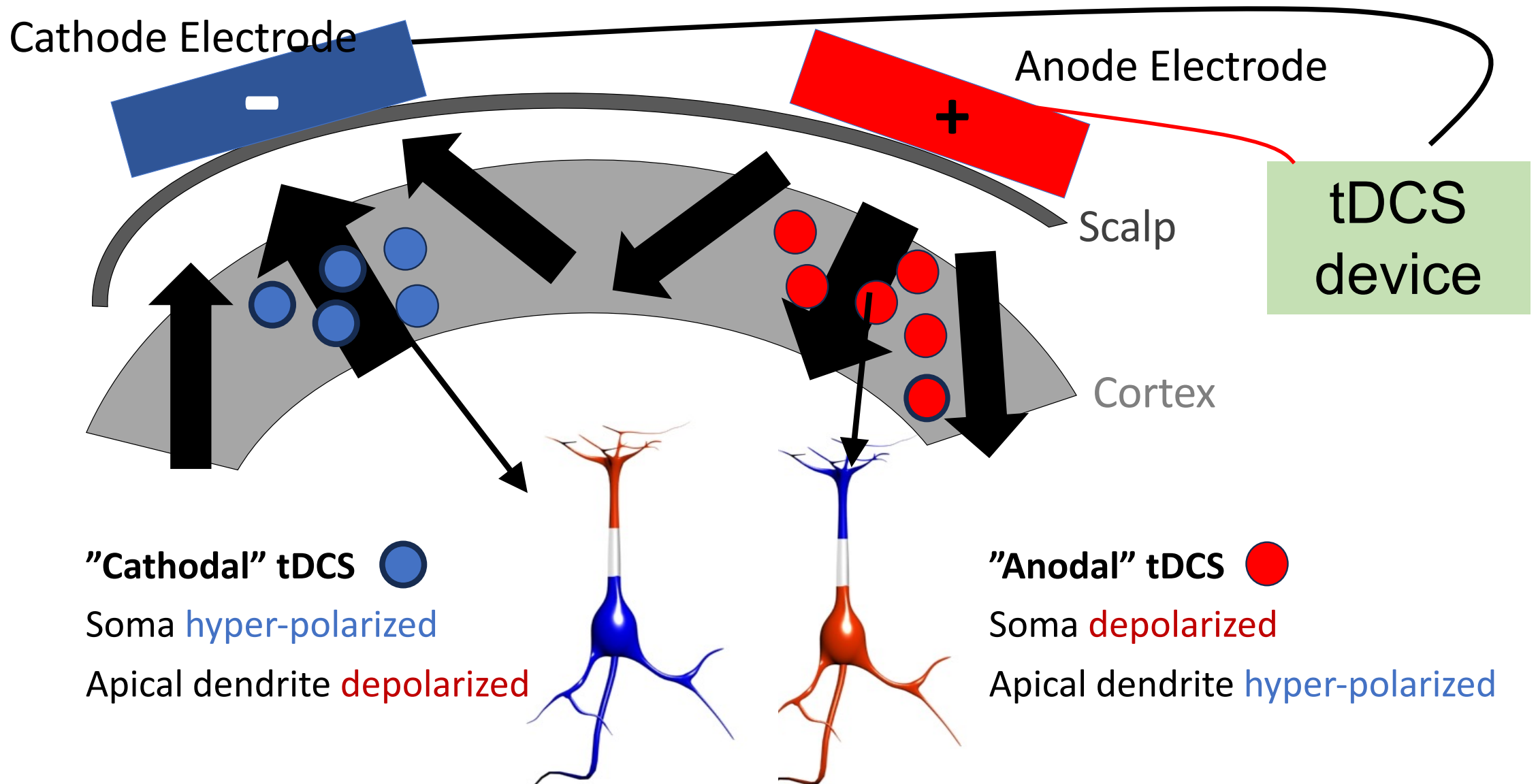


Simulation of brain current flow

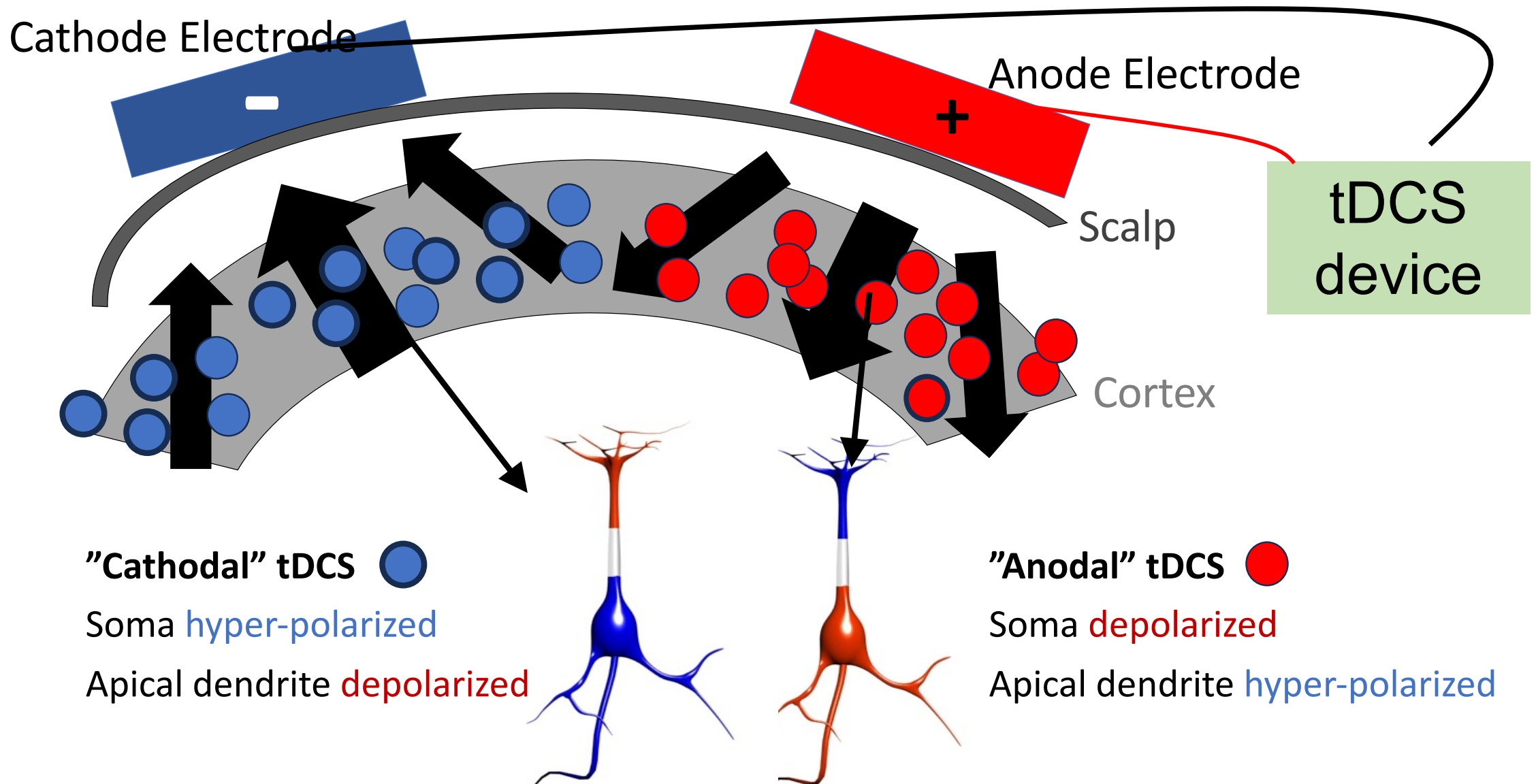
Datta et al. Gyri-precise head model of transcranial direct current stimulation: Improved spatial focality using a ring electrode versus conventional rectangular pad. *Brain Stimulation*. 2009



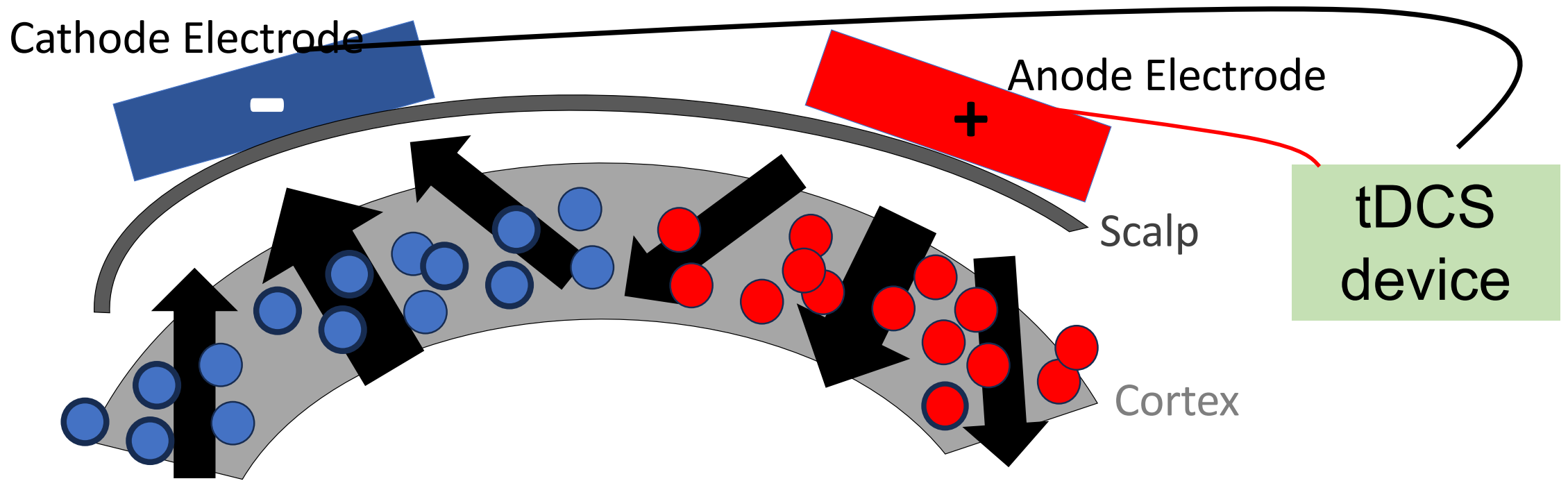
Radman et al. Role of cortical cell type and morphology in subthreshold and suprathreshold uniform electric field stimulation in vitro. . Brain Stimulation. 2009



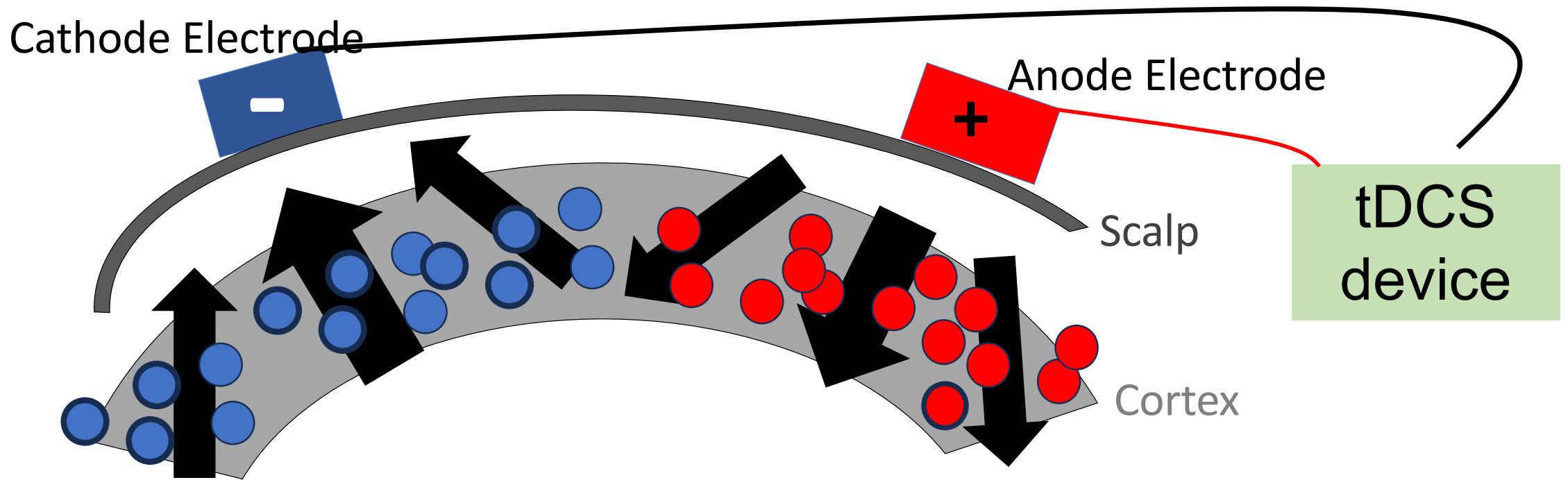
Radman et al. Role of cortical cell type and morphology in subthreshold and suprathreshold uniform electric field stimulation in vitro. . Brain Stimulation. 2009



Radman et al. Role of cortical cell type and morphology in subthreshold and suprathreshold uniform electric field stimulation in vitro. . Brain Stimulation. 2009

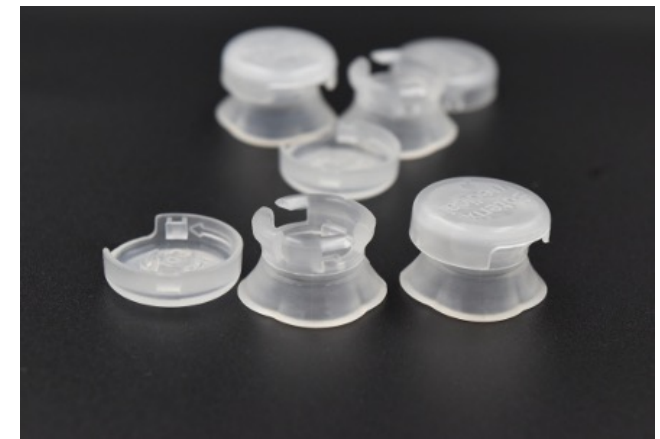


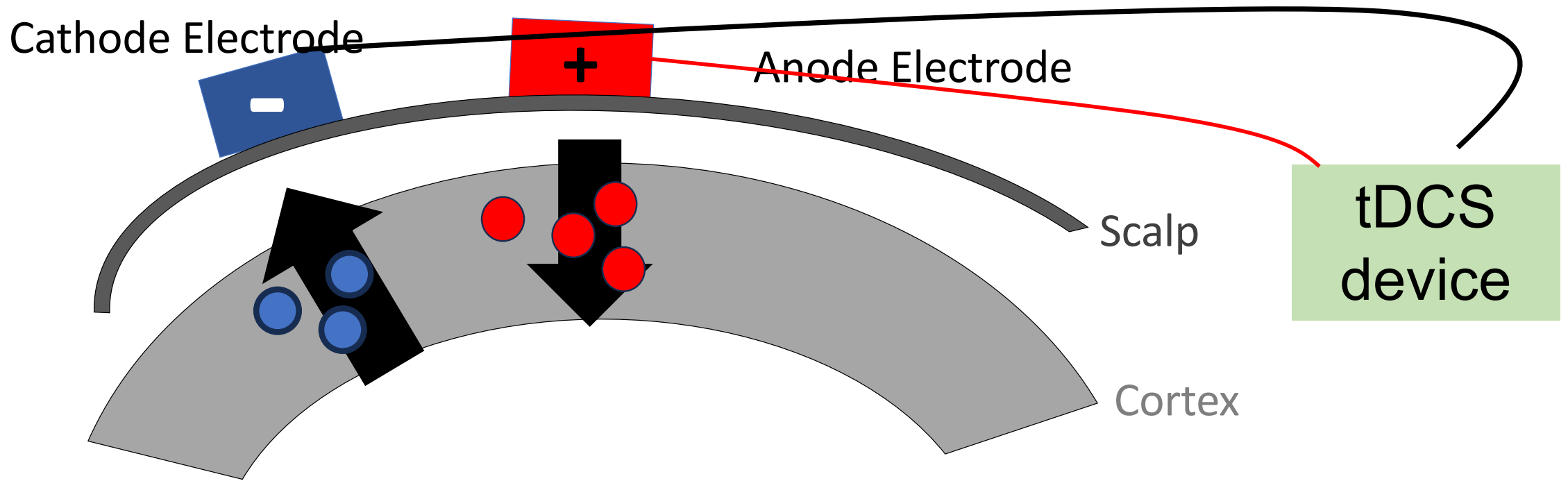
tDCS with two large electrodes leads to diffuse current flow and stimulation.



Smaller electrodes called “High Definition” (HD).

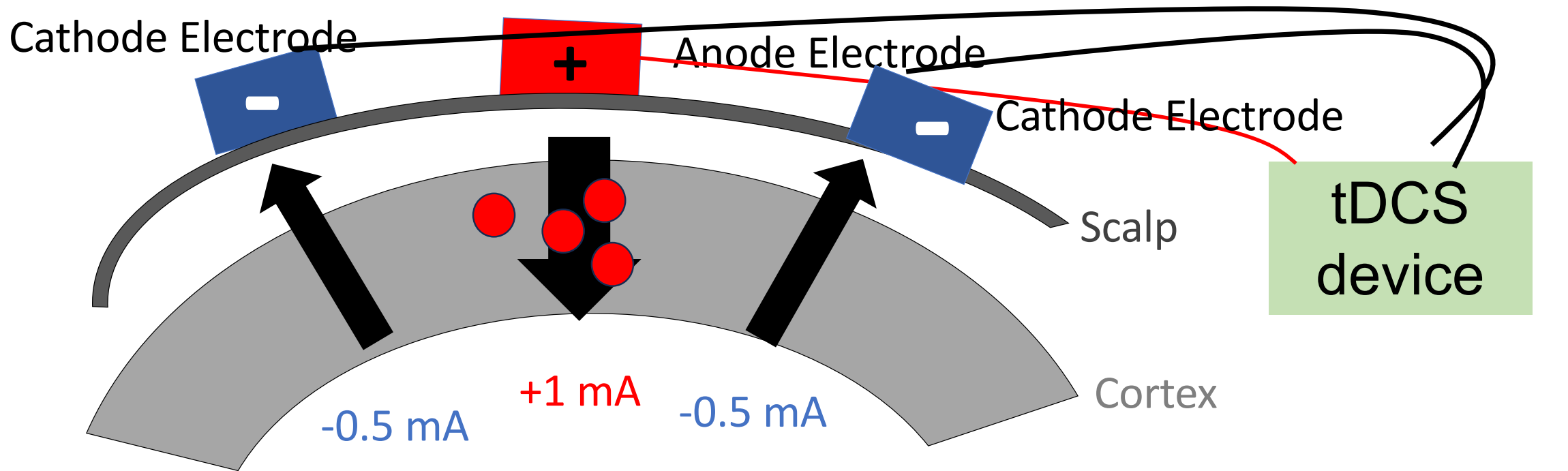
Making electrodes small does not in itself make stimulation focal. Current must still travel between electrodes.





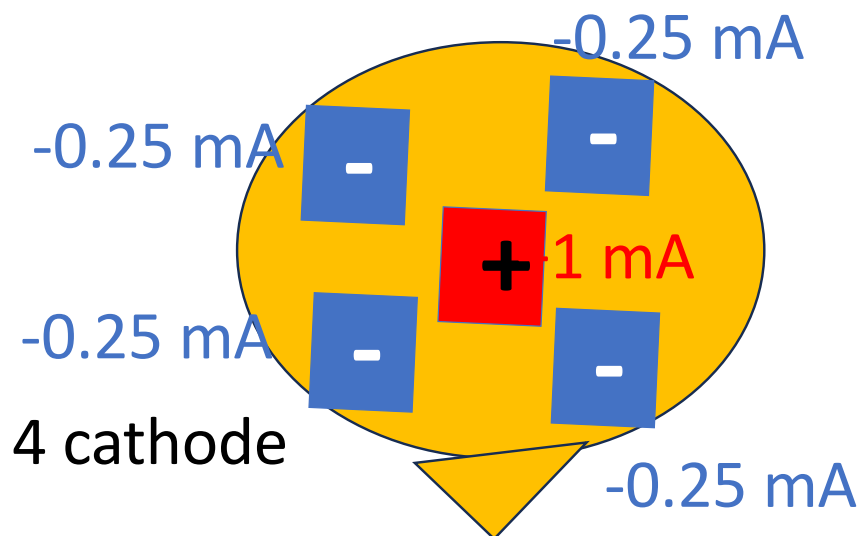
Make electrodes small (High Definition) and moving them closer together make current focal.

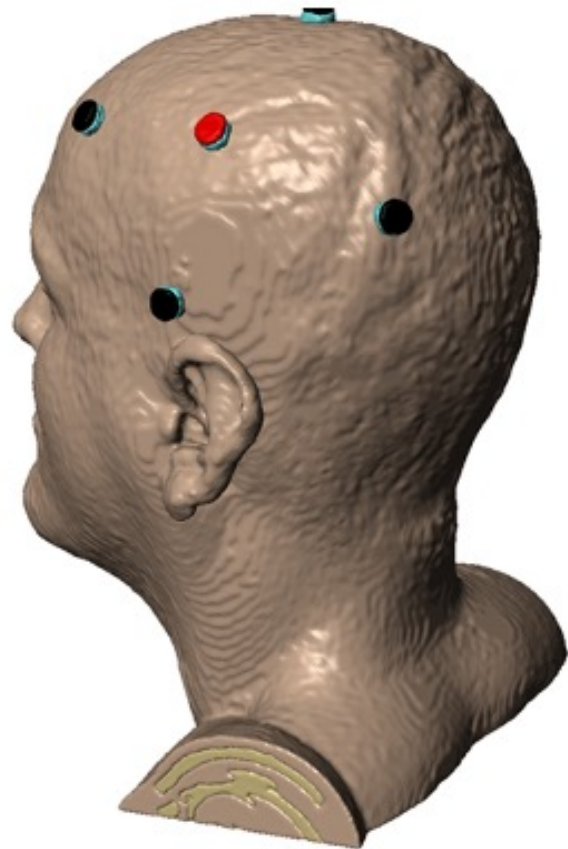
With two electrodes you have an anodal and cathodal regions.



Adding more “return” cathodes, makes the cathodal weaker. Leaving anodal strong.

1 center anode x 4 cathode
4x1-HD-tDCS

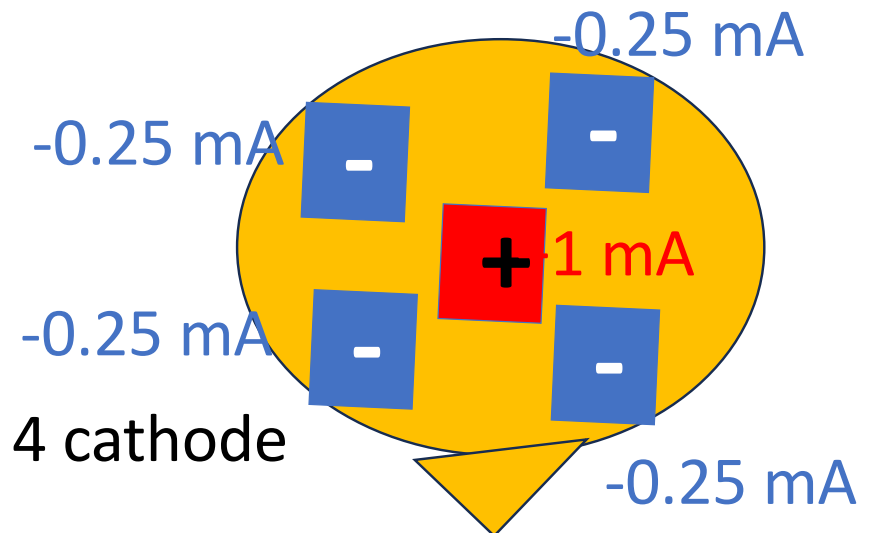




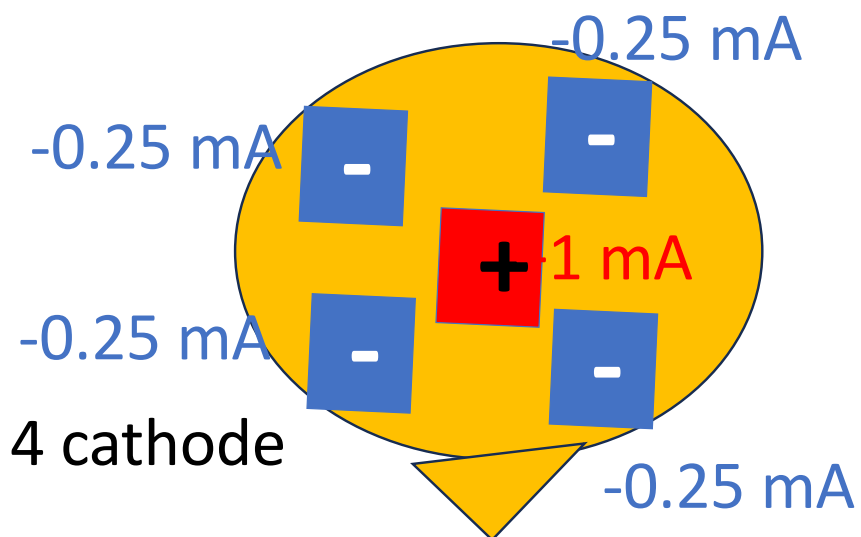
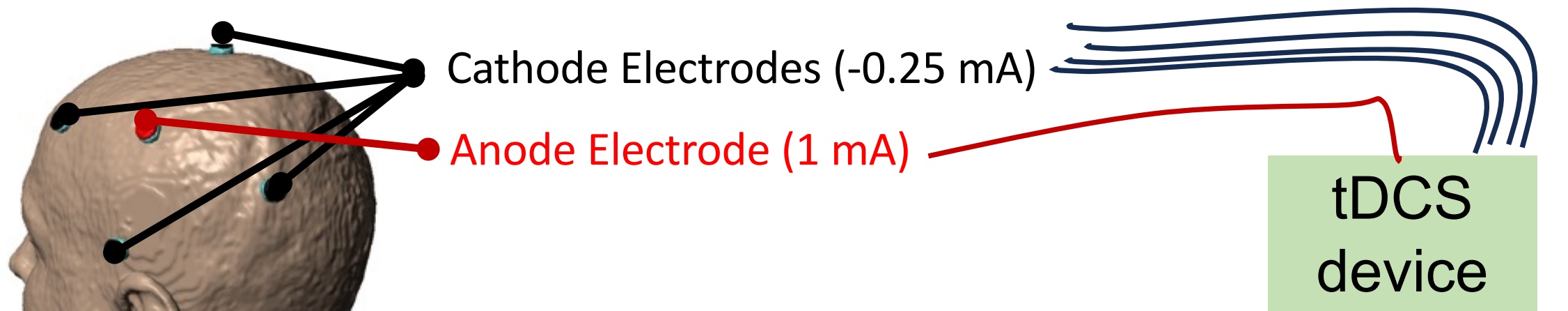
Cathode Electrodes (-0.25 mA)

Anode Electrode (1 mA)

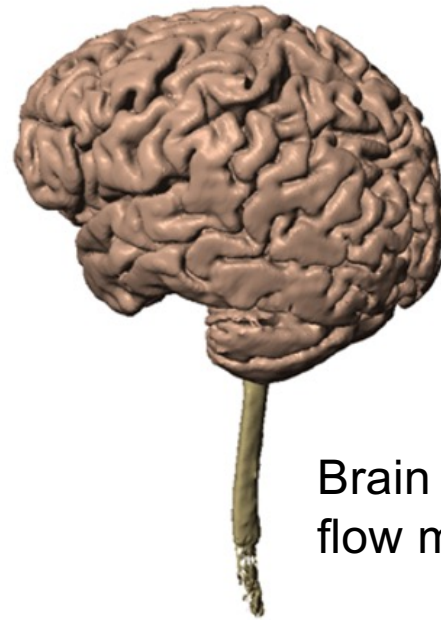
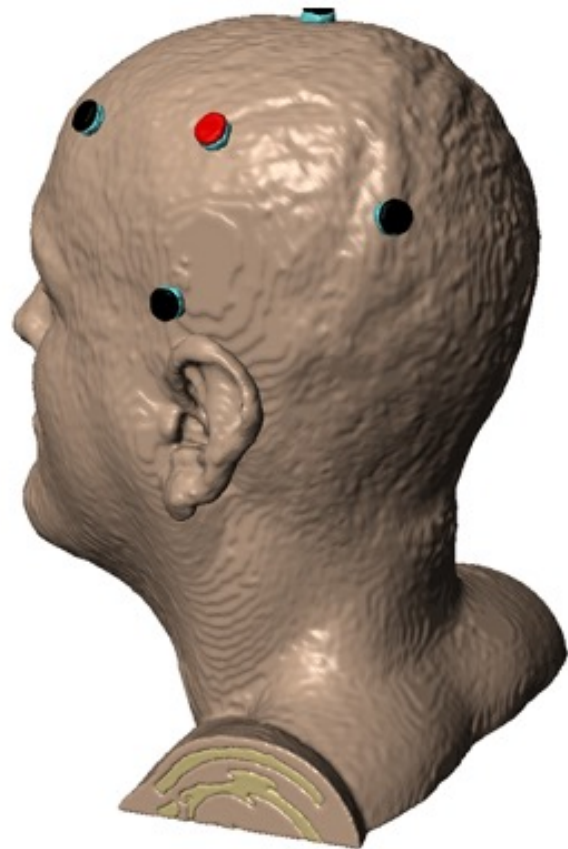
tDCS
device



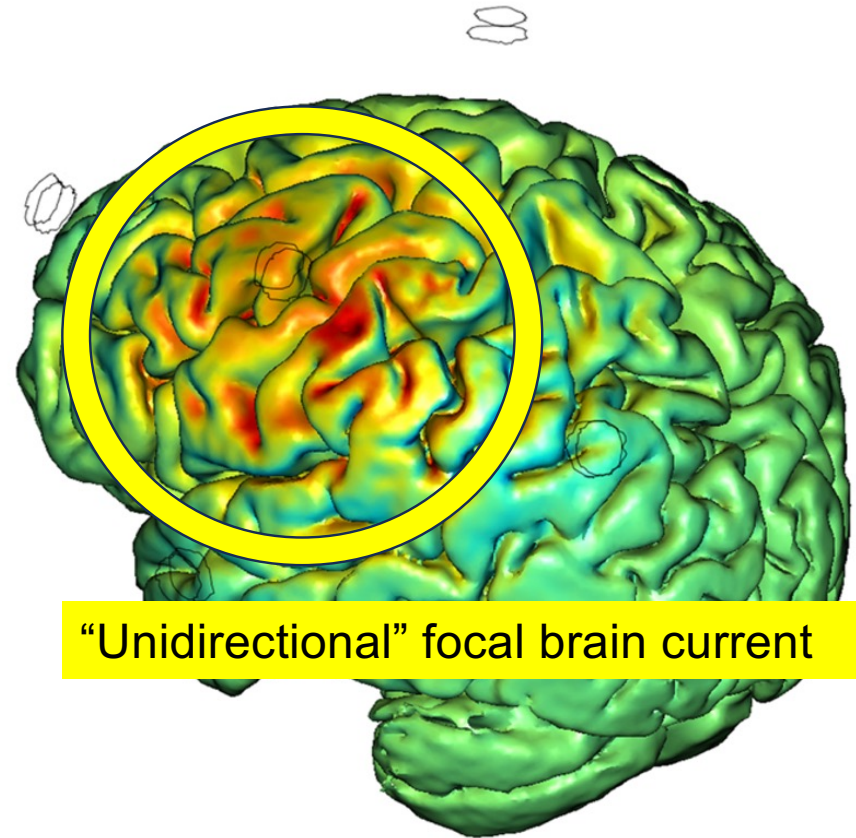
1 center anode x 4 cathode
4x1-HD-tDCS



1 center anode x 4 cathode
4x1-HD-tDCS



Brain current flow model

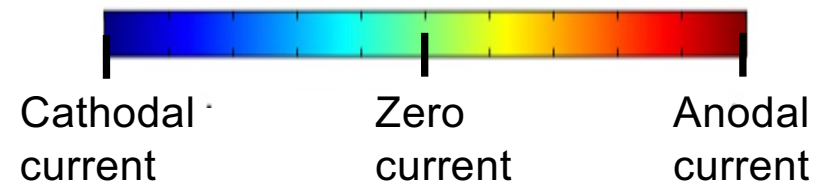


“Unidirectional” focal brain current

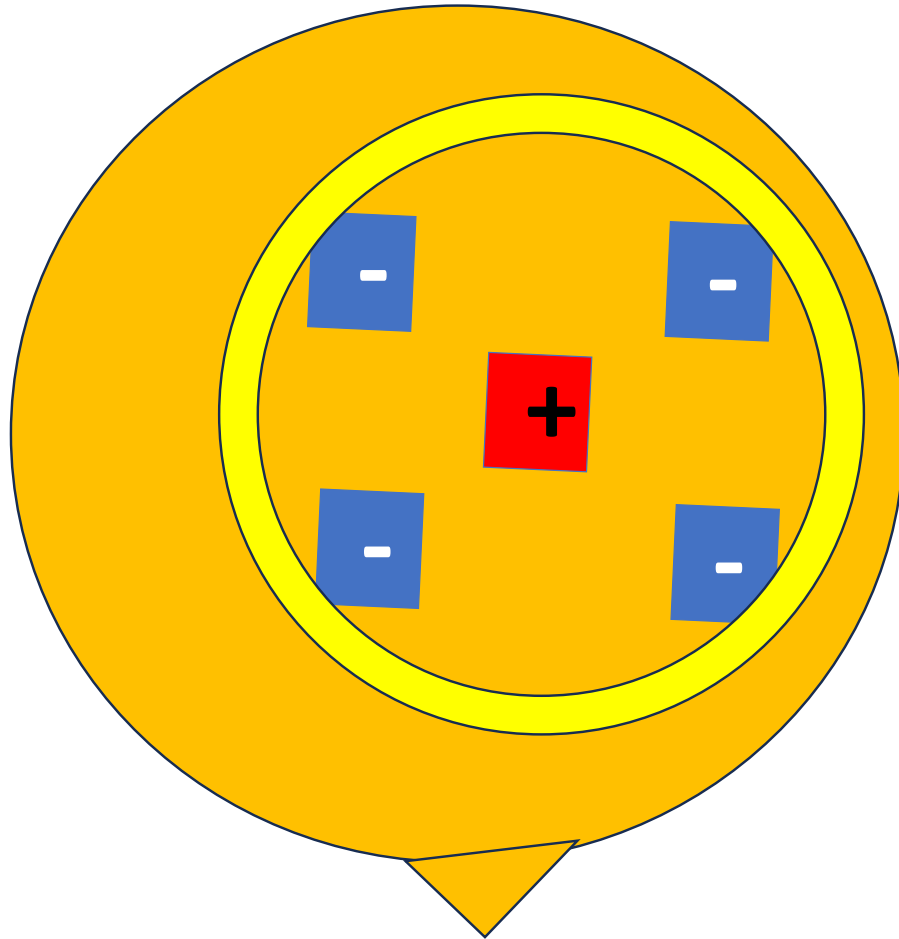
1 center anode x 4 cathode: 4x1-HD-tDCS

Cathode Electrodes (-0.25 mA) **Anode Electrode (1 mA)**

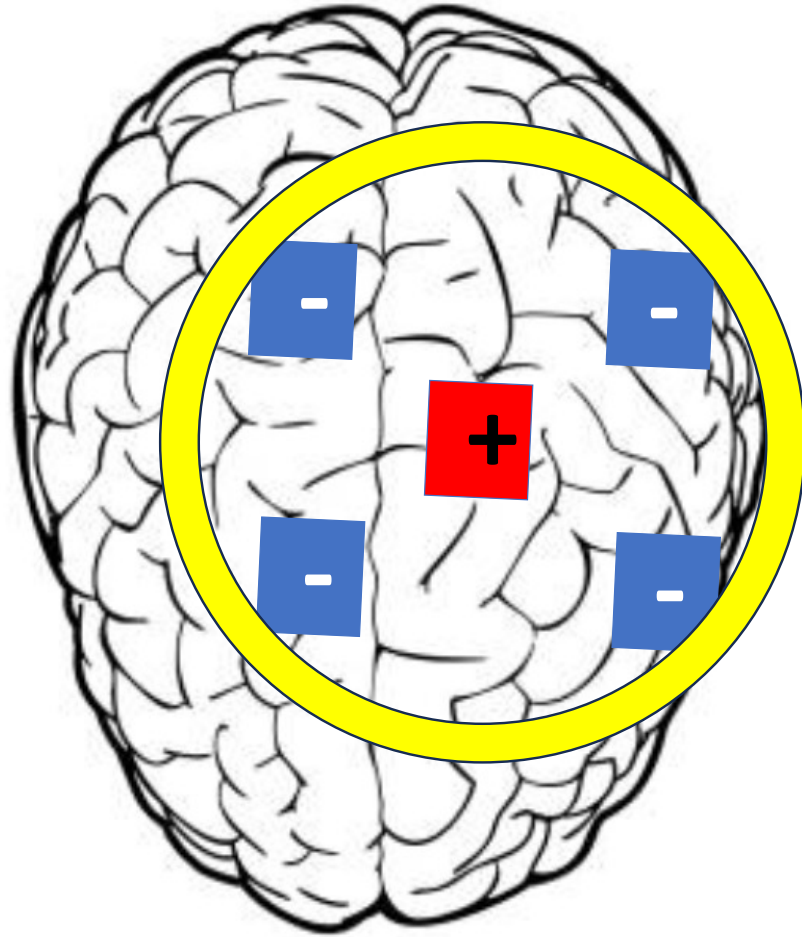
Intensity and Direction of Brain Current



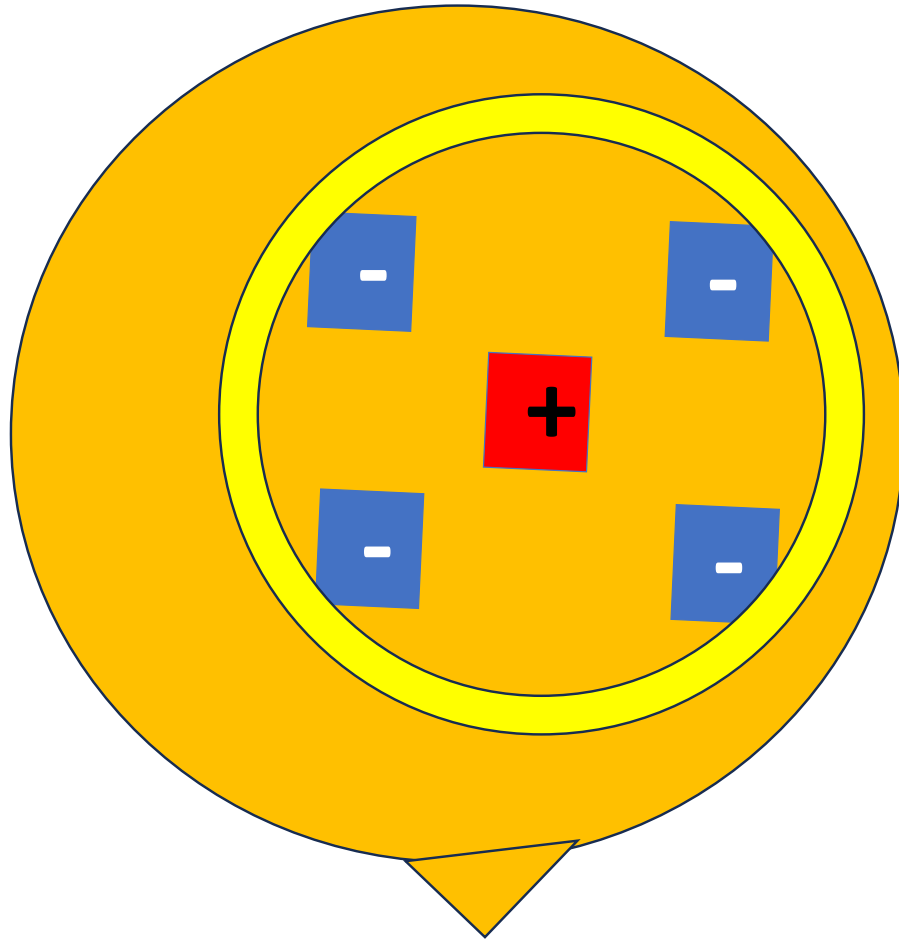
Villamar et al. Focal modulation of the primary motor cortex in fibromyalgia using 4×1-ring high-definition transcranial direct current stimulation (HD-tDCS). *Journal of Pain*, 2013



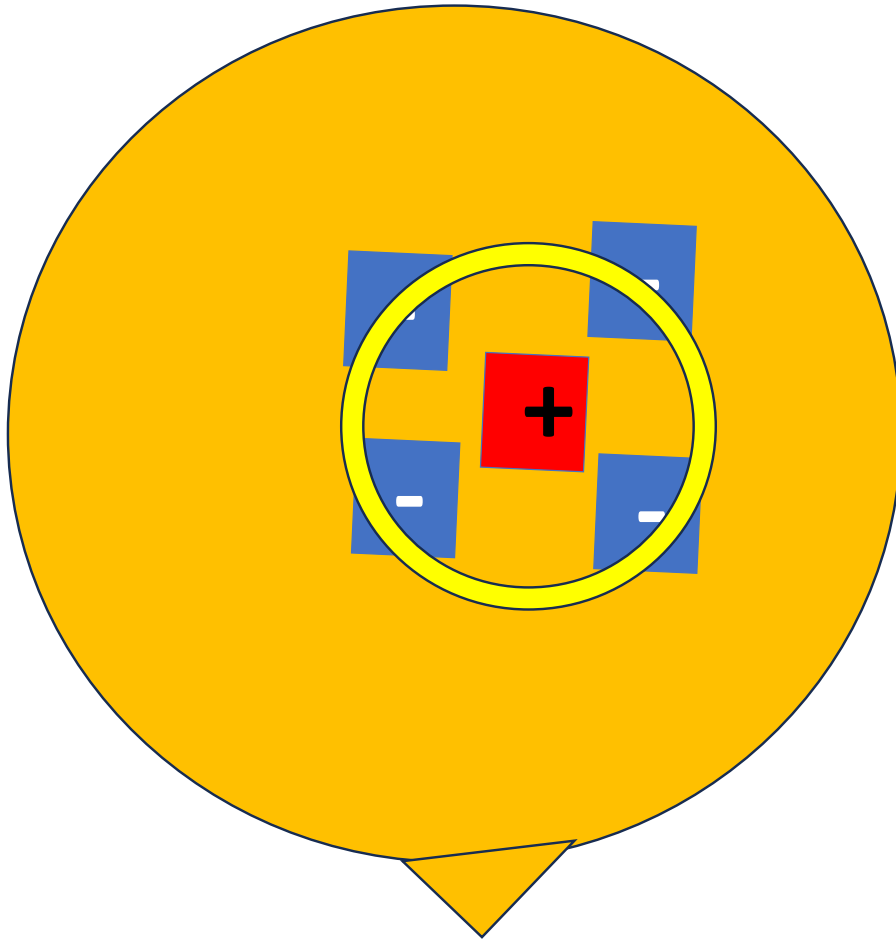
The outer electrodes
form a ring.
The area of brain
targeted is inside the
ring.



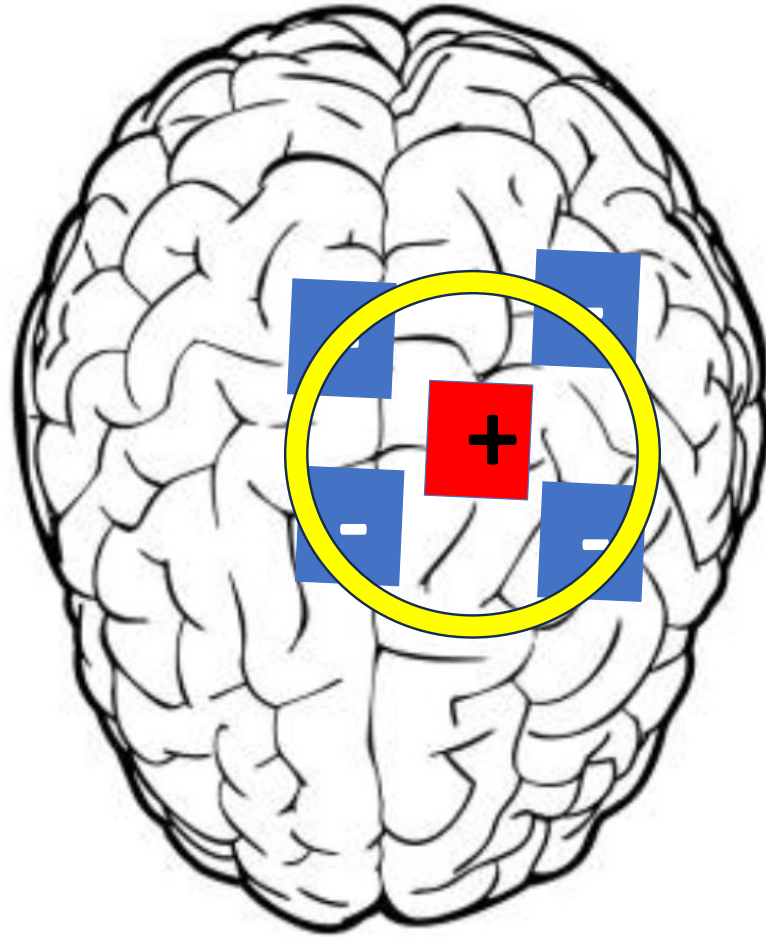
The outer electrodes
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The outer electrodes
form a ring.
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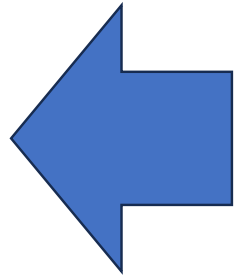


Making the ring
small focuses brain
targeting.



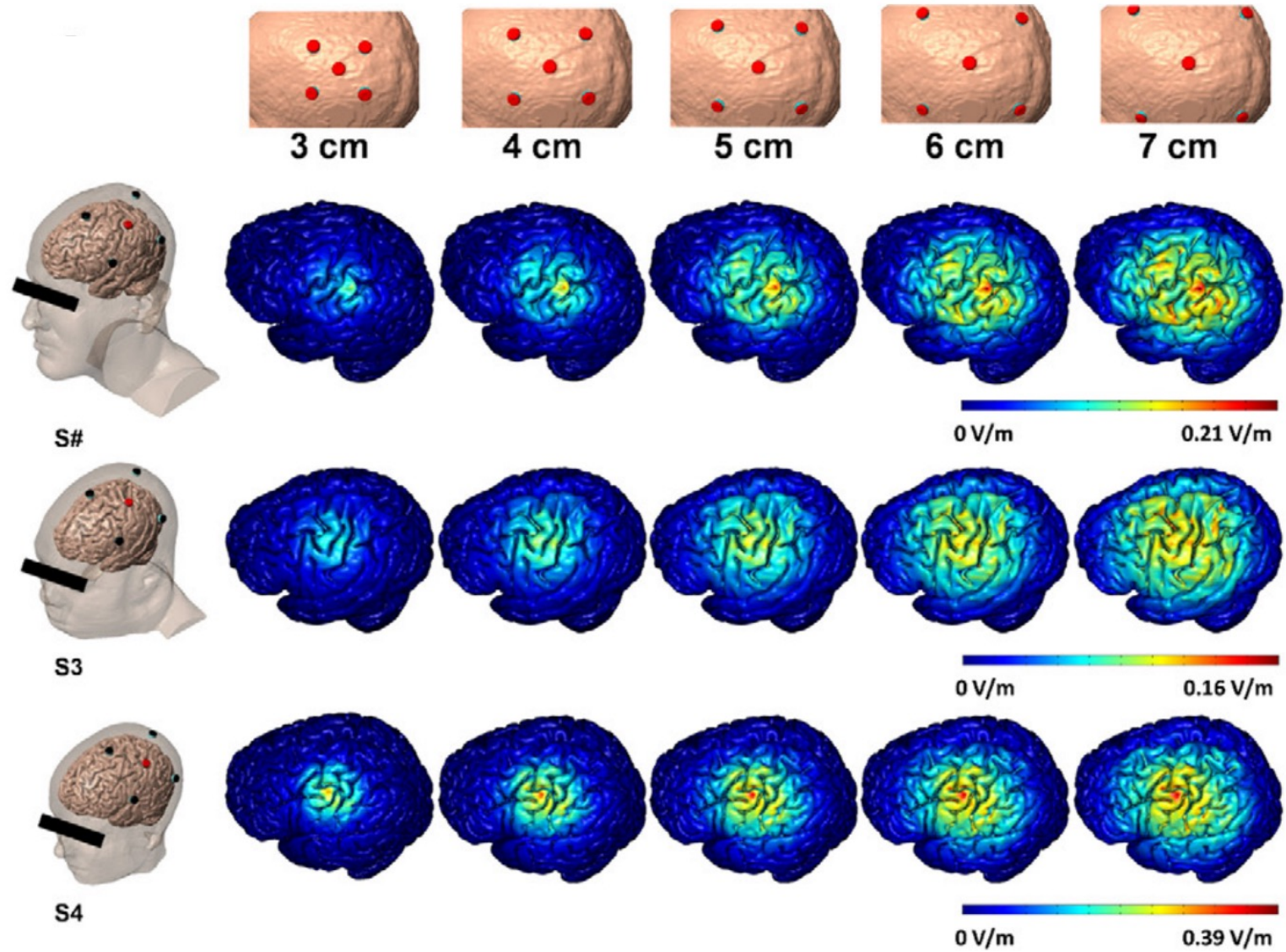
Making the ring small focuses brain targeting.

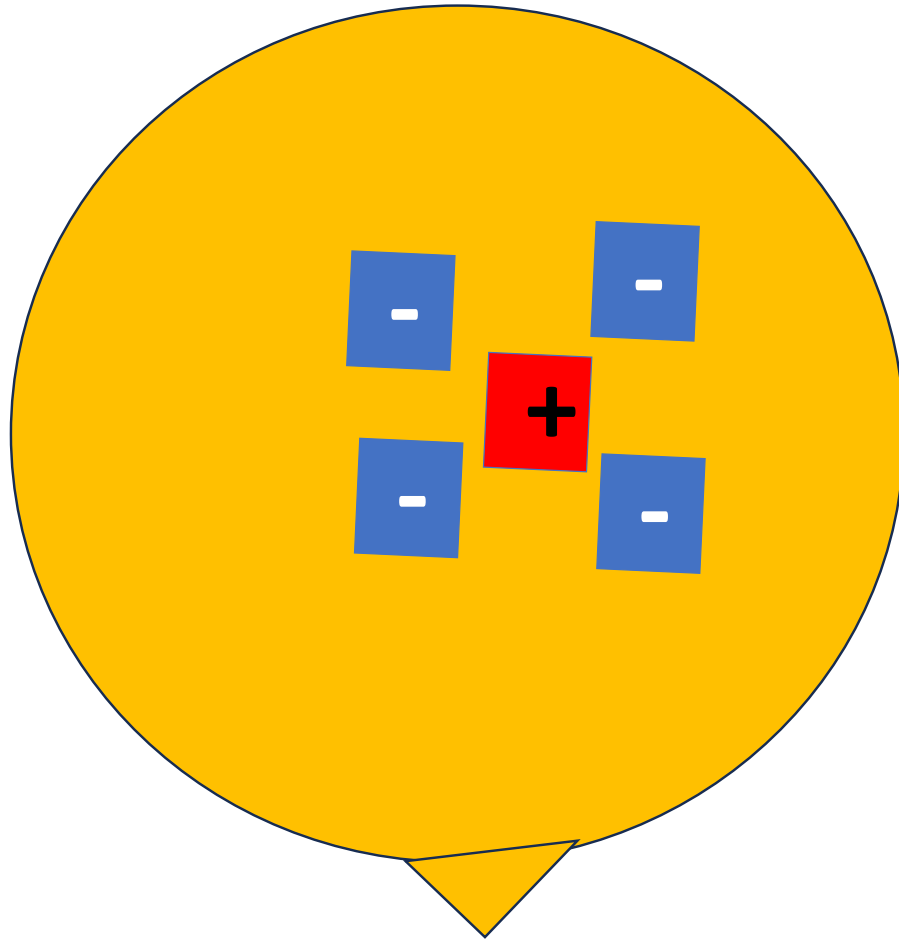
However, the intensity of current in the brain also decreases.



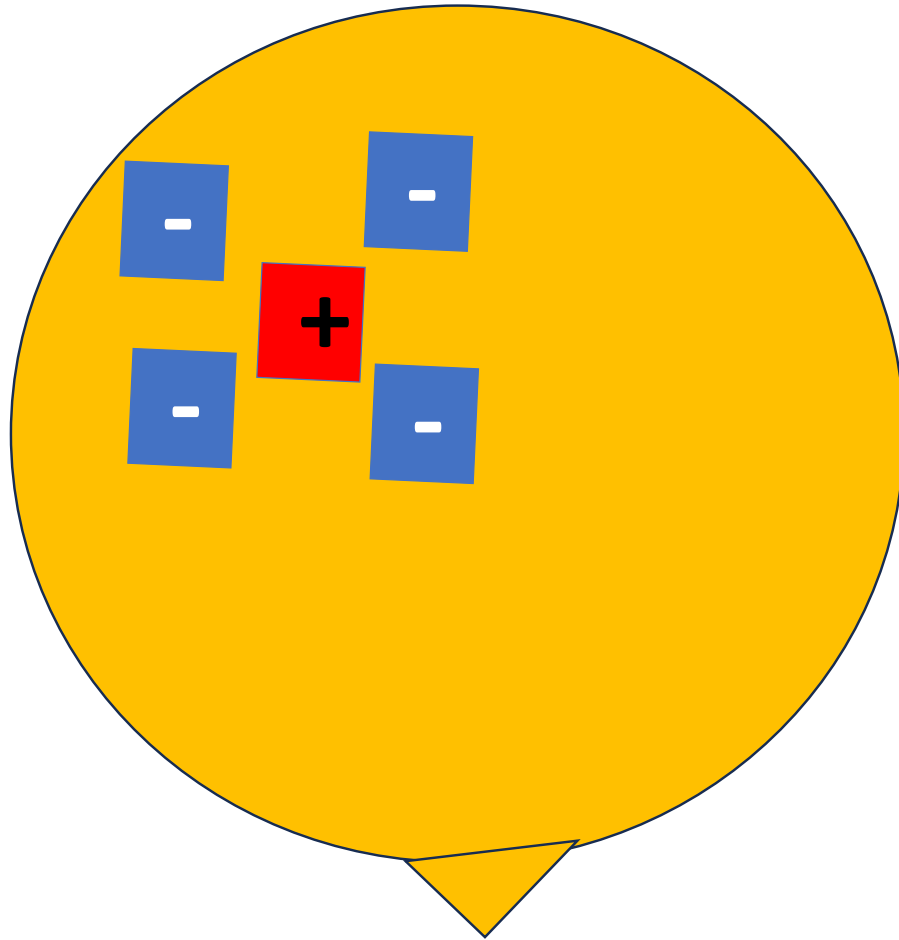
More focal.
Reduced
intensity.

Reliably
inside ring.

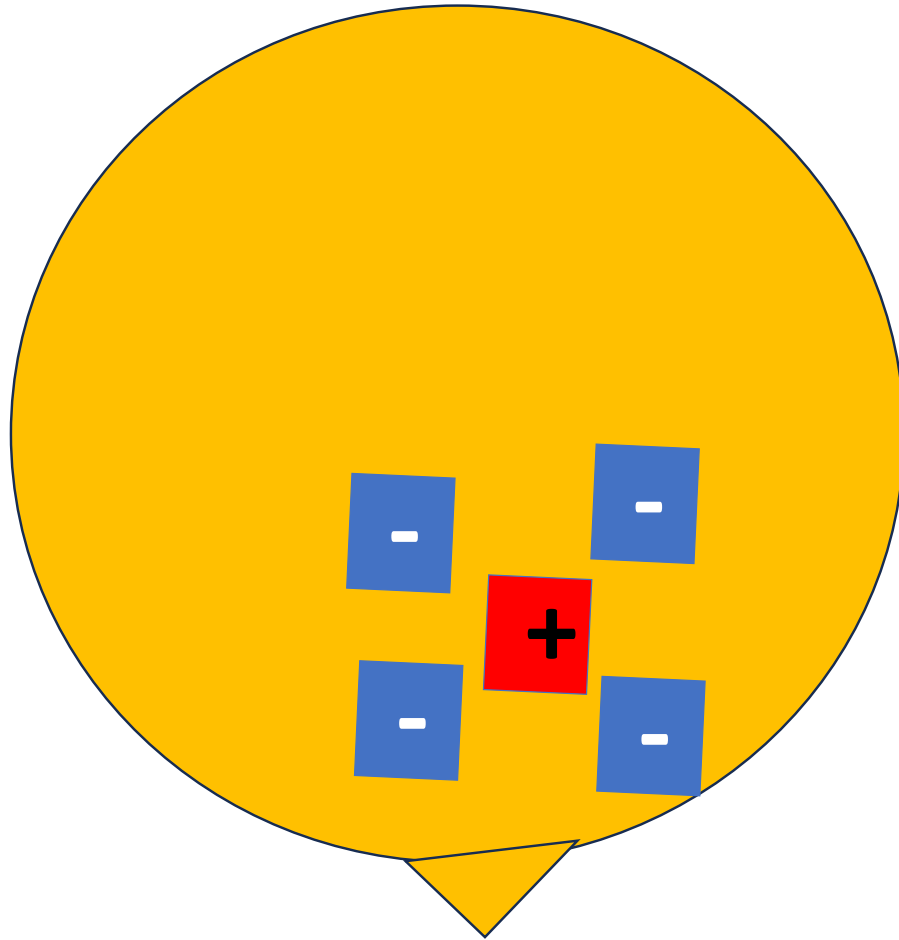




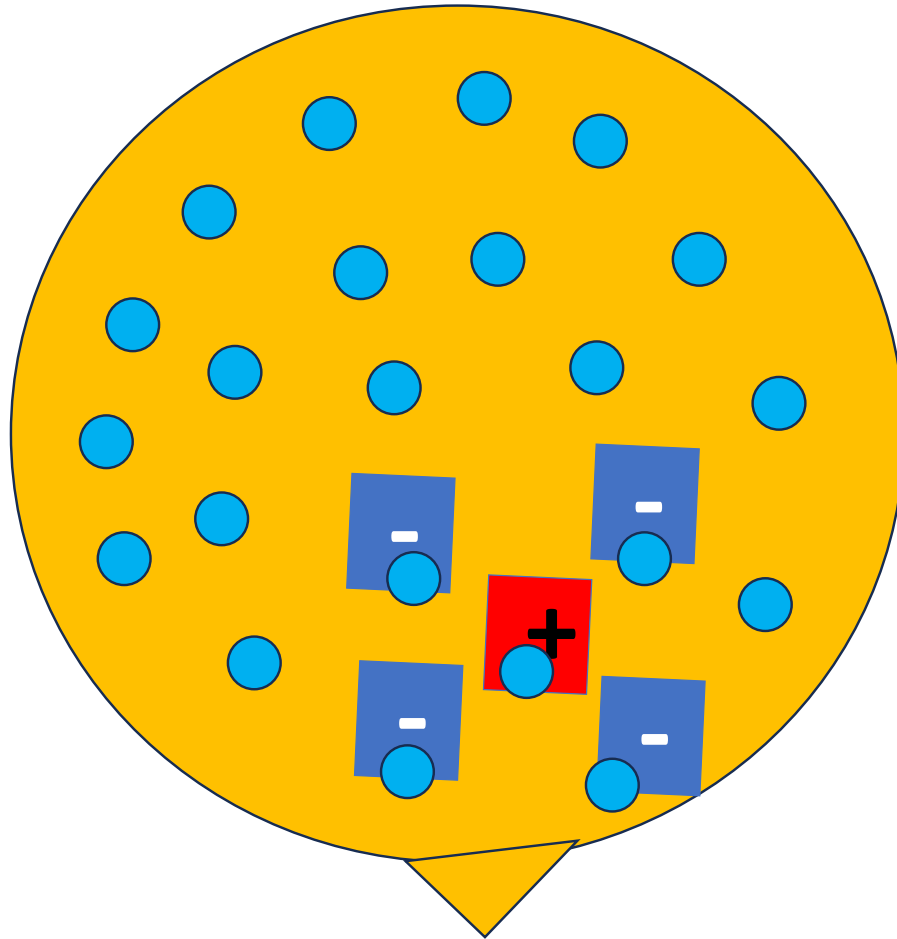
Any cortical region
can be targeted.



Any cortical region
can be targeted.

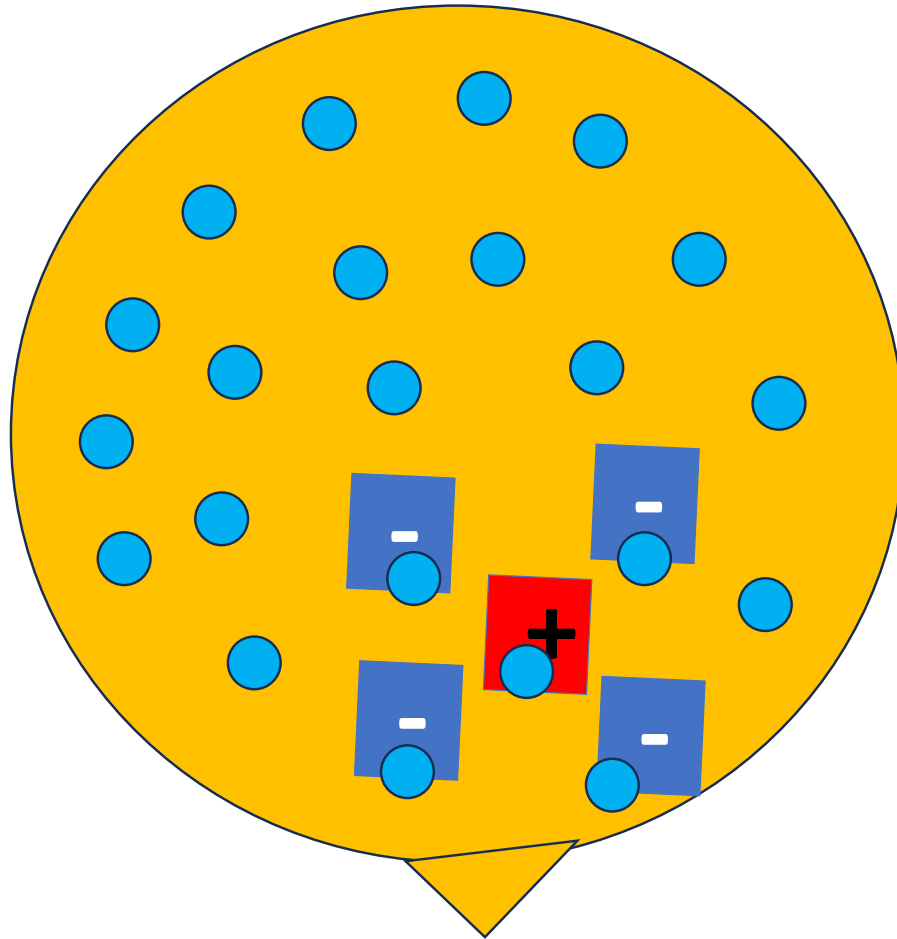


Any cortical region
can be targeted.

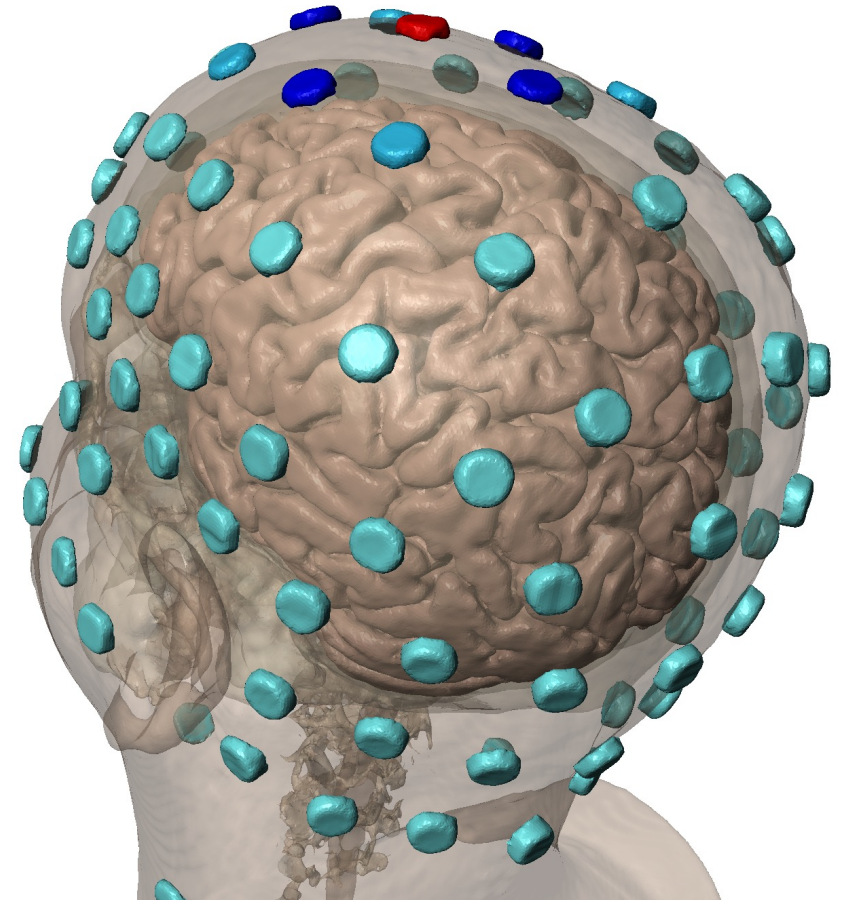


HD electrodes
positioned according to
EEG 10-10 system

Any cortical region
can be targeted.



HD electrodes
positioned according to
EEG 10-10 system

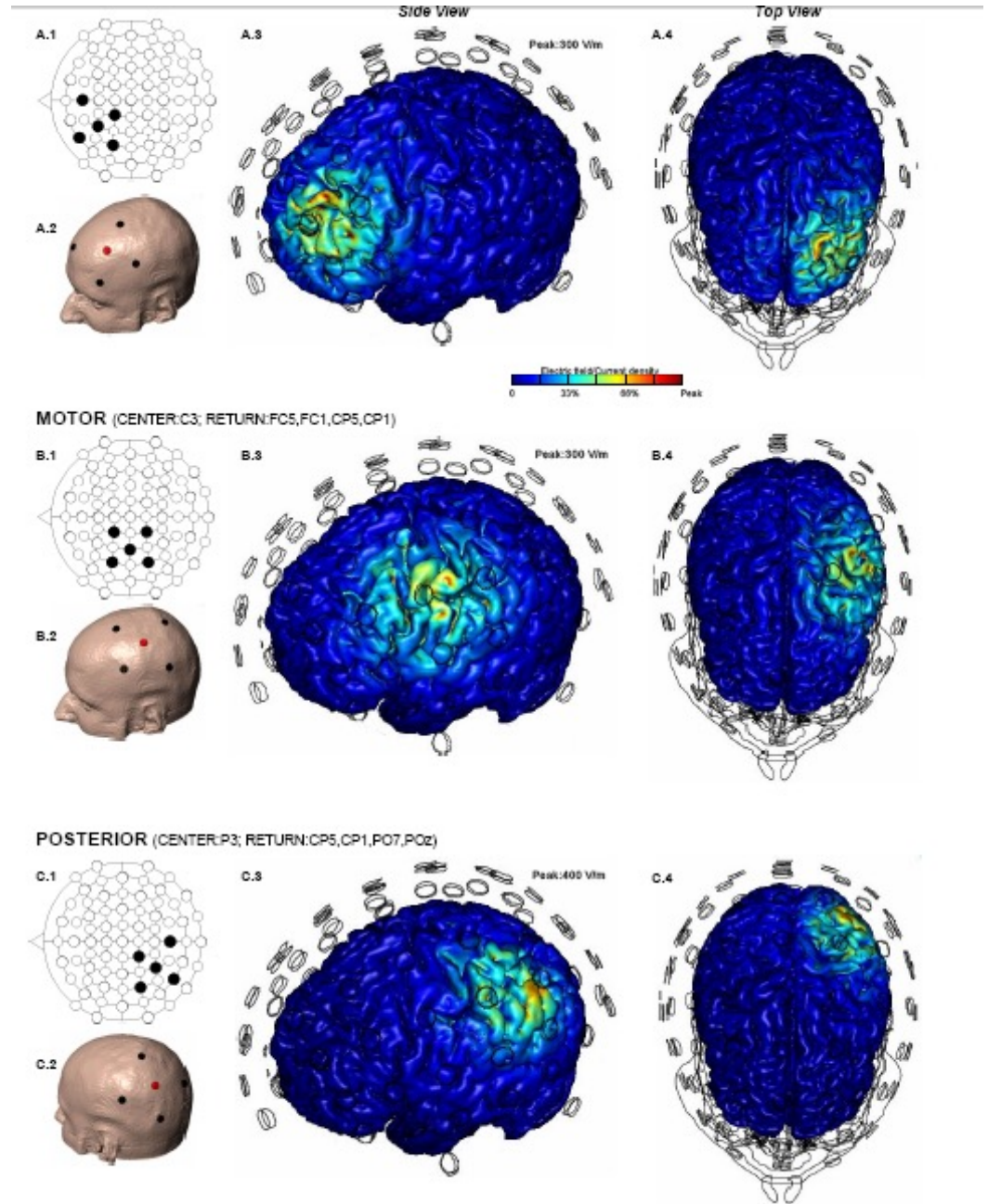
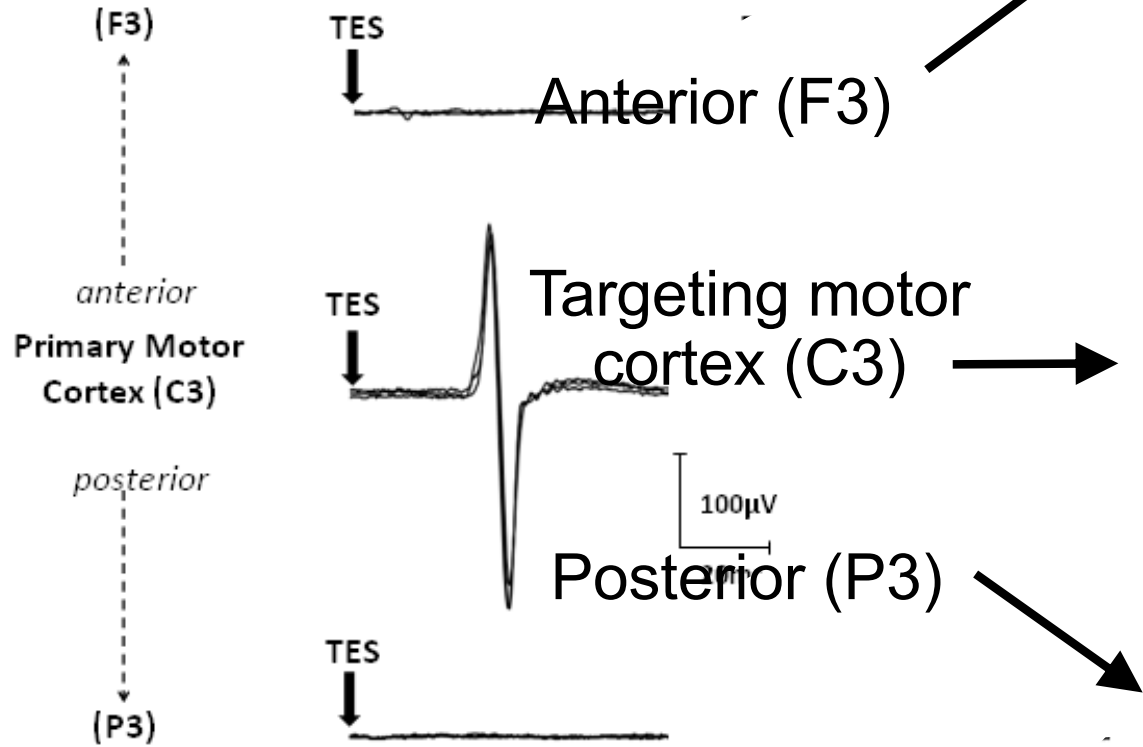


Just one problem

No one believed it (models)

4x1 HD electrodes

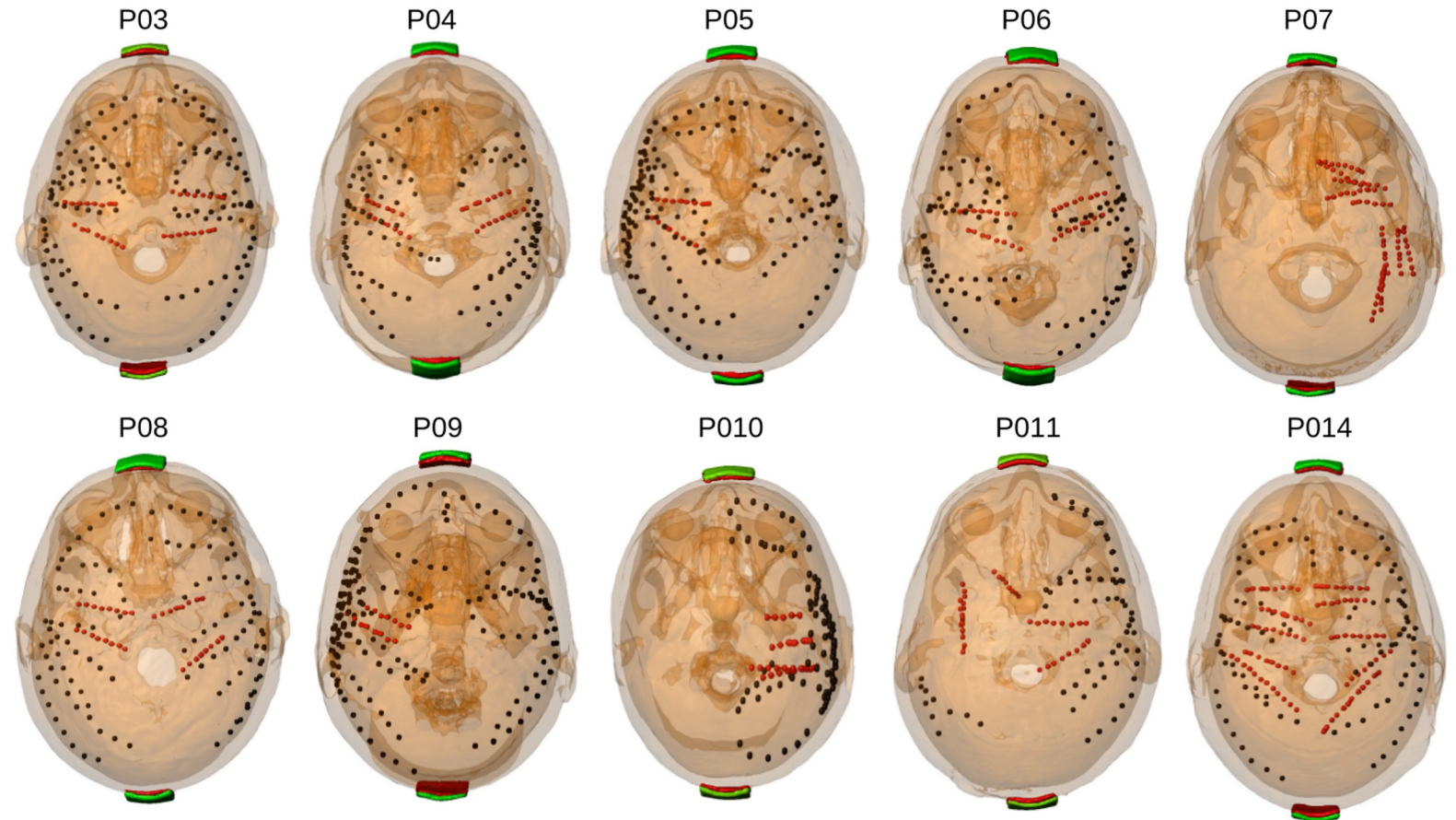
Using high-intensity (~1000 mA) pulse to trigger motor evoked potential (MEP)



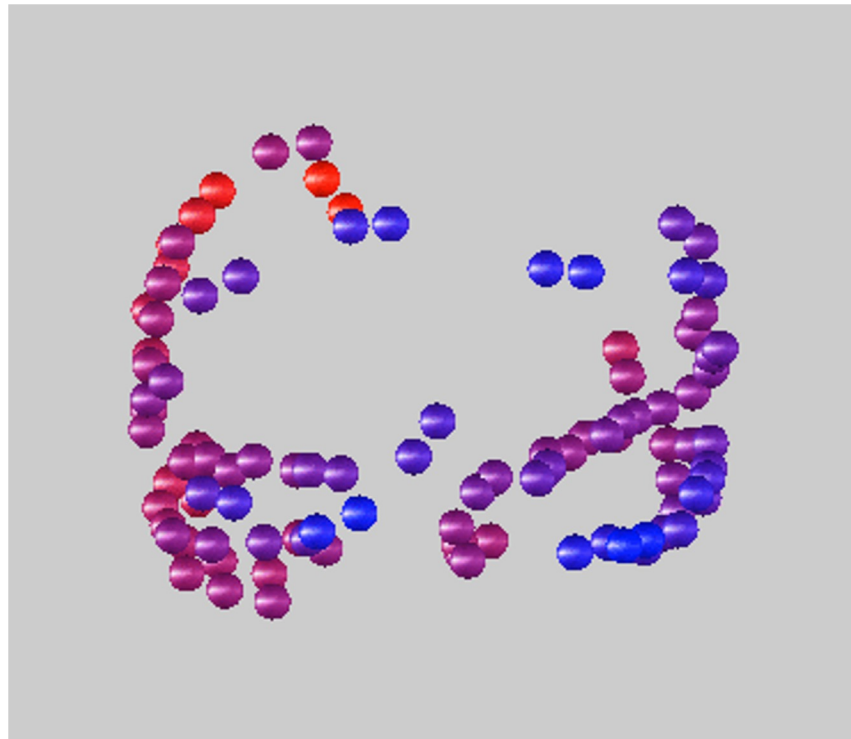
Edwards et al. Physiological and modeling evidence for focal transcranial electrical brain stimulation in humans. NeuroImage. 2013

Recordings inside the human brain confirm conventional tDCS is diffuse.

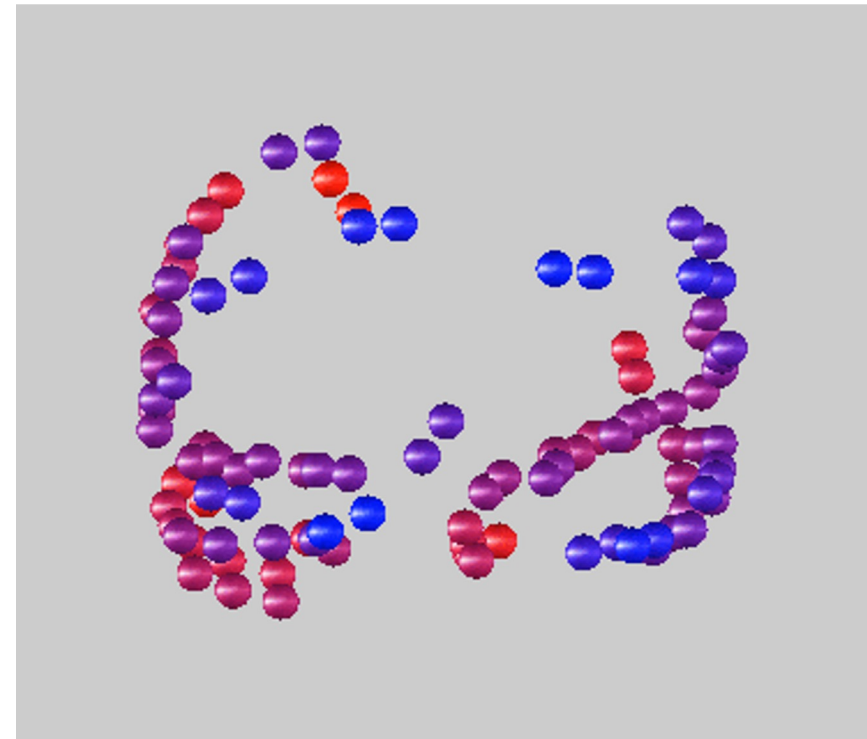
Intra-cranial voltages during transcranial electrical stimulation:
Experimental recordings with subject specific MRI-derived models.



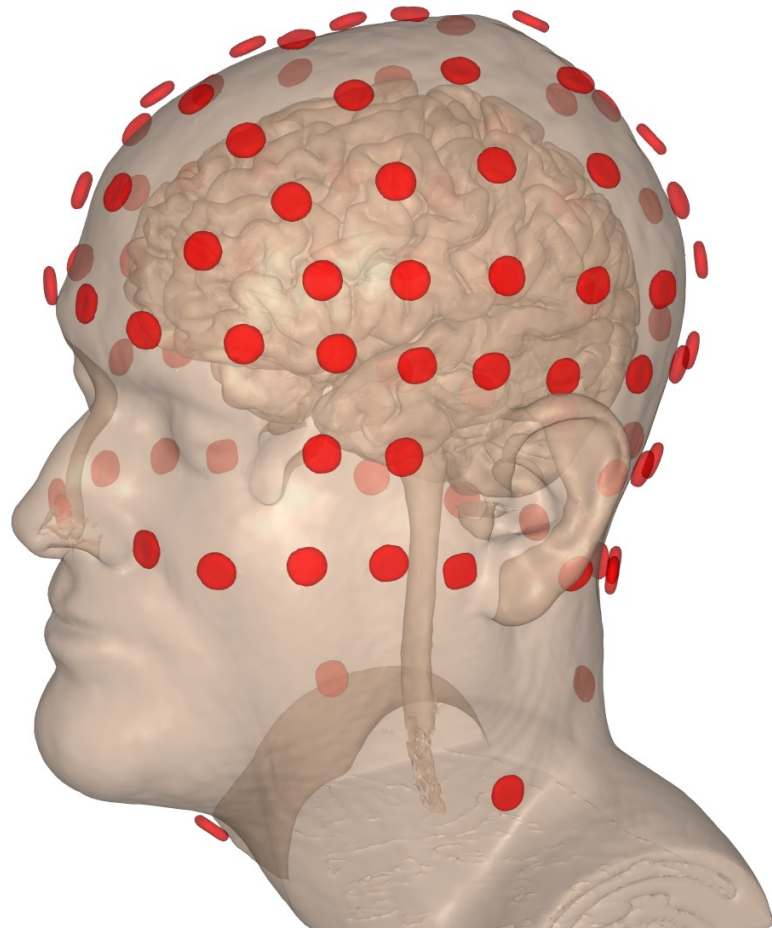
Recordings inside the human brain confirm conventional tDCS is diffuse.



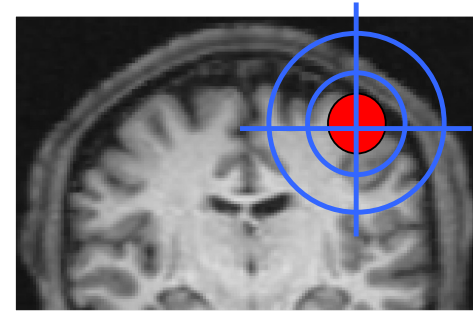
Recording (Volts)



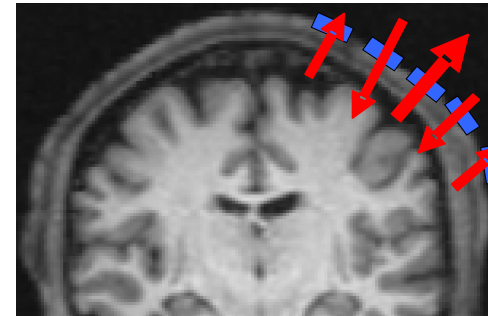
Model (Volts)



Multi-electrode (MxN) HD-tDCS



Pick target and indicate number of electrodes (2, 4, ...)



Software automatically determined HD configuration

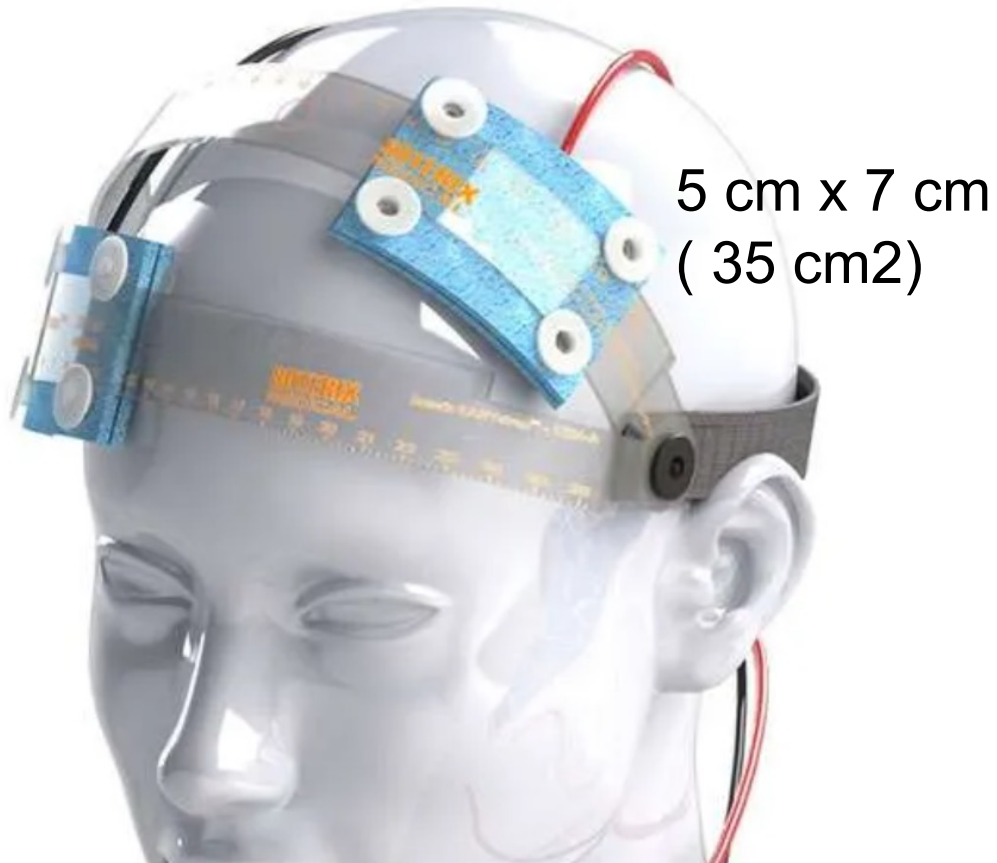
➤ Trade-off between maximum intensity and maximum targeting

Just one problem, in 2009 High-
Definition electrodes did not exist

And people said it was not possible.

Current / electrode area = current density

Sponge electrode currents were limited ~2 mA, a higher current (current density) was painful



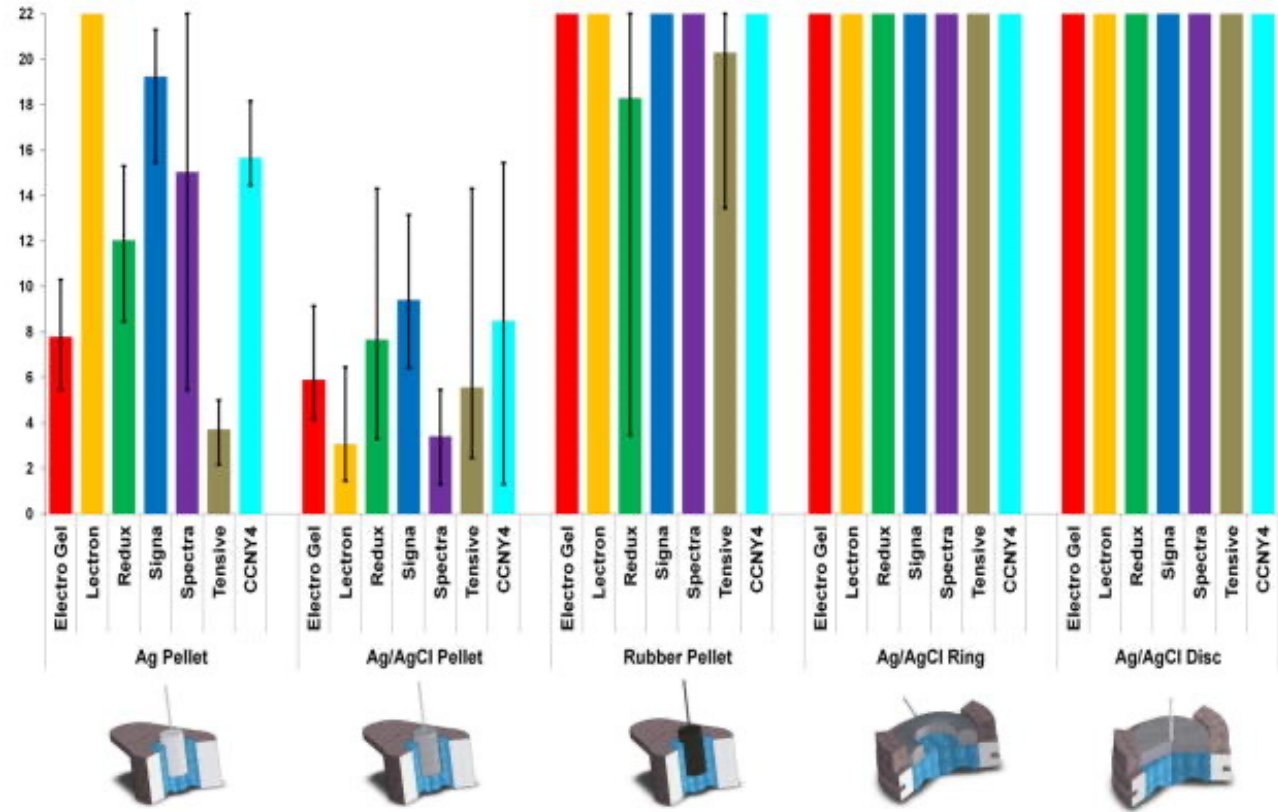
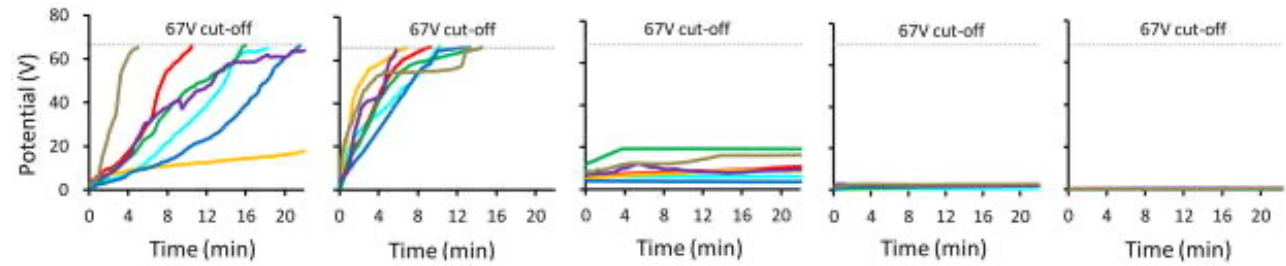
High-Definition electrodes <3.5 cm²



Keeping the current same (needed for brain modulation) while making the electrodes smaller, would result in non-tolerated current density

Only 3 rules for a "good" non-invasive electrode

- 1) Doesn't hurt
- 2) Doesn't damage skin
- 3) Resistance not too high



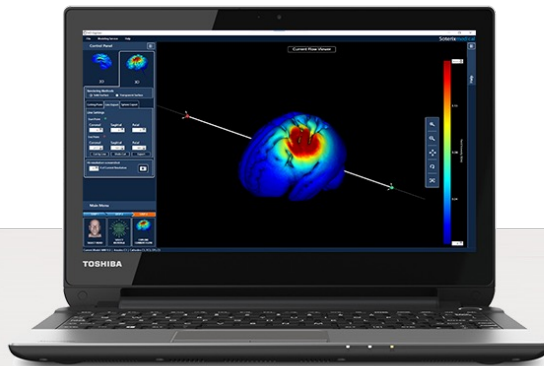
Minhas et al. 2010 Electrodes for high-definition transcutaneous DC stimulation for applications in drug delivery and electrotherapy, including tDCS, *Journal of Neuroscience Methods*



Cap with High-Definition electrodes in it



Software for simulating current flow



Fancy (multi-channel) function generator



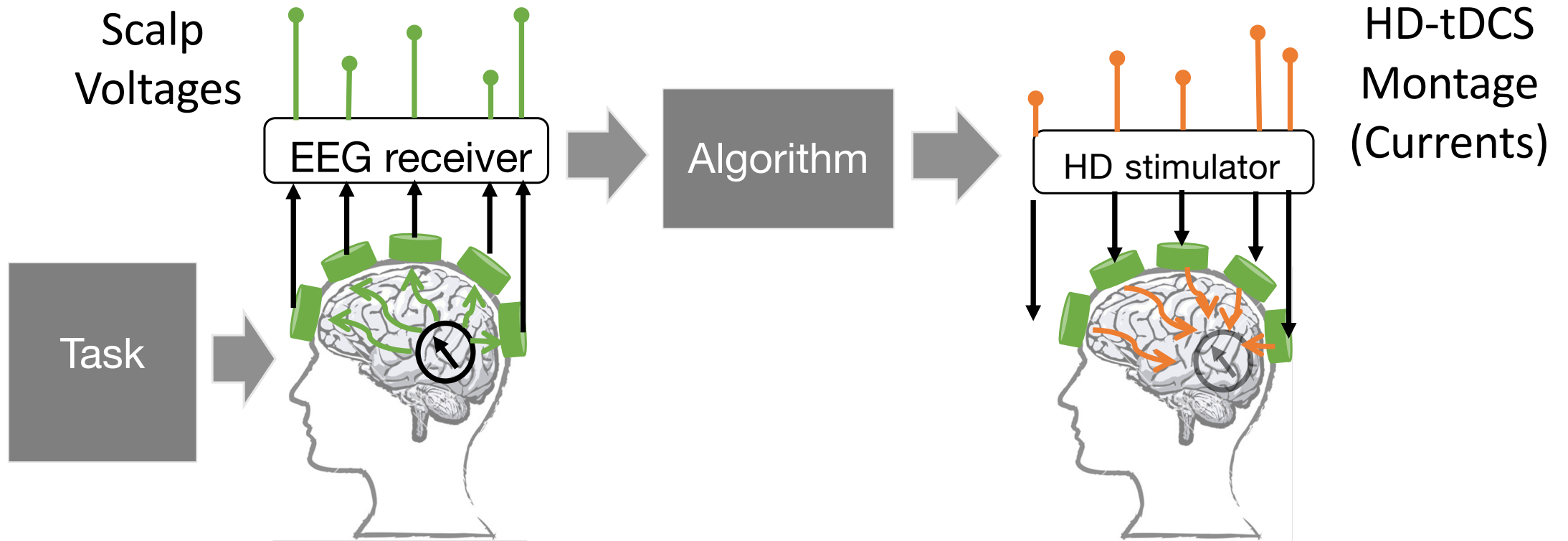
Channel	Amplitude	Phase	Frequency	Waveform
INT 1	+1.10	0.00	120.5	8-SINE
INT 2	-0.45	0.00	120.5	8-SINE
INT 3	-0.67	0.00	120.5	8-SINE
INT 4	+0.27	0.00	120.5	8-SINE
INT 5	-0.18	0.00	120.5	8-SINE
INT 6	+0.08	0.00	120.5	8-SINE
INT 7	-0.52	0.00	120.5	8-SINE
INT 8	+0.37	0.00	120.5	8-SINE

HD-tDCS can be combined with EEG.



Dmochowski et al. Optimal use of EEG recordings to target active brain areas with transcranial electrical stimulation. *NeuroImage*. 2017

EEG recordings can automatically guide HD-tDCS targeting.



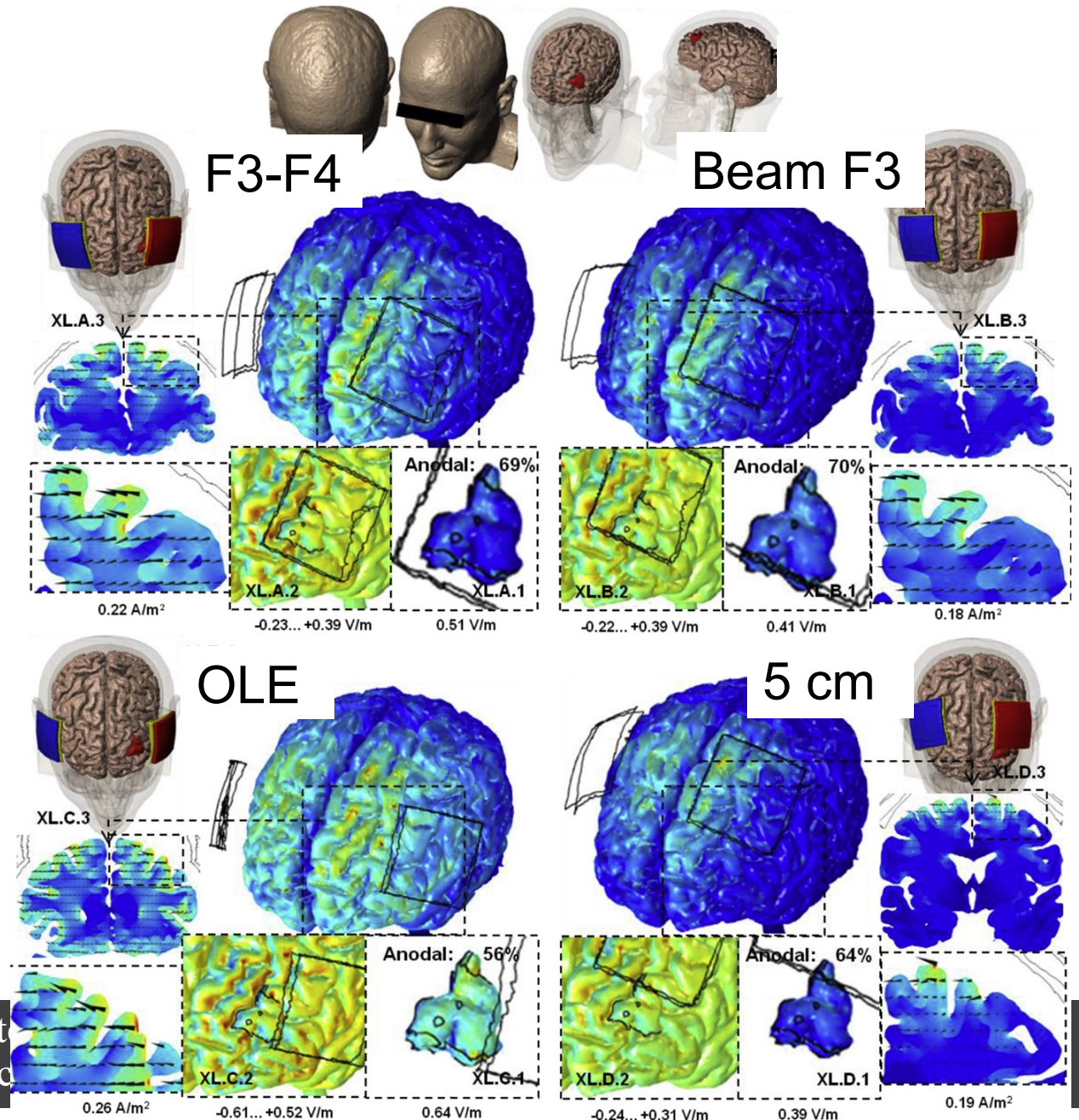
Dmochowski et al. Optimal use of EEG recordings to target active brain areas with transcranial electrical stimulation. *NeuroImage*. 2017

Conventional (pad) tDCS optimization: Intensity and direction at "target" gyri.

Target: Anodal left DLPFC

No MRI / No Neuronavigation

Electrodes placed automatically using fixed position head-gear



Seibt et al. The pursuit of DLPFC: Non-neuronavigated symmetric bicephalic transcranial direct current stimulation

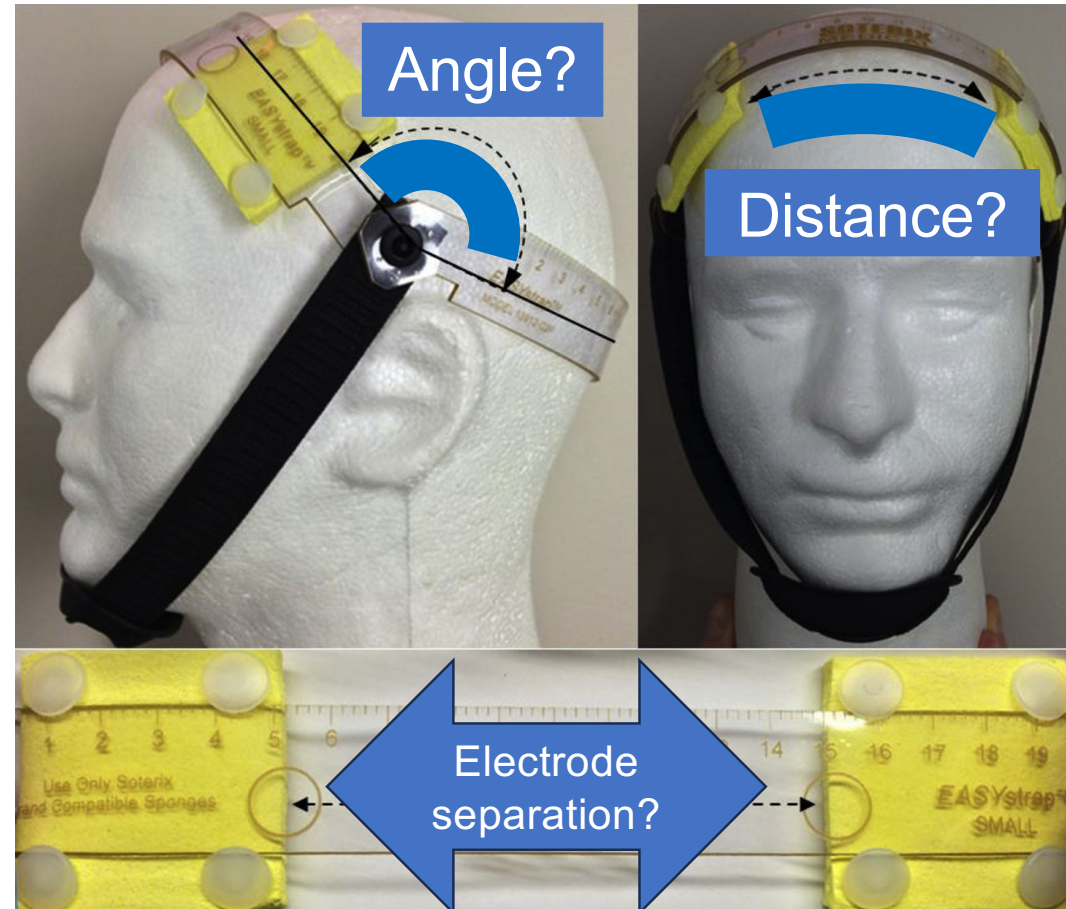
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Seibt et al. The pursuit of DLPFC: Non-neuronavigated methods to target the left dorsolateral pre-frontal cortex with symmetric bicephalic transcranial direct current stimulation (tDCS). *Brain Stimulation* 2015

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The NEW ENGLAND JOURNAL of MEDICINE

Trial of Electrical Direct-Current Therapy versus Escitalopram for Depression

A.R. Brunoni, A.H. Moffa, B. Sampaio-Junior, L. Borriane, M.L. Moreno, R.A. Fernandes, B.P. Veronezi, B.S. Nogueira, L.V.M. Aparicio, L.B. Razza, R. Chamorro, L.C. Tort, R. Fraguas, P.A. Lotufo, W.F. Gattaz, F. Fregni, and I.M. Benseñor, for the ELECT-TDCS Investigators*

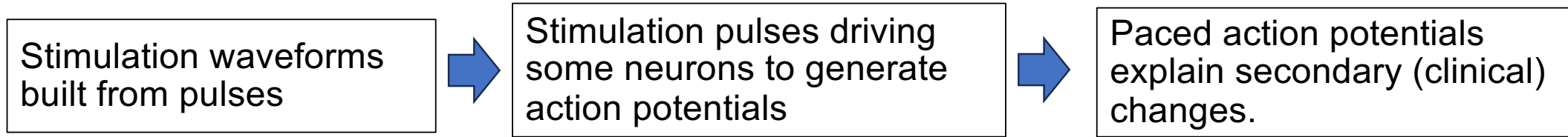
JUNE 29, 2017

of placebo minus escitalopram), so noninferiority could not be claimed. Escitalopram and tDCS were both superior to placebo (difference vs. placebo, 5.5 points [95% CI, 3.1 to 7.8; P<0.001] and 3.2 points [95% CI, 0.7 to 5.5; P=0.01], respectively).

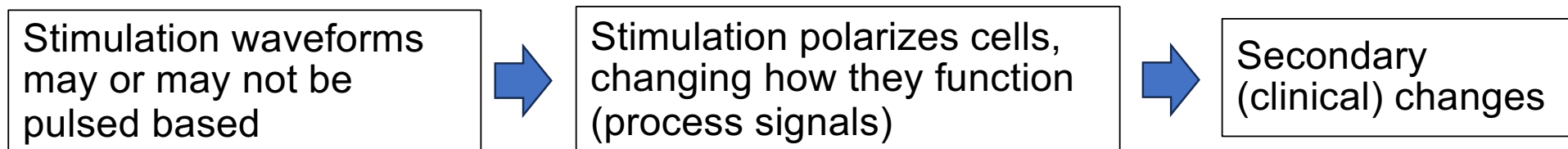
INTERVENTIONS
Anode and cathode electrodes were placed over the left and right dorsolateral prefrontal cortexes, respectively, with the use of the Omni-Lateral-Electrode system.¹² In a total of 22 sessions that

How does putting a 9V battery on your head
cure depression (etc.)?

What is **Supra-threshold Neuromodulation**



What is **Sub-threshold Neuromodulation**



All neuromodulation (electrical stimulation) applied to the nervous system works by **polarizing** cells.



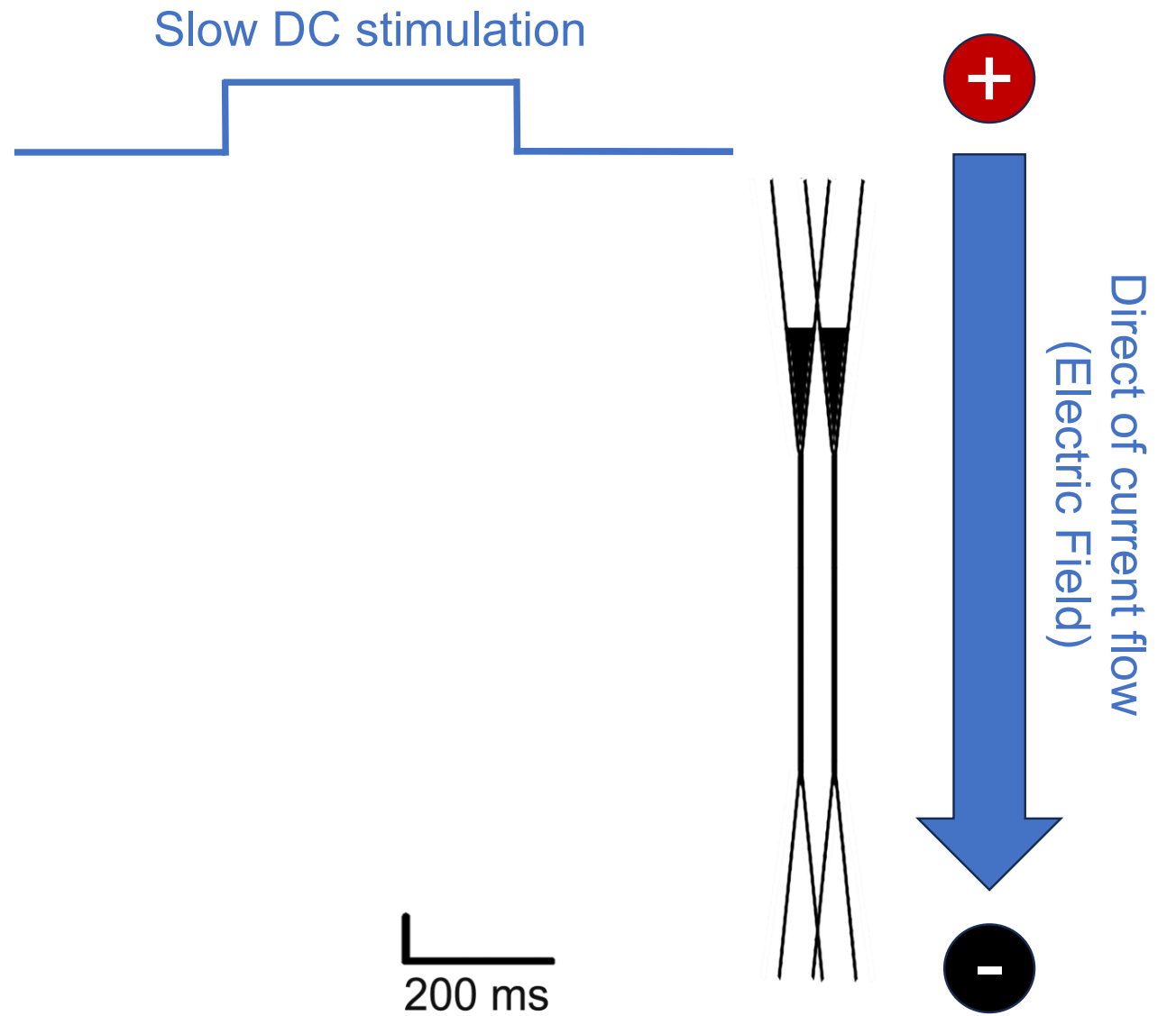
Changing the membrane potential

The secret of sub-threshold neuromodulation:
The function of cells is changed even if the stimulation does not pace action potentials.

I will explain this in **7** points.

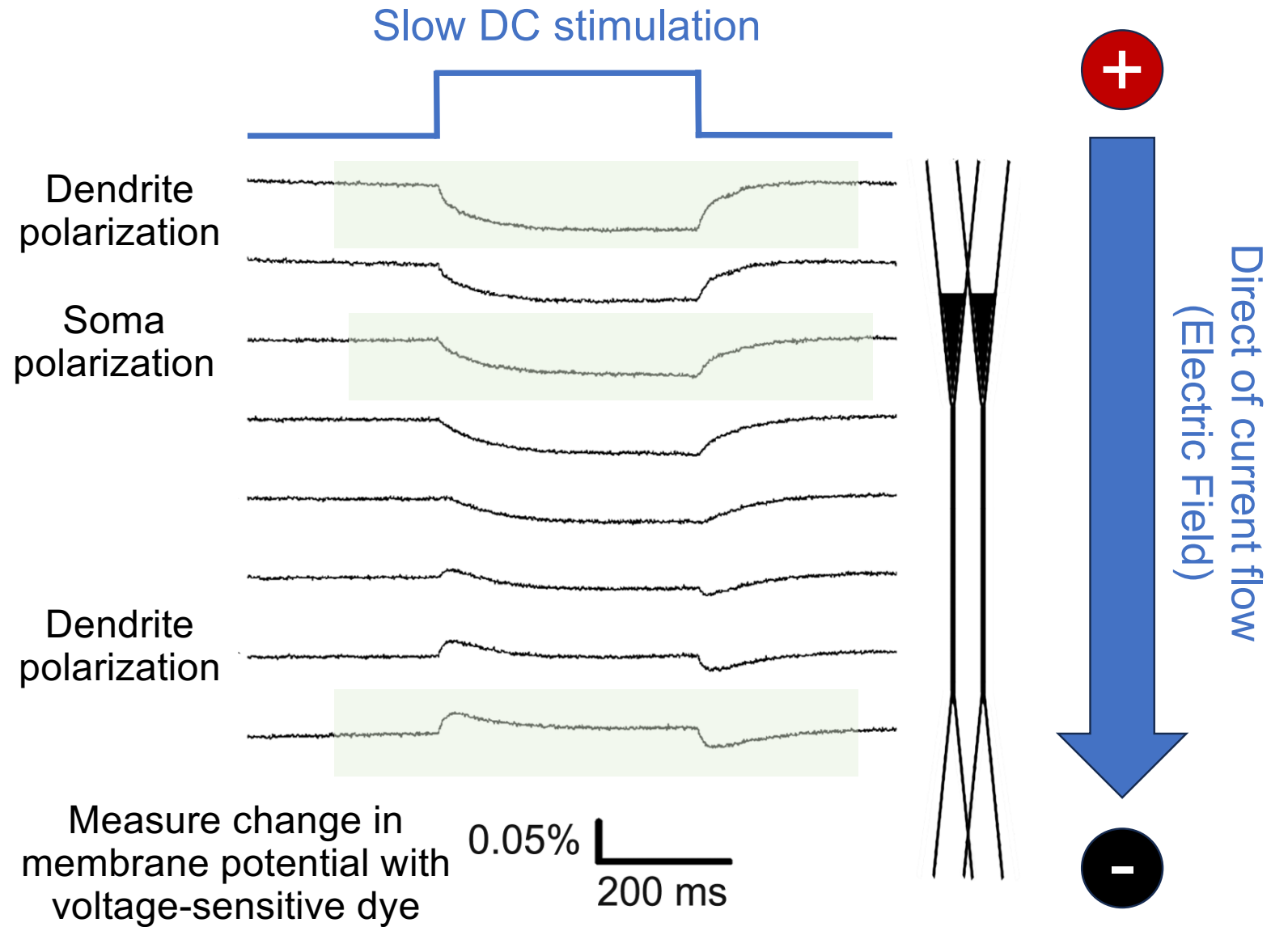
Thinking about long pulse (DC) low-intensity stimulation explains sub-threshold mechanism.





1

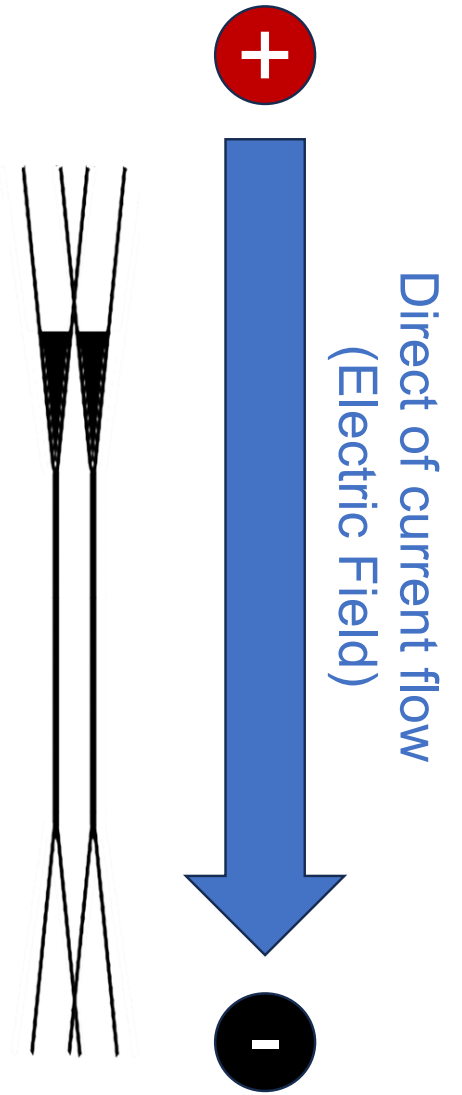
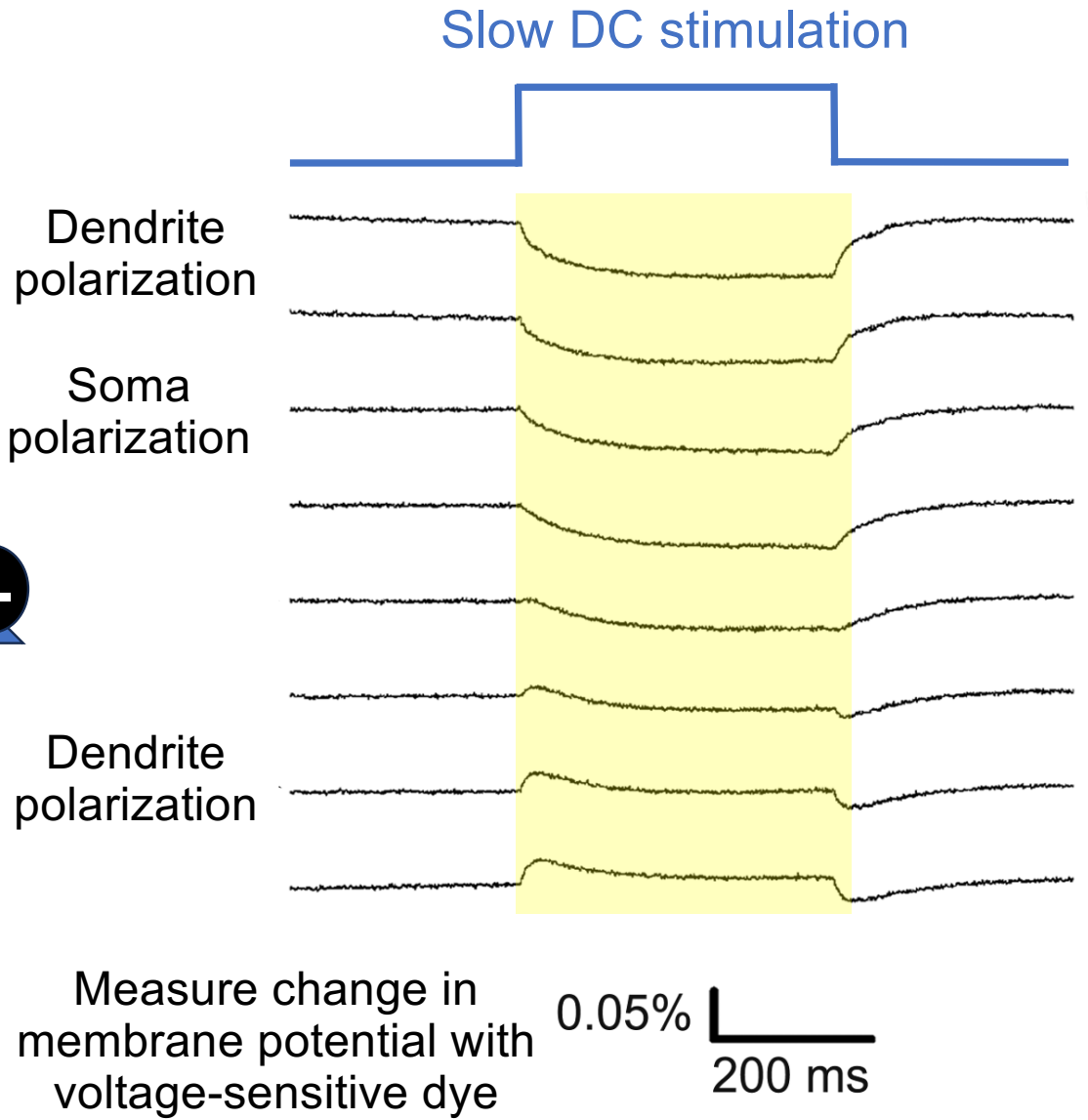
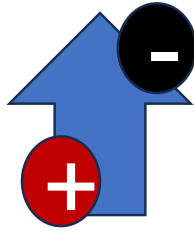
Compartments of the cell all polarize but with different amount.

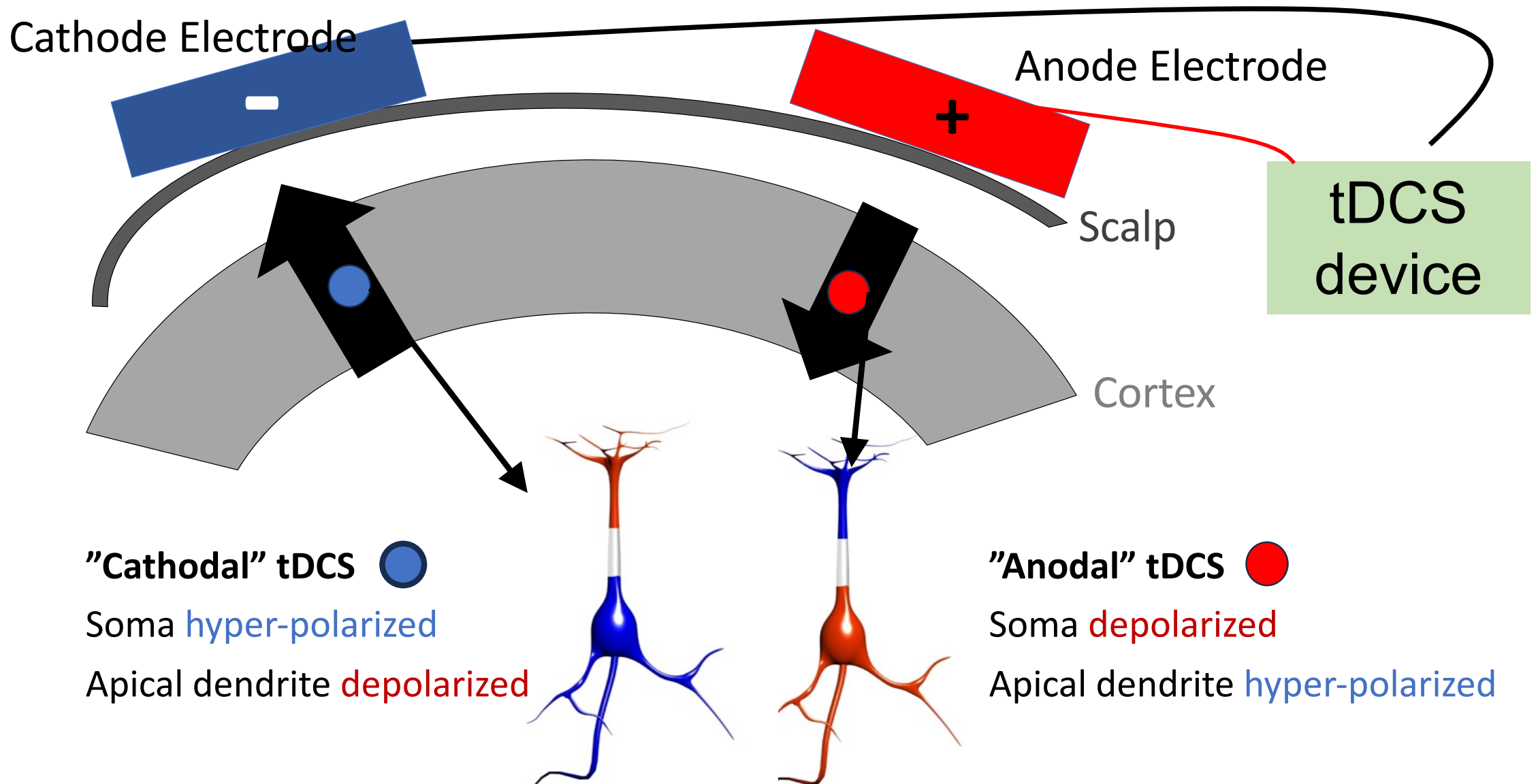


1 Compartments of the cell all polarize but with different amount.

2 The polarization "looks like" the stimulation. But with a charge up (time constant ~8 ms)

3 If you flip direction of current flow, you flip direction of polarization





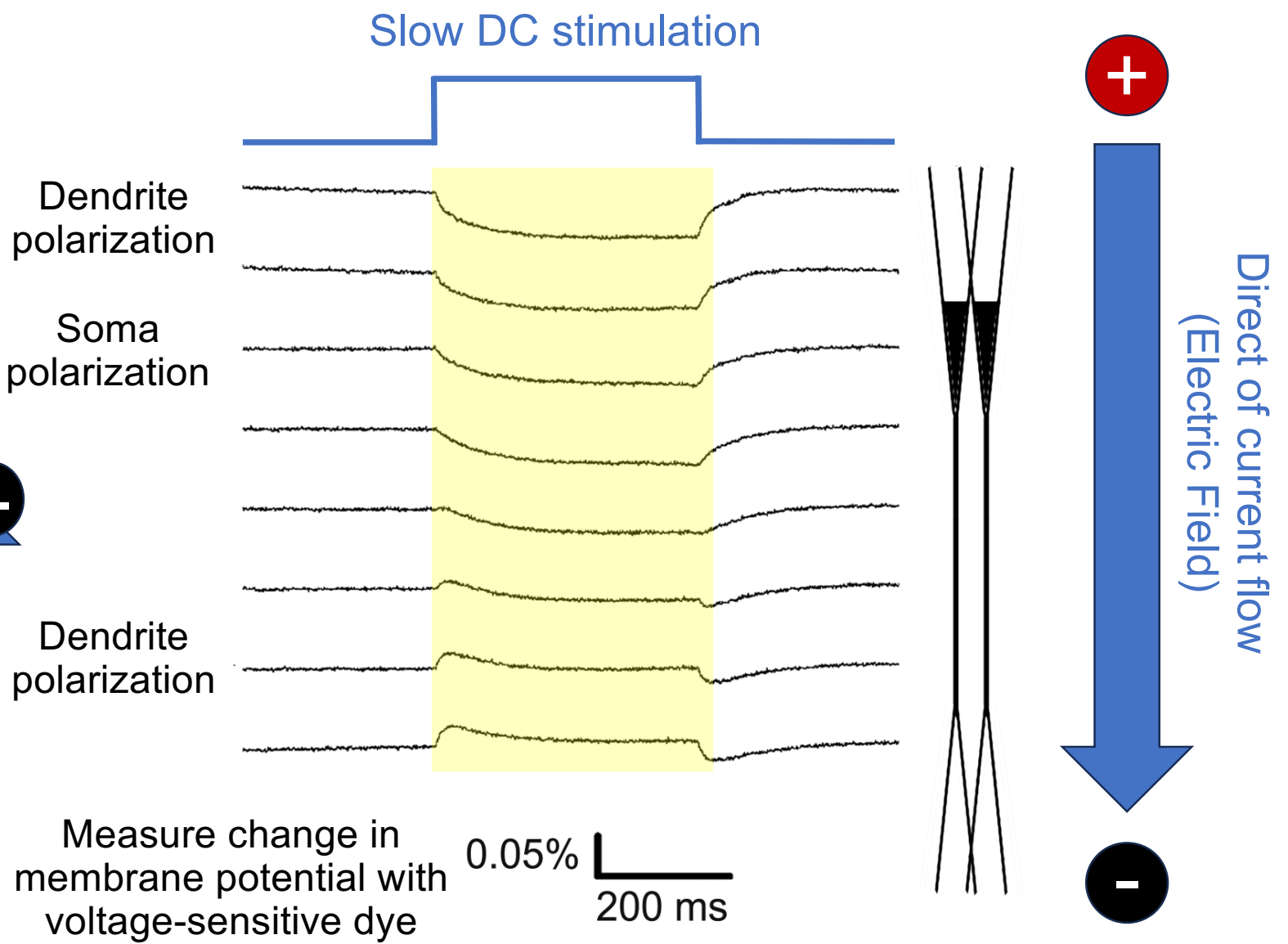
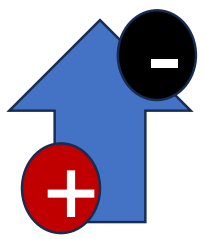
Radman et al. Role of cortical cell type and morphology in subthreshold and suprathreshold uniform electric field stimulation in vitro. . Brain Stimulation. 2009

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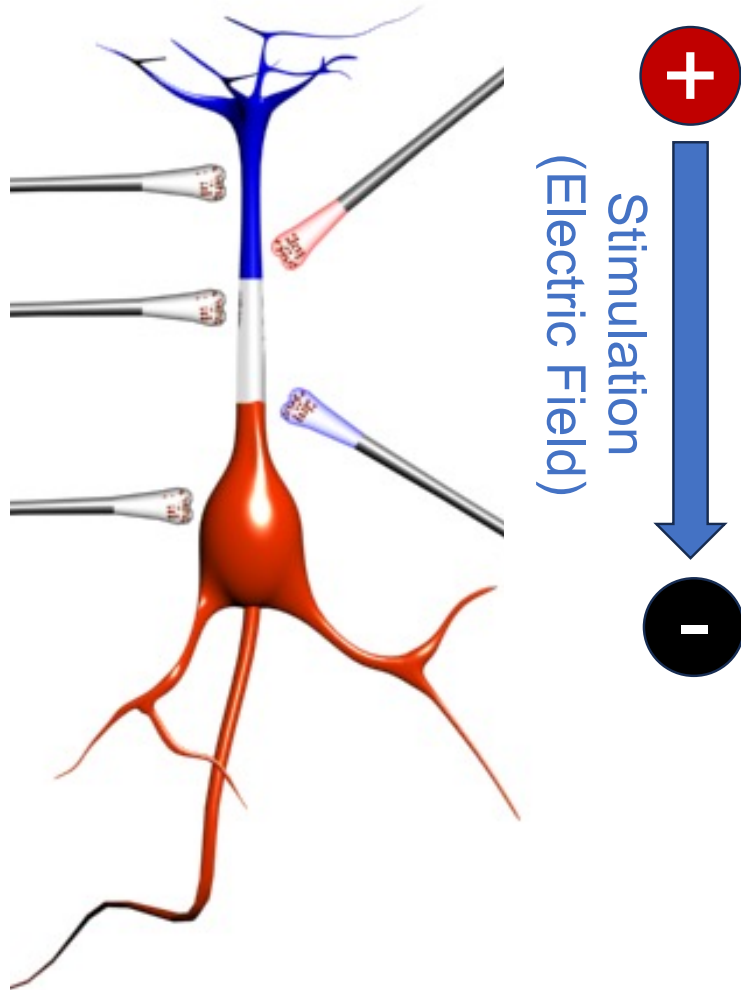
2 The polarization "looks like" the stimulation. But with a charge up (time constant ~8 ms)

3 If you flip direction of current flow, you flip direction of polarization

4 **Stimulation does not generate action potentials.**



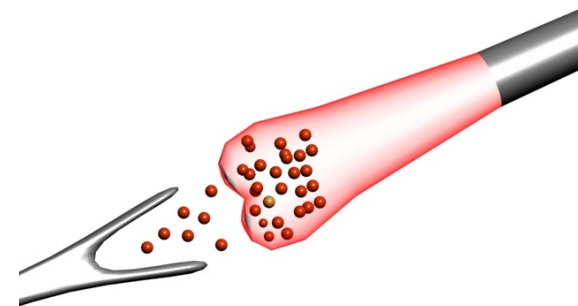
How do Electric Fields that are not large enough to trigger action potentials, but still produce neuronal polarization (of soma, dendrite, axon terminal) modulate brain function?



Not by generating action potentials but **by changing the processing of ongoing activity including synaptic efficacy.**

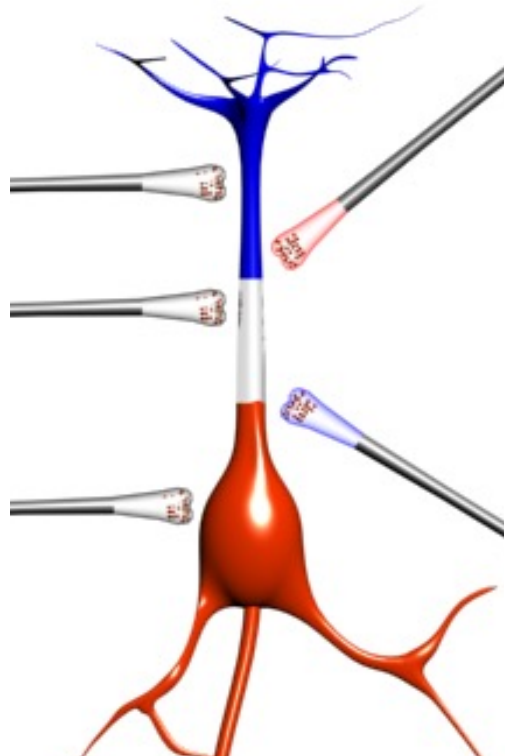
5

If a synapse is already active, how does the addition of polarization by an electric field change how the synapse works.



How neuron (compartment) polarization changes synaptic processing?

15 years of research in 60 seconds



Stimulation with long dc pulse

||||
Measure ongoing of specific synaptic pathway (field) excitatory post-synaptic potentials

||||
Measure modulation of ongoing activity

Lafon, Rahman et al. Direct Current Stimulation Alters Neuronal Input/Output Function. Brain Stim. 2017

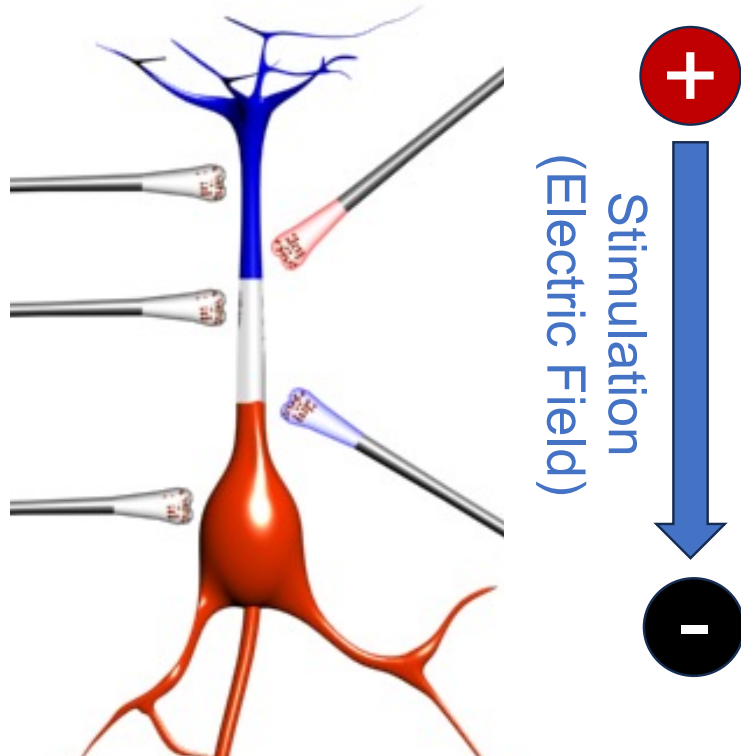
Rahman et al. Cellular effects of acute direct current stimulation: somatic & synaptic terminal effects. J Physiol 2013

Bikson et al. Effects of uniform extracellular DC electric fields on excitability in rat hippocampal slice J Physiol 2004

How neuron (compartment) polarization changes synaptic processing?

5

15 years of research in 60 seconds



The polarization of neuronal compartments involved in processing synaptic activity will of course change synaptic efficacy.

- **Axon terminal** (synapse) hyperpolarization favors increased synaptic efficacy.
- **Dendrite** hyperpolarization favors increased synaptic current.
- **Soma** depolarization favors lowering action potential threshold.

~1% change in synaptic efficacy per V/m electric field

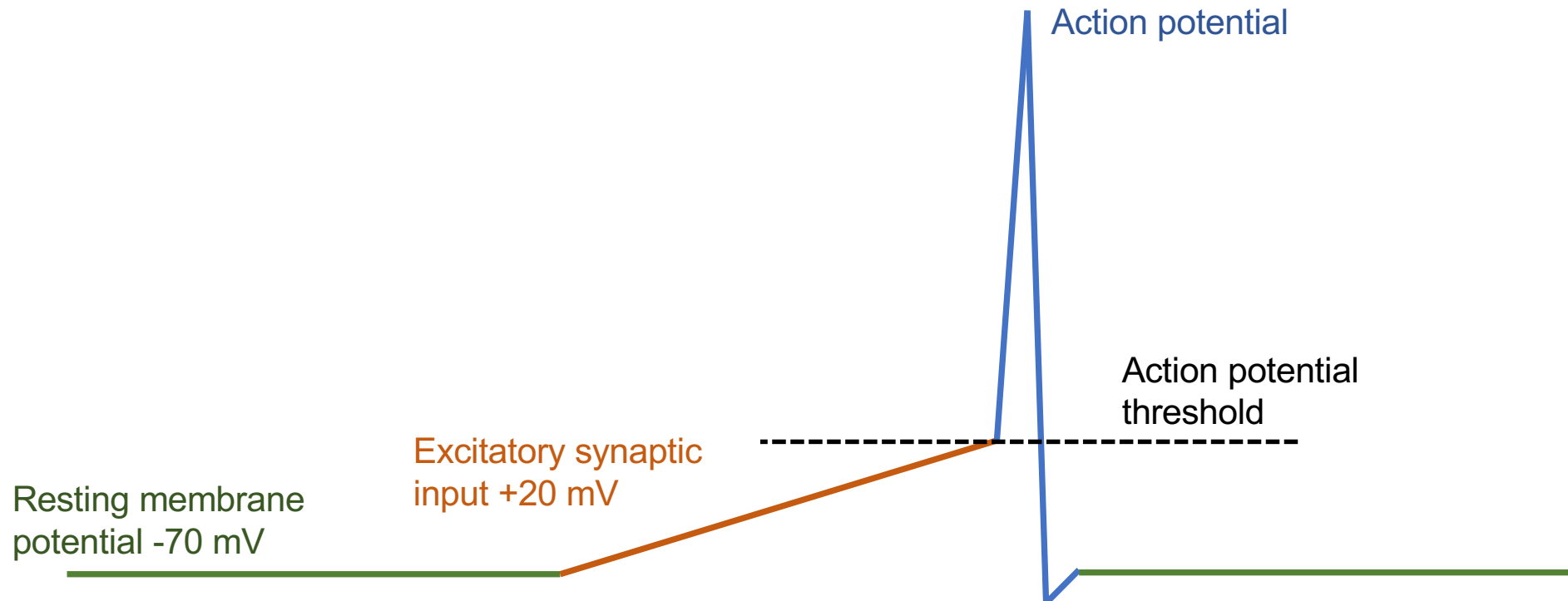
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6

Brain function depends on action potentials. **Sub-threshold** stimulation must ultimately modulate action potentials to change brain function. This is not by pulse-based pacing but rather changing **how ongoing activity might lead to action potentials**.



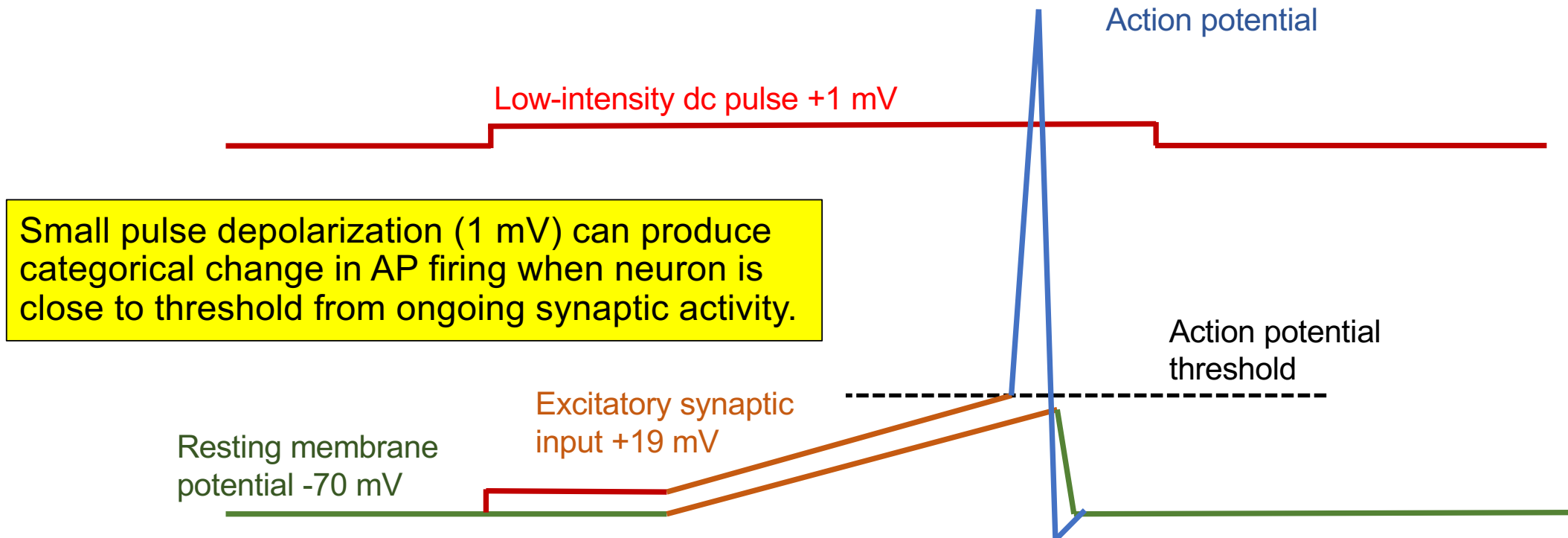
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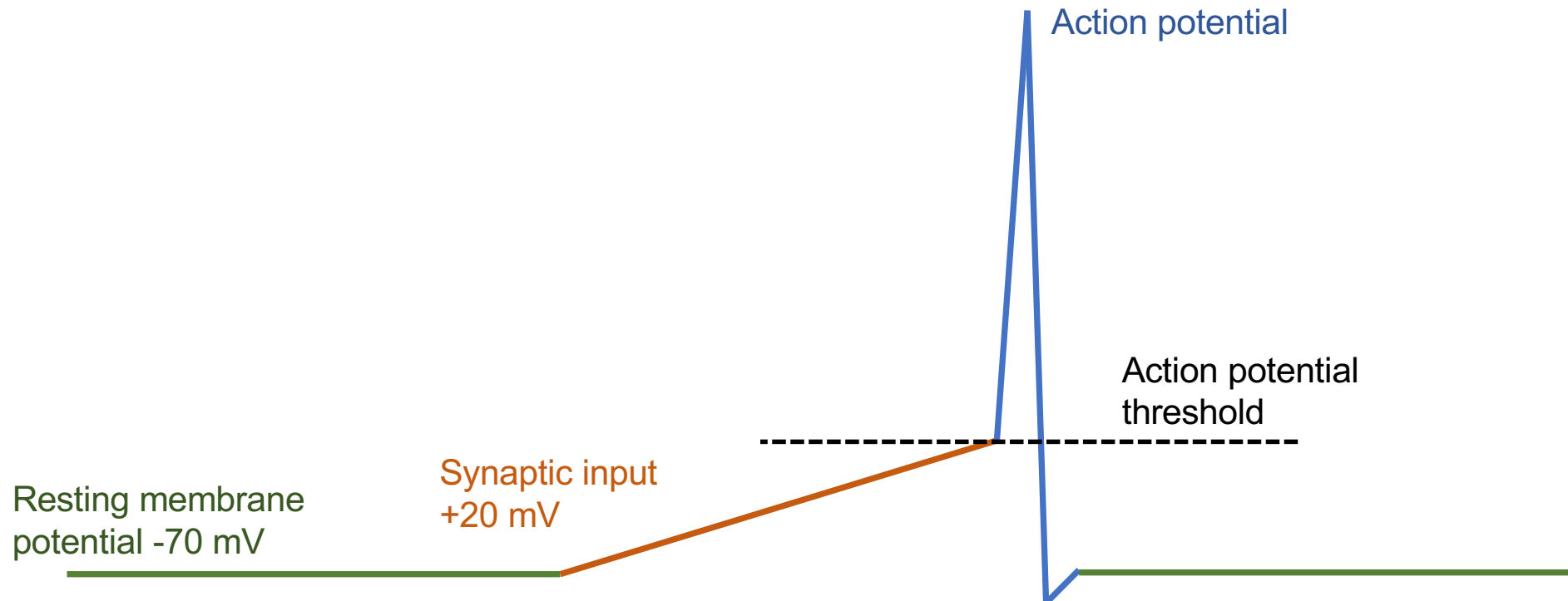
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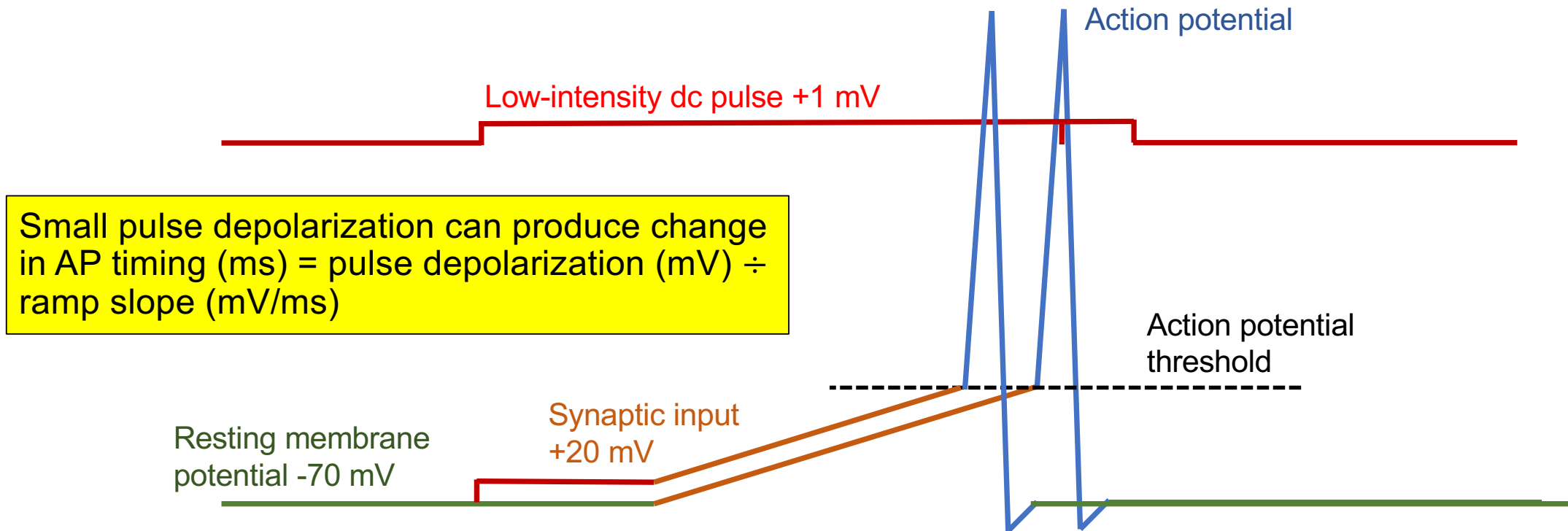
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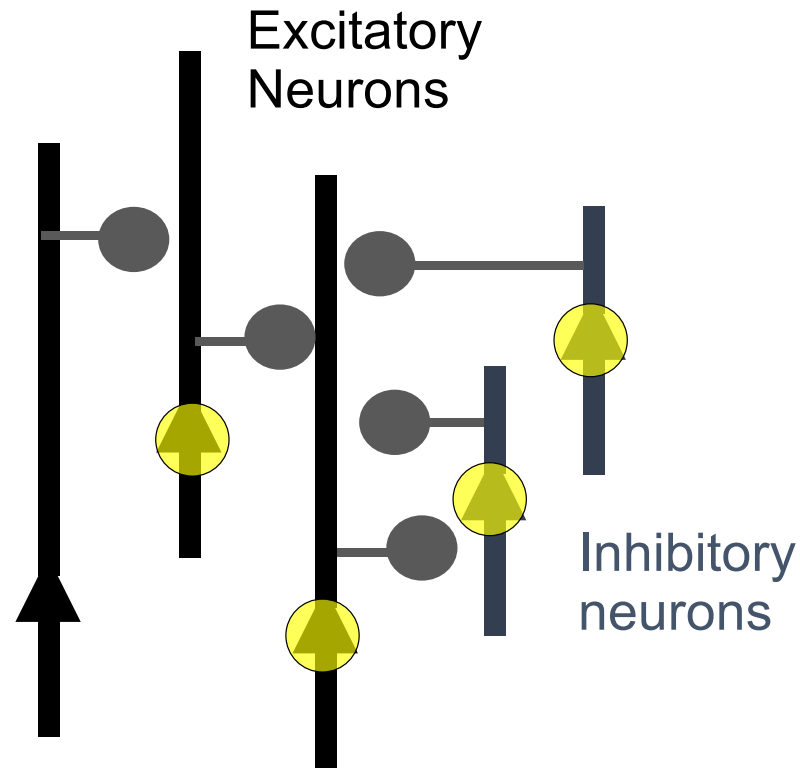
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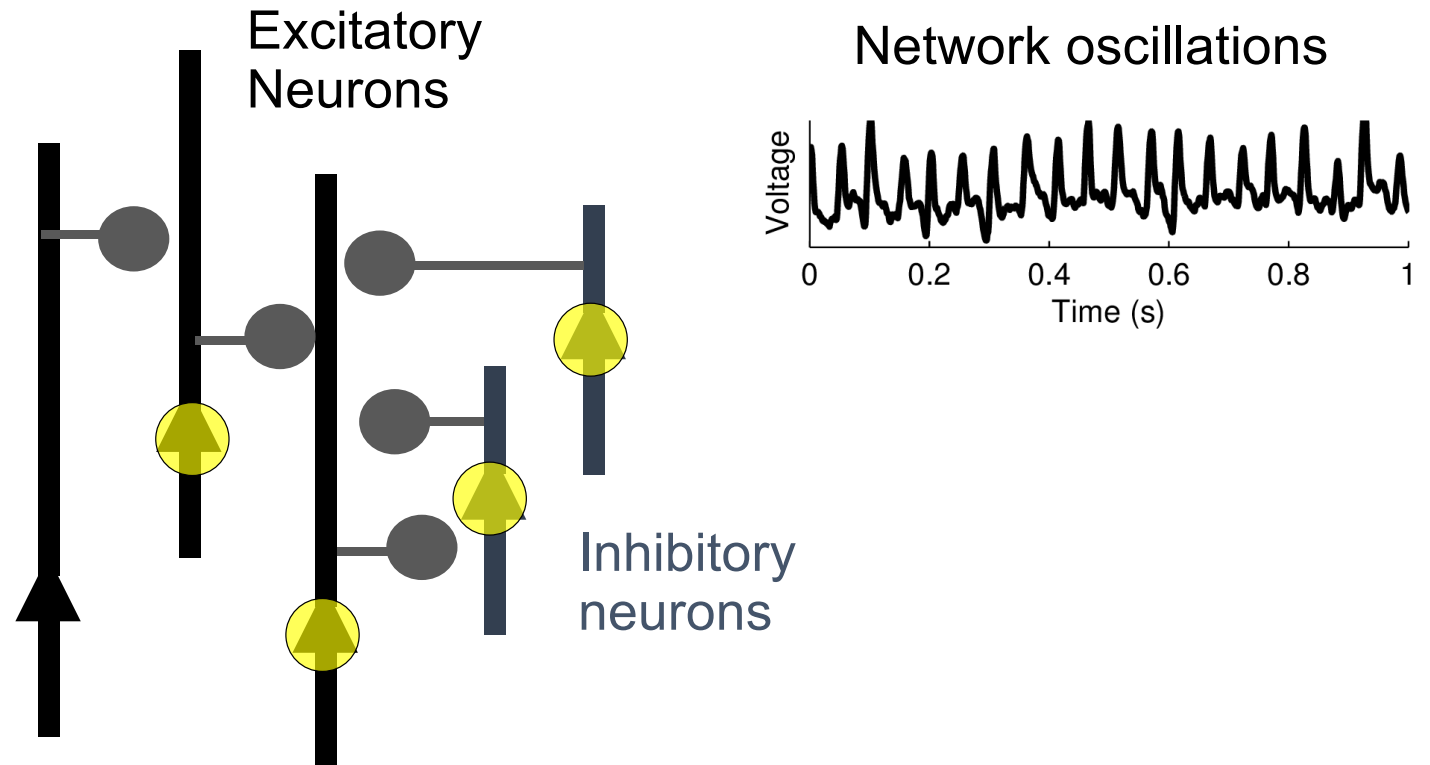
Oscillations are network brain states with many neurons closed/crossing action potential threshold, making individual neurons in the network sensitive to **sub-threshold stimulation**. The cohesion of the network itself provides further **sensitization**.



Reato, Rahman, Bikson & Parra. Low-intensity electrical stimulation affects network dynamics by modulating population rate and spike timing. J Neurosci 2010

7

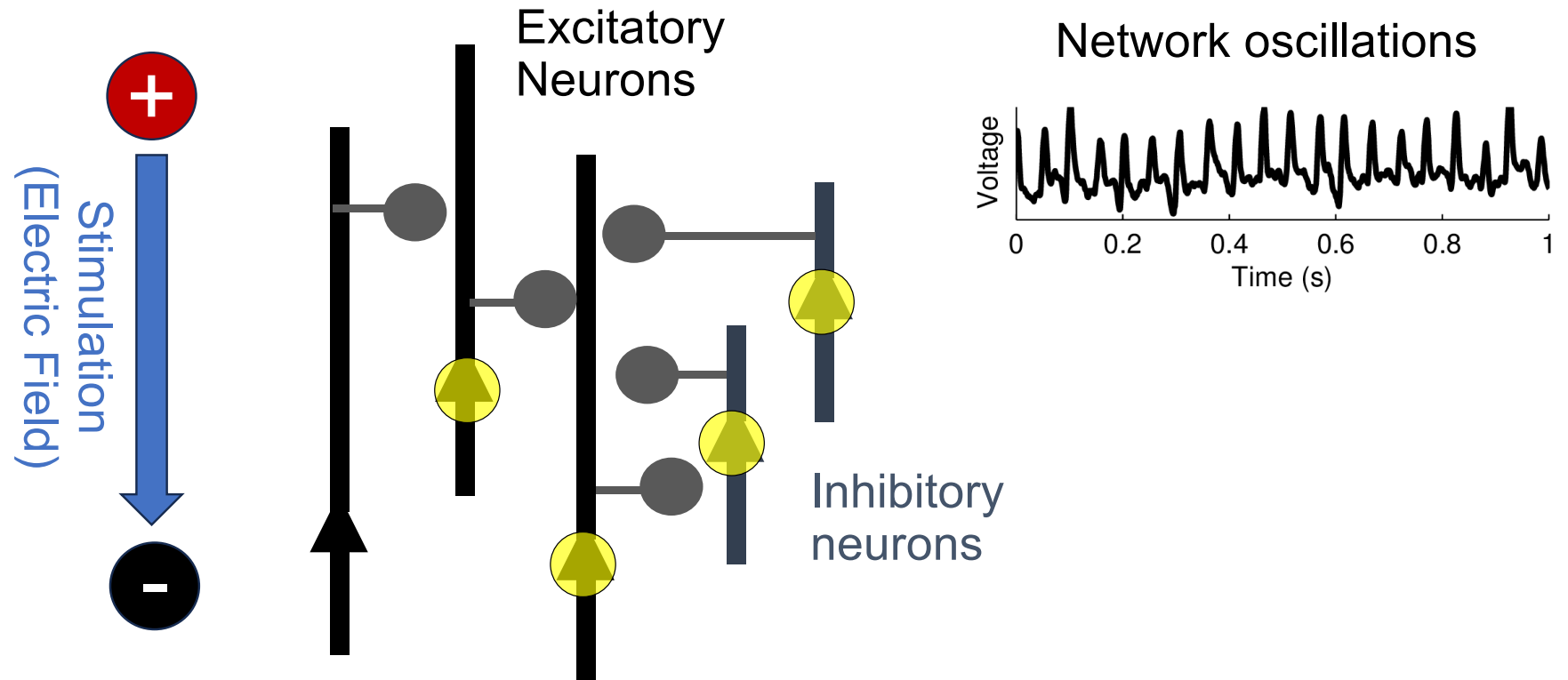
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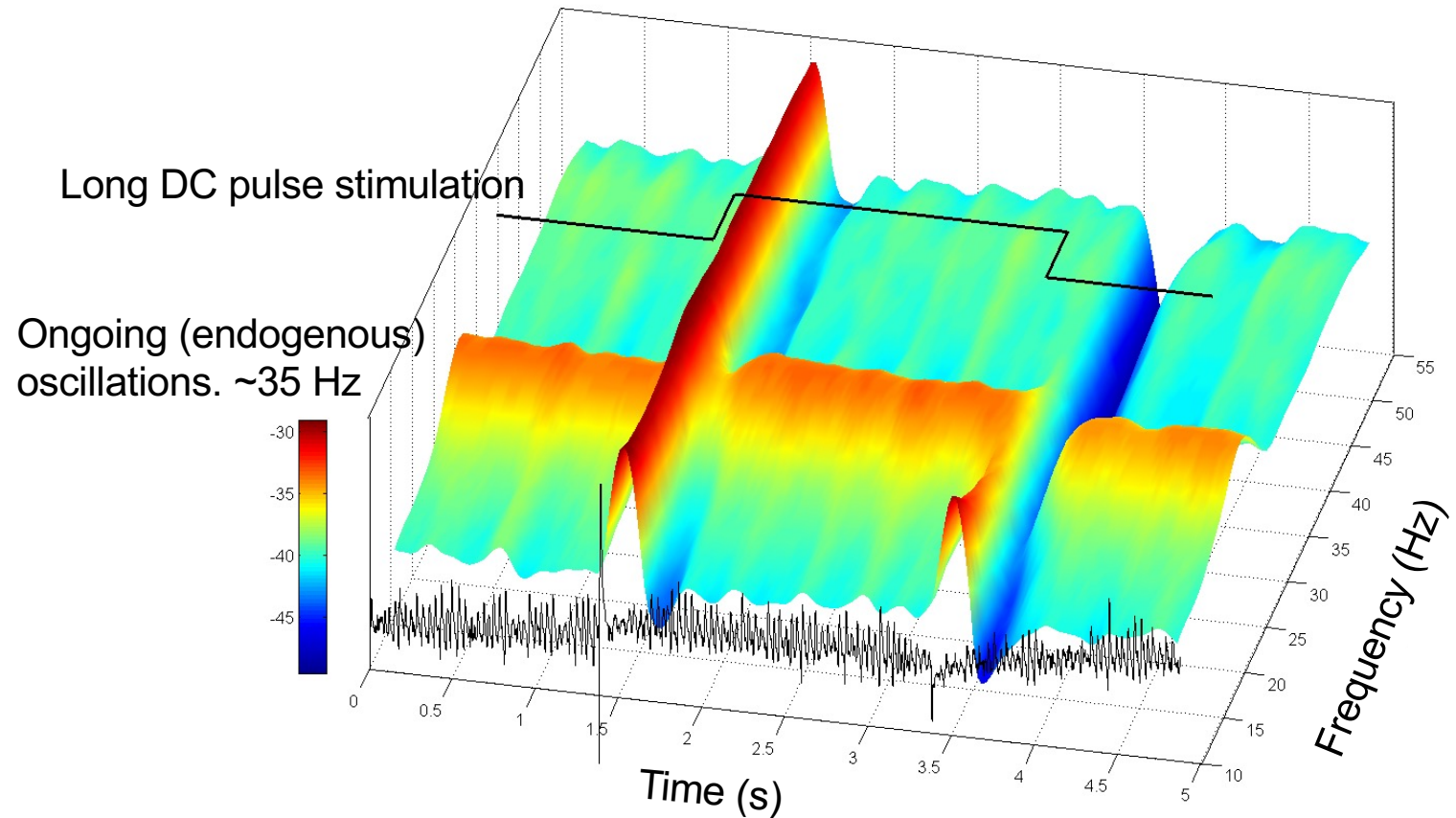


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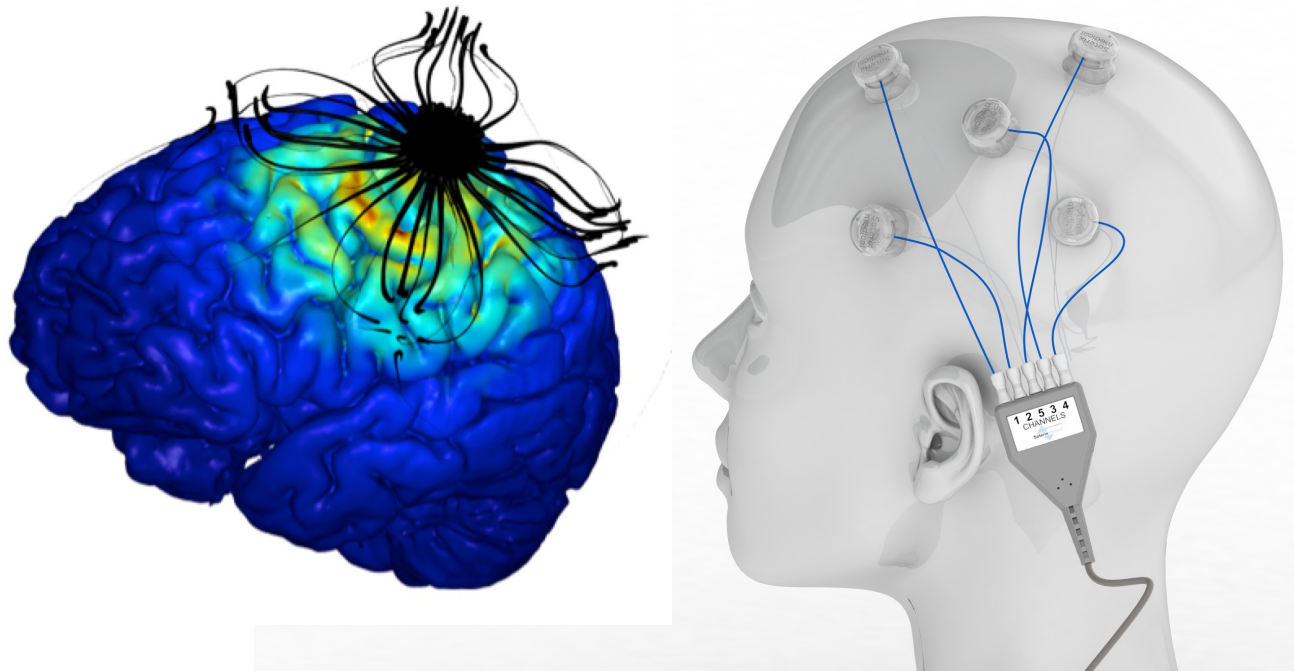
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- Oscillating neuronal networks demonstrate high sensitivity to electric fields.
- Network response depend on nature of oscillation and field – are explained with computational models.



Design of non-invasive electrical brain stimulation

Marom Bikson, **The City College of New York**



Adantchede Louis Zannou,
Mojtaba Belali Koochesfahani,
Mahima Sharma. Lucas Parra,
Marc Russo, Greg Kronberg,
Abhishek Datta, Niranjana
Khadka, Zeinab Esmailpour,
Belen Lafon, Mohamad
FallahRad, Mark Jackson,
Tianhe Zhang, Rosana Esteller,
Asif Rahman, Darpan
Chakraborty Dennis Truong,
Hanoch Kaphzan, Vividha
Bhaskar, Thomas Radman