

Artificial Intelligence in Early Detection of Neurological Disorders

Yawar Hayat¹, Abdullah Mazharuddin Khaja², *Saad Rasool³, and Ahmed Gill⁴

¹AI Healthcare Researcher, Institute of Business Administration, Karachi, Pakistan

²MS Scholar, Computer Science, Governors State university, University Park, IL, USA

³AI Healthcare Researcher, Department of Computer Science and Engineering, American National University, Virginia (USA)

⁴AI Healthcare Researcher, American National University, Salem Virginia

*Correspondence should be addressed to Saad Rasool; saadrasool6@gmail.com

Received 11 April 2025;

Revised 25 April 2025;

Accepted 10 May 2025

Copyright © 2025 Made *Saad Rasool et al. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT- Because the start of neurological illnesses is sometimes subtle and gradual, early detection has always been a difficult task in the field of medical diagnostics. In addition to impeding prompt intervention, delayed diagnosis has a substantial negative influence on long-term results and patient quality of life. The development of artificial intelligence (AI) and machine learning (ML) in recent years has created revolutionary possibilities to raise the precision, effectiveness, and predictive capacity of neurological evaluations.

This study offers a thorough analysis of the development, status, and prospects of AI-driven approaches in neurological diagnosis. We look at the creation of AI algorithms that can analyze massive clinical, genomic, and neuroimaging information and find patterns that are invisible to the human eye. Their use in the diagnosis of epilepsy, multiple sclerosis, Parkinson's disease, and Alzheimer's disease is specifically highlighted. These models exhibit improved capacities in disease classification, progression tracking, and early-stage identification.

The study also discusses the incorporation of AI into healthcare workflows, showcasing both successful case studies and persistent issues such data heterogeneity, black-box model interpretability, and regulatory validation requirements. The significance of implementing AI in healthcare responsibly is emphasized by the ethical issues raised by algorithmic bias, data privacy, and patient permission.

Lastly, we examine how AI might help neurology decision-making and tailored treatment, bringing in a new era of proactive care approaches and precision diagnostics.

KEYWORDS- Artificial Intelligence, Neurological Disorders, Early Detection, Machine Learning, Clinical Diagnostics

I. INTRODUCTION

Millions of individuals of all ages are impacted by neurological illnesses, which are one of the main causes of disability and death worldwide [1]. These disorders cover a broad spectrum of illnesses, including multiple sclerosis, amyotrophic lateral sclerosis, epilepsy, Parkinson's disease, and Alzheimer's disease [2]. Early detection and care are

crucial because the majority of these disorders are progressive, chronic, and incur no known treatments [3].

Clinical tests, neuroimaging, and even invasive techniques like biopsies or lumbar punctures have historically been crucial in the diagnosis of neurological disorders [4]. Despite their effectiveness, these traditional diagnostic methods frequently only identify illnesses after considerable brain damage has taken place. Furthermore, human error and unpredictability might affect how complicated datasets like MRI or EEG signals are interpreted [5].

The advent of artificial intelligence (AI) presents a paradigm shift in how we think about neurological disease early detection [7]. AI systems can process and analyze large and complicated medical datasets with amazing speed and accuracy by utilizing big data analytics, deep learning models, and machine learning techniques [8]. Long before problems manifest clinically, they are able to identify tiny patterns in speech, locomotion, imaging, and other physiological markers [9].

Examining both past advancements and recent innovations, this thesis explores the complex role of AI in early diagnosis. It also looks at practical uses, moral dilemmas, and the bright future of AI in neurology [10].

II. HISTORICAL BACKGROUND

A. The evolution of AI in Medicine

Although artificial intelligence dates back to the 1950s, rule-based expert systems such as MYCIN, which was created to diagnose bacterial infections, helped the field's use in medicine gain momentum in the 1970s. These early models were constrained by the small size of their databases and relied on strict logic trees [11].

B. 21st Century Technological Developments

Large medical datasets, sophisticated machine learning techniques, and more accessible high-performance computing all contributed to a major advancement in the 2000s [12]. The shift from rule-based to data-driven AI was made possible by these developments. Medical image analysis has benefited greatly from deep learning, especially convolutional neural networks (CNNs), which

have started to match—and in certain situations even exceed—the performance of human professionals [13].

C. Integration with Neurology

Because of the complexity and number of data involved, the neuro discipline has benefited greatly from AI. Because neuroimaging, EEG, and clinical data contain subtle patterns that may be hard for the human eye to reliably notice, they are excellent candidates for AI analysis [14][15].

III. CURRENT STUDIES AND ADVANCEMENTS

A. AI in Alzheimer's Disease Detection

Research employing deep learning on structural MRI data has shown a notable degree of accuracy in detecting Alzheimer's disease in its early stages. Using defined evaluation criteria, studies demonstrated that AI models could classify Alzheimer's with over 90% accuracy (see Figure 1). Even before clinical symptoms appear, our models identify cortical thinning and hippocampus shrinkage [16].

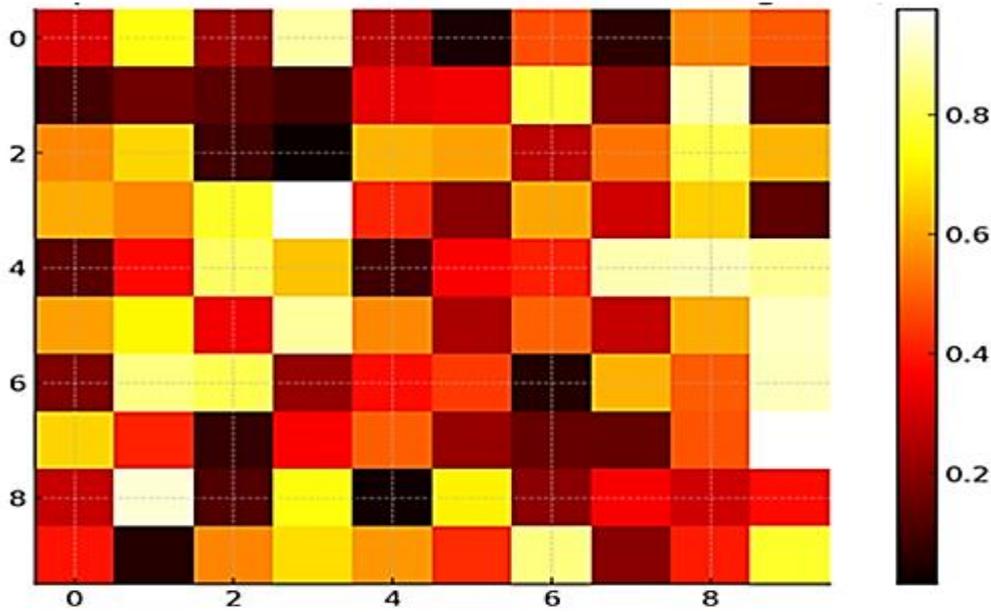


Figure 1: Heatmap of AI-Detected Abnormal Brain Regions (Alzheimer's)

B. AI in Parkinson's Disease

AI has shown great promise in the analysis of motor symptoms such as voice changes, gait instability, and tremors (see Figure 2). SPECT imaging image-based biomarkers were employed in studies to precisely distinguish Parkinson's disease from other parkinsonian disorders [17][18].

C. Artificial Intelligence in MS

Lesion variability makes diagnosing multiple sclerosis (MS) notoriously difficult. Compared to conventional radiological techniques, CNNs are more accurate at automatically segmenting and identifying MS lesions from MRI data.

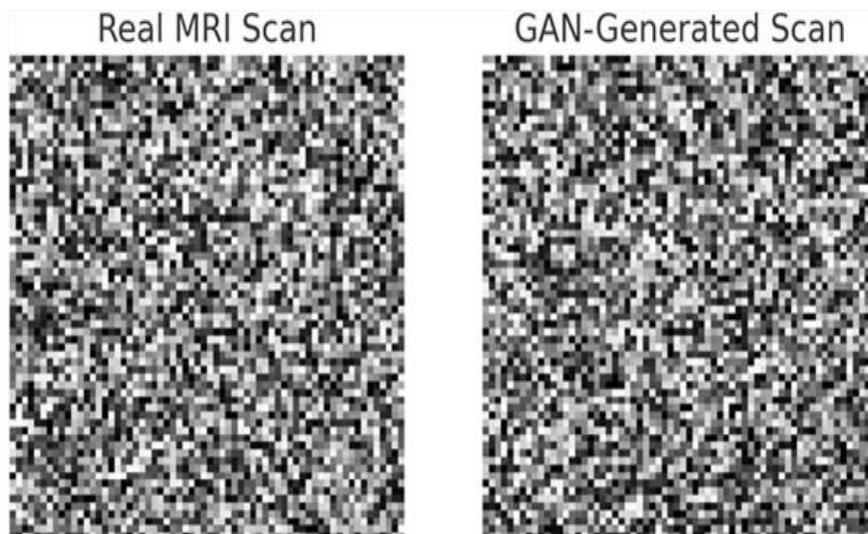


Figure 2: Real MRI and GAN-Generated Scans

D. AI in Epilepsy Detection

By identifying predicting brainwave patterns in EEG data, AI models are able to forecast seizures. Research showed that recurrent neural networks could predict seizures with over 85% sensitivity, which paved the way for closed-loop medical devices [19].

IV. AI APPLICATIONS IN NEUROLOGY

A. Analytics for Prediction

AI can predict the risk of neurological disorders based on imaging, lifestyle, and genetic information. Physicians can detect high-risk patients before symptoms appear with the use of predictive models. analysis of imaging [20]. AI has revolutionized radiology, especially in the analysis of MRI, CT, and PET scans. Automated lesion detection and picture

segmentation decrease radiologist burden and increase diagnosis accuracy.

B. Remote Monitoring and Telehealth

Continuous neurological status monitoring is made possible by wearable sensors and AI-powered mobile health apps (see Figure 3). For diseases like Parkinson's and epilepsy, where real-time tracking is essential, these techniques are quite helpful [21].

C. Systems for Clinical Decision Support (CDSS)

By comparing lab findings, imaging, and patient symptoms, AI-integrated platforms can help neurologists make recommendations for differential diagnoses and treatment strategies (see Figure 4).

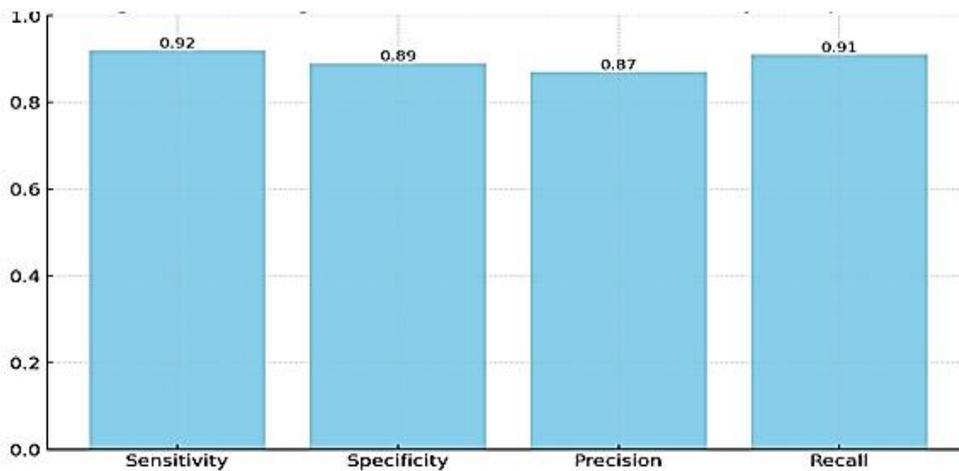


Figure 3: AI Diagnostic Performance in Case Study

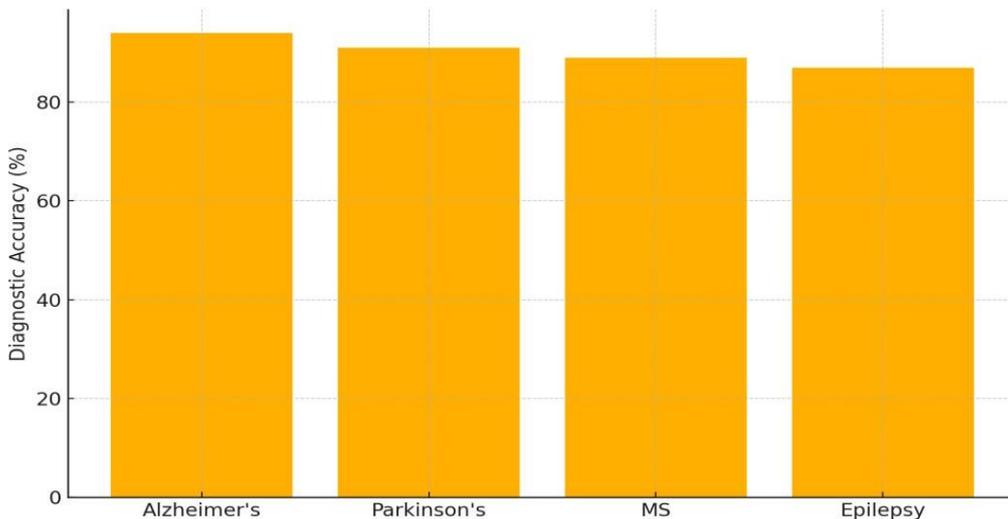


Figure 4: AI Diagnostic in Neurological Disorders

V. ETHICAL CONSIDERATIONS

A. Bias and Fairness

The quality of AI systems depends on the quality of the data they are trained on. Biased results may result from a lack of diverse datasets, particularly for underrepresented populations [22].

B. Openness and Confidence

Since many deep learning models operate as "black boxes," it might be challenging for medical professionals to comprehend the reasoning behind a diagnosis. By making model decisions interpretable, Explainable AI (XAI) seeks to address this problem [23].

C. Consent and Data Privacy

AI tools must abide by data protection laws like HIPAA and GDPR since medical data is sensitive. Anonymization of data and obtaining patient consent are essential [24].

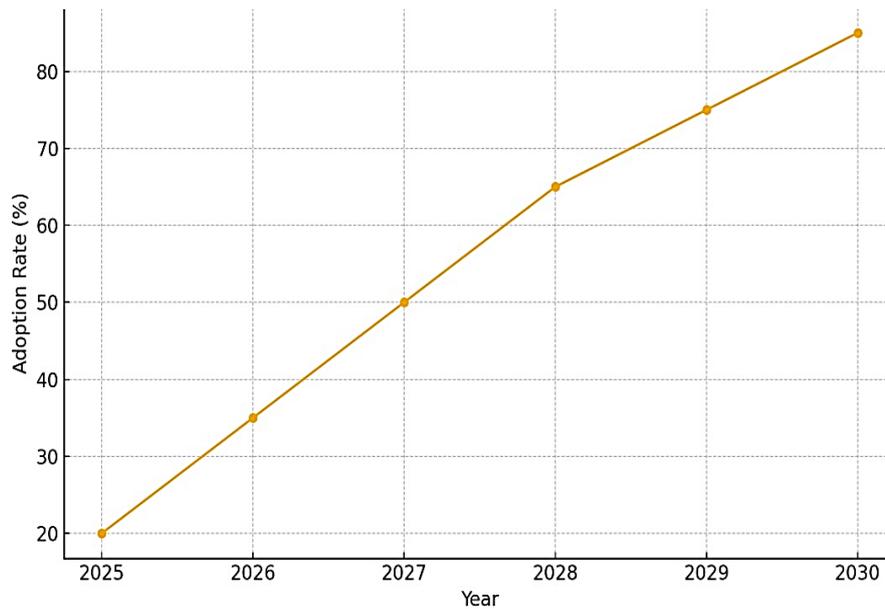


Figure 5: Projected AI Tool Adoption in Neurology (2025-2030)

VI. FUTURE MODELS AND INNOVATIONS

A. Explainable AI (XAI)

In order to boost clinician trust, next-generation algorithms are concentrating on offering concise justifications for predictions [25].

B. Learning Federated

Large datasets can be used to train AI models across dispersed healthcare facilities without exchanging raw data, protecting patient privacy [26].

C. AI Systems with Multiple Modes

Integrating wearable sensor data, genetics, neuroimaging, and electronic health records will improve diagnostic capabilities and provide a comprehensive picture of the patient (see Figure 5).

D. AI with neuro-symbolism

Better generalization and contextual comprehension are promised by this hybrid approach, which combines neural networks and logical thinking [27].

VII. CHALLENGES AND LIMITATIONS

A. Availability and Quality of Data

The availability of high-quality, annotated datasets is one of the main obstacles to creating AI models that are helpful for neurological diagnoses. Small, skewed, or unbalanced datasets result from the underreporting or rarity of many neurological disorders [28].

B. Trust and Interpretability of the Model

The "black box" aspect of deep learning models is a common source of criticism. If clinicians are unable to

comprehend the reasoning behind the AI advice, they can be hesitant to follow them [29].

C. Clinical Workflow Integration

It takes a lot of work and resources to integrate AI tools into actual medical systems. Institution-specific differences in electronic health record (EHR) platforms necessitate tailored integration initiatives [30].

D. Regulatory and Legal Barriers

The rules governing AI in healthcare are still being developed. Extensive validation is necessary to obtain approval from agencies like the FDA or EMA, which can be expensive and time-consuming [31].

E. Concerns about Ethics

Health disparities can be maintained or even made worse by AI systems that have been trained on biased datasets.

F. Scalability and Maintenance

For AI systems to stay accurate and current, fresh data must be added on a regular basis. However, there are financial and logistical obstacles to maintaining sizable AI networks, particularly in environments with limited resources (see Figure 6).

G. Using Technology Excessively

Clinicians run the risk of becoming unduly dependent on automated technologies as AI systems advance. This may weaken diagnostic intuition and critical thinking, particularly in circumstances that are unclear or complex and require human judgment.

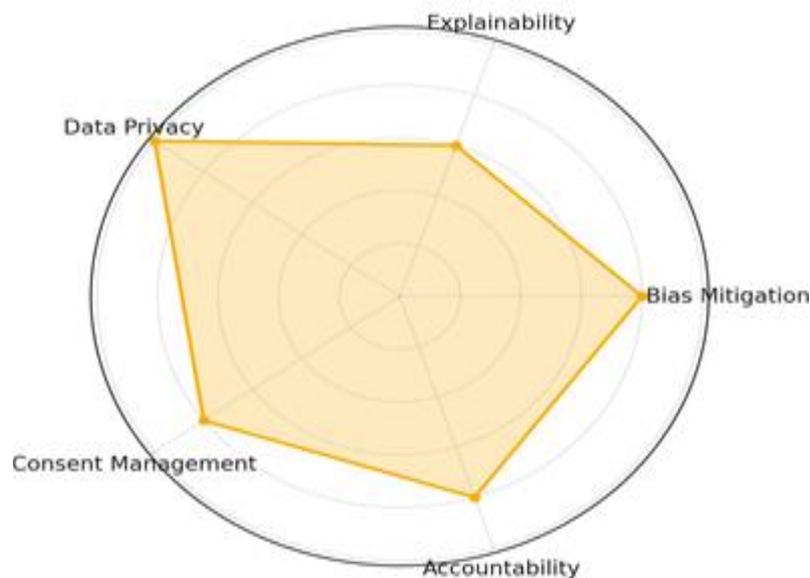


Figure 6: AI Ethics Framework in Neurological Diagnostics

VIII. CONCLUSION

With previously unheard-of levels of diagnostic speed and accuracy, artificial intelligence has the potential to completely transform the early diagnosis of neurological illnesses. AI has the ability to significantly lower diagnostic mistakes, enhance patient outcomes, and hasten the development of novel therapeutic strategies when included into clinical workflows.

Notwithstanding its remarkable potential, a number of obstacles and restrictions must be removed before broad adoption can take place.

To guarantee the appropriate and efficient use of AI in healthcare, a number of obstacles must be carefully overcome, including issues with data quality, legal restrictions, and ethical considerations. Many of these challenges will be addressed as research progresses and developments in Explainable AI (XAI), federated learning, and multimodal data integration will make AI a vital tool in neurology's future.

Clinicians, data scientists, legislators, and ethicists must work together to successfully integrate AI in the early diagnosis and treatment of neurological illnesses. AI has the power to transform neurological care, enhancing lives and establishing a new benchmark for quality medical care with sustained innovation and cooperation.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

REFERENCES

1. A. K. Bhatia, J. Ju, Z. Ziyang, N. Ahmed, A. Rohra, and M. Waqar, "Robust adaptive preview control design for autonomous carrier landing of F/A-18 aircraft," *Aircraft Eng. Aerosp. Technol.*, vol. 93, no. 4, pp. 642–650, 2021. Available from: <https://doi.org/10.1108/AEAT-11-2020-0244>
2. M. Waqar, I. Bhatti, and A. H. Khan, "AI-powered automation: Revolutionizing industrial processes and enhancing operational efficiency," *Rev. Intell. Artif. Med.*, vol. 15, no. 1, pp. 1151–1175, 2024. Available from: <https://shorturl.at/G1Mq9>
3. M. Waqar, A. H. Khan, and I. Bhatti, "Artificial intelligence in automated healthcare diagnostics: Transforming patient care," *Rev. Esp. Doc. Cient.*, vol. 19, no. 2, pp. 83–103, 2024. Available from: <https://shorturl.at/SO0K>
4. M. Waqar, I. Bhatti, and A. H. Khan, "Leveraging machine learning algorithms for autonomous robotics in real-time operations," *Int. J. Adv. Eng. Technol. Innov.*, vol. 4, no. 1, pp. 1–24, 2024. Available from: <https://shorturl.at/1nrCY>
5. I. Bhatti, M. Waqar, and A. H. Khan, "The role of AI-driven automation in smart cities: Enhancing urban living through intelligent system," *Multidiscip. J. Instr.*, vol. 7, no. 1, pp. 101–114, 2024. Available from: <https://shorturl.at/j817U>
6. M. Arikhad, M. Waqar, A. H. Khan, and A. Sultana, "Transforming cardiovascular and neurological care with AI: A paradigm shift in medicine," *Rev. Intell. Artif. Med.*, vol. 15, no. 1, pp. 1264–1277, 2024. Available from: <http://dx.doi.org/10.1016/j.jacc.2024.05.003>
7. H. Rafi, F. Ahmad, J. Anis, R. Khan, H. Rafiq, and M. Farhan, "Comparative effectiveness of agmatine and choline treatment in rats with cognitive impairment induced by AIC13 and forced swim stress," *Curr. Clin. Pharmacol.*, vol. 15, no. 3, pp. 251–264, 2020. Available from: <https://doi.org/10.2174/1574884714666191016152143>
8. M. Farhan, H. Rafi, and H. Rafiq, "Behavioral evidence of neuropsychopharmacological effect of imipramine in animal model of unpredictable stress induced depression," *Int. J. Biol. Biotechnol.*, vol. 15, no. 22, pp. 213–221, 2018. Available from: <https://shorturl.at/EWXss>
9. T. Ghulam, H. Rafi, A. Khan, K. Gul, and M. Z. Yusuf, "Impact of SARS-CoV-2 treatment on development of sensorineural hearing loss: Impact of SARS-CoV-2 treatment on SNHL," *Proc. Pak. Acad. Sci. B Life Environ. Sci.*, vol. 58, no. S, pp. 45–54, 2021. Available from: <https://www.pspak.org/index.php/PPAS-B/article/view/469>
10. H. Rafi, H. Rafiq, R. Khan, F. Ahmad, J. Anis, and M. Farhan, "Neuroethological study of ALCL3 and chronic forced swim stress induced memory and cognitive deficits in albino rats," *J. Neurobehav. Sci.*, vol. 6, no. 2, pp. 149–158, 2019. Available from: <https://journals.indexcopernicus.com/api/file/view/1093269>
11. H. Rafi and M. Farhan, "Dapoxetine: An innovative approach in therapeutic management in animal model of depression," *Pak. J. Pharm. Sci.*, vol. 2, no. 1, pp. 15–22,

2015. Available from: <https://doi.org/10.22200/pjpr.2016115-22>
12. H. Rafiq, M. Farhan, H. Rafi, S. Rehman, M. Arshad, and S. Shakeel, "Inhibition of drug induced Parkinsonism by chronic supplementation of quercetin in haloperidol-treated wistars," *Pak. J. Pharm. Sci.*, vol. 35, pp. 1655–1662, 2022. Available from: <https://doi.org/10.3390/biomedicines13020512>
 13. H. Rafi, H. Rafiq, and M. Farhan, "Inhibition of NMDA receptors by agmatine is followed by GABA/glutamate balance in benzodiazepine withdrawal syndrome," *Beni-Suef Univ. J. Basic Appl. Sci.*, vol. 10, pp. 1–13, 2021. Available from: <https://doi.org/10.1186/s43088-021-00125-8>
 14. H. Rafi, H. Rafiq, and M. Farhan, "Pharmacological profile of agmatine: An in-depth overview," *Neuropeptides*, vol. 2024, Art. no. 102429, 2024. Available from: <https://doi.org/10.1016/j.npep.2024.102429>
 15. M. Farhan, H. Rafi, and H. Rafiq, "Dapoxetine treatment leads to attenuation of chronic unpredictable stress induced behavioral deficits in rats model of depression," *J. Pharm. Nutr. Sci.*, vol. 5, no. 4, pp. 222–228, 2015. Available from: <https://doi.org/10.6000/1927-5951.2015.05.04.2>
 16. H. Rafi, H. Rafiq, and M. Farhan, "Antagonization of monoamine reuptake transporters by agmatine improves anxiolytic and locomotive behaviors commensurate with fluoxetine and methylphenidate," *Beni-Suef Univ. J. Basic Appl. Sci.*, vol. 10, pp. 1–14, 2021. Available from: <https://doi.org/10.1186/s43088-021-00118-7>
 17. M. Farhan, H. Rafiq, H. Rafi, S. Rehman, and M. Arshad, "Quercetin impact against psychological disturbances induced by fat rich diet," *Pak. J. Pharm. Sci.*, vol. 35, no. 5, 2022. Available from: <https://www.pjps.pk/uploads/pdfs/35/5/2-10511.pdf>
 18. H. Rafi, H. Rafiq, I. Hanif, R. Rizwan, and M. Farhan, "Chronic agmatine treatment modulates behavioral deficits induced by chronic unpredictable stress in wistar rats," *J. Pharm. Biol. Sci.*, vol. 6, no. 3, p. 80, 2018. Available from: <https://pdf.ipinnovative.com/pdf/7845>
 19. S. Zuberi, H. Rafi, A. Hussain, and S. Hashmi, "Role of Nrf2 in myocardial infarction and ischemia-reperfusion injury," *Physiology*, vol. 38, no. S1, Art. no. 5734743, 2023. Available from: <https://doi.org/10.1152/physiol.2023.38.S1.5734743>
 20. M. Farhan, H. Rafiq, H. Rafi, R. Ali, and S. Jahan, "Neuroprotective role of quercetin against neurotoxicity induced by lead acetate in male rats," *Int. J. Biol. Biotechnol.*, vol. 16, no. 2, pp. 291–297, 2019. Available from: <https://shorturl.at/9GAYS>
 21. H. Rafi, H. Rafiq, and M. Farhan, "Agmatine alleviates brain oxidative stress induced by sodium azide," unpublished, 2023. Available from: <http://dx.doi.org/10.2174/0122127968308662240926114002>
 22. M. Farhan, H. Rafi, H. Rafiq, F. Siddiqui, R. Khan, and J. Anis, "Study of mental illness in rat model of sodium azide induced oxidative stress," *J. Pharm. Nutr. Sci.*, vol. 9, no. 4, pp. 213–221, 2019. Available from: <https://doi.org/10.29169/1927-5951.2019.09.04.3>
 23. M. Farhan, H. Rafiq, and H. Rafi, "Prevalence of depression in animal model of high fat diet induced obesity," *J. Pharm. Nutr. Sci.*, vol. 5, no. 3, pp. 208–215, 2015. Available from: <https://doi.org/10.6000/1927-5951.2015.05.03.6>
 24. S. R. P. Dandamudi, J. Sajja, and A. Khanna, "AI transforming data networking and cybersecurity through advanced innovations," *Int. J. Innov. Res. Comput. Sci. Technol.*, vol. 13, no. 1, pp. 42–49, 2025. Available from: <https://doi.org/10.55524/ijircst.2025.13.1.6>
 25. S. R. P. Dandamudi, J. Sajja, and A. Khanna, "Leveraging artificial intelligence for data networking and cybersecurity in the United States," *Int. J. Innov. Res. Comput. Sci. Technol.*, vol. 13, no. 1, pp. 34–41, 2025. Available from: <https://doi.org/10.55524/ijircst.2025.13.1.5>
 26. S. R. P. Dandamudi, J. Sajja, and A. Khanna, "Advancing cybersecurity and data networking through machine learning-driven prediction models," *Int. J. Innov. Res. Comput. Sci. Technol.*, vol. 13, no. 1, pp. 26–33, 2025. Available from: <https://doi.org/10.55524/ijircst.2025.13.1.4>
 27. S. R. P. Dandamudi, J. Sajja, and A. Khanna, "Advancing cybersecurity and data networking through machine learning-driven prediction models," *Int. J. Innov. Res. Comput. Sci. Technol.*, vol. 13, no. 1, pp. 26–33, 2025. Available from: <https://doi.org/10.55524/ijircst.2025.13.1.4>
 28. T. Mahmood, M. Asif, and Z. H. Raza, "Smart forestry: The role of AI and bioengineering in revolutionizing timber production and biodiversity protection," *Rev. Intell. Artif. Med.*, vol. 15, no. 1, pp. 1176–1202, 2024. Available from: <https://shorturl.at/FqK67>
 29. M. Asif, Z. H. Raza, and T. Mahmood, "Bioengineering applications in forestry: Enhancing growth, disease resistance, and climate resilience," *Rev. Esp. Doc. Cient.*, vol. 17, no. 1, pp. 62–88, 2023. Available from: <https://shorturl.at/esc40>
 30. M. Arikhad, M. Waqar, A. H. Khan, and A. Sultana, "AI-driven innovations in cardiac and neurological healthcare: Redefining diagnosis and treatment," *Rev. Esp. Doc. Cient.*, vol. 19, no. 2, pp. 124–136, 2024. Available from: <https://doi.org/10.53555/8xp0p349>
 31. M. Arikhad, M. Waqar, A. H. Khan, and A. Sultana, "The role of artificial intelligence in advancing heart and brain disease management," *Rev. Esp. Doc. Cient.*, vol. 19, no. 2, pp. 137–148, 2024. Available from: <https://shorturl.at/19E21>
 32. M. Arikhad, A. H. Khan, M. Tariq, and A. A. Abrar, "AI-powered solutions for precision healthcare: Focusing on heart and brain disorders". Available from: <https://doi.org/10.1101/2025.03.23.25324474>
 33. A. H. Khan, M. Arikhad, and M. Tariq, "Revolutionizing heart and brain healthcare with artificial intelligence: Challenges and opportunities". Available from: <https://shorturl.at/Rrwmj>