fMRI-MINI SYMPOSIA

Functional MRI: Genesis, State of the art and the Sequel

Rose Dawn Bharath

Department of Neuroimaging and Interventional Radiology and Faculty In charge Advanced Brain Imaging Facility, Cognitive Neuroscience Centre, National Institute of Mental Health And Neurosciences, Bangalore, Karnataka, India

Correspondence: Dr. Rose Dawn Bharath, Department of Neuroimaging and Interventional Radiology, Ashwini Block, National Institute of Mental Health and Neurosciences, Hosur Road, Bangalore - 29, Karnataka, India. E-mail: drrosedawn@yahoo.com

Introduction

The last 25 years have seen functional magnetic resonance imaging (fMRI) grow from an interesting experimental imaging technique in the hands of some to a primary investigation of choice in the localization and lateralization of brain function prior to surgery. Developments in the field of computational neurosciences have transformed fMRI analysis from classical subtractive type analysis to dynamic casual modeling, and now to graph theory analysis. This has widened the scope of fMRI, and is therefore finding applications in understanding neural correlates of diseases like autism and Alzheimer's disease, [1,2] prognostication of diseases like traumatic brain injury, [3] and has the potential to direct therapy.^[4,5] It is unfortunately true that this widened ambit has not received the clinical attention it deserves, probably because fMRI is susceptible to artifacts from skull base and blood products and has reduced sensitivity in patients with vascular malformations, or because a change in medical practice usually lags behind the technological and scientific developments that make it possible. This review focuses on the developmental chronology of fMRI image analysis in the last 25 years with highlights on major milestones like developments in the field of paradigms, analysis methods, resting state fMRI, and functional connectivity. To make the statistical images of brain at work more colorful, the article starts with genesis of fMRI and ends with the hope of a promising bright future. Many inputs for this article are obtained from a series of 103 review articles edited by Bandettini et al., [6] compiling

Access this article online

Quick Response Code:

Website:
www.ijri.org

DOI:
10.4103/0971-3026.130684

personal experiences of pioneers in this field. Interested readers are encouraged to refer to these for a more complete overview.

Genesis of BOLD: Stories

Segi Ogawa coined the term blood oxygen level dependent (BOLD) imaging for functional imaging though three groups were in close competition for the title: The MGH group with Kenneth Kwong as the lead author,^[7] the University of Minnesota group with Segi Ogawa as the lead author,^[8] and the University of Wisconsin group with Peter Bandettini as the lead author.^[9]

BOLD imaging takes advantage of the magnetic differences between oxyhemoglobin and deoxyhemoglobin. Deoxyhemoglobin is highly paramagnetic and causes loss of signal on MRI and, thus, creates a natural contrast between highly oxygenated areas of the brain and less oxygenated areas. During task induced brain activation, there is localized increase in blood flow rich in oxyhemoglobin which increases the MR signal. It is thought that this localized increase in blood flow reflects neuronal activity since both are found to be temporally correlated. The change in the MR signal after the onset of a stimulus is called hemodynamic response function (HRF). HRF begins 1-2 s after a stimulus, rises to a peak within 3 s, and falls immediately (within 2 s) after the stimulus to a level below the baseline called the undershoot and recovers to the baseline overtime. Even with widespread use of this technology, the physiological mechanisms underlying the genesis of BOLD are not well understood. In the well-meaning attempt to understand the physiological basis of BOLD, a controversy hatched called the "coupling controversy" which is primarily a debate between the principles of fMRI and positron emission tomography (PET) models. The fMRI models measure the % change and are heavily dependent upon assumed parameters, including the coupling ratio. The PET models are too slow and complex to be physiologically reliable, despite the paucity of assumed parameters. [10] In 1986, Fox et al.,[11] using PET radiotracers, found that after a stimulus, the oxygen extraction fraction (OEF) response "uncoupled" and fell by a highly significant 19%, whereas cerebral blood flow (CBF), cerebral blood volume, and cerebral oxygen metabolic rate (CMRO2) were coupled with the stimulus and showed significant increase. A 90-year-old, nearly universally accepted hypothesis of Roy and Sherrington^[12] that focal, stimulus-induced increases in brain blood flow are driven by local metabolic demand was contradicted by this finding, giving rise to the coupling controversy. Subsequent studies by Fox et al. in 1988 on cerebral glucose metabolic rate (CMR gluc) also revealed an "uncoupled" increase 10-fold greater than the CMRO2 increase. Based on these, they speculated that the disproportionate increase in CMR gluc (over CMRO2) might indicate a shift in metabolic pathway from glucose oxidation to glycolysis, [13] which was supported by "enzymatic limitation" hypothesis. In an attempt to detangle the "uncoupling controversy," in 1996, Malonek et al. employed intrinsic signal optical imaging^[14] and proposed that despite the evident vascular hyperoxia during task, brain tissue might experience an oxygen debt, at least transiently, due to oxygen diffusion limitation from the blood vessel to the active neurons. To make issues more complex, in 2010, Lin et al. explained ΔBOLD changes using astrocyte neuron shuttling model[15] and proposed that "neurotransmitters, particularly glutamate, rather than energy use are probably the principal agents generating activity-induced blood flow...."[16] Ultimately, the coupling controversy has greatly stimulated growth and has left us richer in knowledge to presume that task-induced increases in blood flow are multifactorial and complex and could be the end result of dynamic interactions induced by energy demand, regulated by neurotransmitters, and limited by enzymatic and diffusion functions.

The state of the art

Paradigm design: Block, event, and mixed design

A stimulus forms the basic component of a paradigm and are otherwise called trials. A stimulus can be of various types based on the function a researcher wishes to elicit. It can be of auditory, sensory, motor, visual, or cognitive type.

Block designs were the earliest designs to be used in fMRI and they mirrored the design of PET experiments. Block design experiments utilize blocks of either identical stimulus types to establish a task-specific condition, e.g. finger tapping task to visualize the motor cortex, or a mixture of trial types to establish a mixed task condition, e.g. picture naming task to locate the Broca's area. [17] Salient feature of this design is its efficiency in obtaining adequate signal-to-noise ratio in a single subject in the shortest possible time, making it the most popular design in preoperative functional mapping. [18-21] Since this design collapses multiple stimuli, we are only able to assess the function of brain once in

15-30s by clubbing together multiple HRFs and making us relatively blind to what is happening in the brain at the beginning of events, across the event, and at the end of events. By adopting a subtraction comparison strategy, we are only seeing functioning areas which are higher than the baseline, leading to much criticism related to the neuropsychological drawbacks. Finally, in tasks where both positive and negative responses occur in a single block, the block design averages the two responses resulting in a canceling effect that does not represent the complexity and magnitude of brain function.^[22]

With the insight that the hemodynamic response function could be a marker of the underlying neuronal activity, there were attempts in increasing temporal resolution of fMRI analysis which resulted in event-related designs allowing us to see brain function once in 2-4 s. This initial approach to event-related designs was inherited from event related potential ERP research (trial averaging) in electrophysiology. An "event-related fMRI" involves separating the conditions of an experiment into discrete points in time, so that the associated brain responses with each element can be analyzed independently.^[23] The core idea of an event-related design is the separation of cognitive processes into discrete points in time (i.e., "events") allowing differentiation of their associated fMRI signals. By modeling brain function as a series of transient changes, rather than as an ongoing state, event-related fMRI allowed researchers to create much more complex paradigms and more dynamic analysis methods. As the complexity of experimental designs increased, fMRI analyses became increasingly abstracted from the original data. The downside of the event-related design included a decrease of signal-to-noise leading to less power than block designs of similar timing.^[24] Further, while the event-related design created a more fine-grained characterization of the BOLD activity, this methodology still ignored certain signals, including transients at the block transitions and sustained activity that begins and ends with the performance of the task.^[25]

Mixed block/event-related designs allow for the simultaneous modeling of the transient, trial-related activity and the sustained, task-related BOLD activity. Transient BOLD activity which is seen prior to after a HRF is thought to reflect the neural response to processing of stimuli, computation of responses to stimuli, and many intermediate processes which are to be identified.. The sustained signal is most often believed to represent a putative task maintenance signalsignal. Perhaps most probably related to a task set. Per example, in a learning memory task, regions showing sustained effects during various processes of encoding, Perhaps retrieval, and object naming are active in encoding-, retrieval-, and object naming-mode, respectively all three modes. This is not synonymous as with the regions and or neural activity

associated with encoding, retrieving, or naming of a specific stimulus^[33] because of multitasking of brain regions and interlinking of neural processes. It is the sustained signal that we commonly see in the routine fMRI analysis whereas modelling of the transient BOLD events is probably better as this can reflect the neuronal processes associated with these specific tasks.

General linear model and fMRI: Statistical parametric mapping analysis

The statistical parametric mapping (SPM) software which incorporates the general linear model (GLM) has been at the heart of fMRI analyses for the past 25 years. The main reason for this is that SPM is (1) conceptually simple, (2) readily available in standard packages, (3) is an incredibly flexible tool, (4) implements the standard statistical testing framework, and (5) does not require heavy computation and can be implemented in only a few lines of MATLAB or Python code. SPM software does not really refer to a single piece of software, as many changes are made between each release to make life easier for users, to fix bugs, and to ensure compatibility with other software. Karl Friston first wrote SPM in 1991 which has been referred to as SPM 91 or classical SPM; the subsequent releases have been named SPM 94, 95,..., 5, 8, etc., to coincide with the year of release. Standard processing steps include several preprocessing steps like image import, image registration, realignment, normalizing to a template image, smoothing, etc., and statistical inference steps like design, analysis, estimate, and results. The end result of an experiment is typically a set of statistic values (e.g., T or F values) that comprise an image. The last display results section in SPM deals with various rendering modes which make the statistics colorful and visually appealing.

The GLM is written as follows

y = Xh + n,

where y is the observed fMRI time series, X is the design matrix that contains the stimulus timing information, h is the hemodynamic response function, and n represents additive noise.

An illustrative in-house example of SPM analysis in 53 healthy controls during encoding of working memory is demonstrated in Figure 1. This is a simple subtractive type of statistical analysis and represents only areas which had more blood flow during the task, in comparison to the rest. This is otherwise called activation type of analysis.

However, it is not sure whether the association of fMRI with GLM will last forever since GLM relies on assumptions that are difficult to check. First, the matrix X should contain the appropriate regressors. Too few or

too many regressors will lead to either loss in sensitivity or specificity. Second, the normality assumption about the linearity of hemodynamic response may not be true, especially when it comes to cognition. Third, the assumptions on the variance–covariance structure of the noise are difficult to model.

One emerging area that looks to overcome some of the restrictions of SPM is the use of non-parametric, permutation testing approaches.^[34] Another emerging area in fMRI that could potentially do this is Bayesian statistics.^[35]

Masterly inactivity: Advantages of resting state fMRI

In the early 1990s, Dr. Raichle recognized a very important fact, i.e. even at rest, the brain uses about 20% of the energy of the entire body. The change in energy utilization concomitant to specific task performance is miniscule compared to the energy consumption of the "resting" brain. [36] In 1995, Dr. Bharat Biswal demonstrated for the first time coherent brain spontaneous fluctuations using BOLD fMRI. [37] Though the origin of these spontaneous fluctuations is still not completely known, multiple neuroimaging modalities have converged on the fact of its existence. Its practicality and ease of use has resulted in exponential increase in publications using this technique. The practical advantage of the resting state paradigm is that it does not require patients to perform cognitively challenging or experimentally controlled tasks. Brain

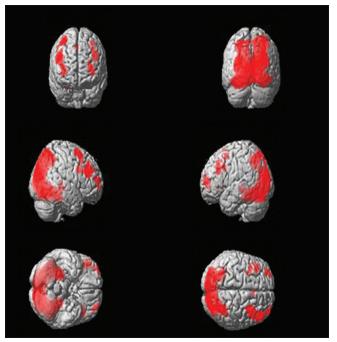


Figure 1: Activation analysis. Surface rendered group analysis using SPM [P < 0.05] with FWE (Familywise error rate) corrected] during encoding of working memory in 53 subjects reveal increased activations in the bilateral prefrontal cortex left more than right, bilateral parieto occipital and orbitofrontal lobes

function can be measured with fMRI simply by asking patients to lie quietly in the scanner for about 10-20 min, or indeed by scanning patients who are unconscious. Hence, this technique is like any other sequence in structural imaging study adding to its popularity. Another interesting feature is that we are able to visualize the function of whole brain and not only one hemisphere. Many functions of the brain, especially cognitive functions like language, are interlinked and are not localized to one specific area like Broca's or Wernicke's. It is increasingly reported that human brain function might be having a small-world network topology,[38] and hence the importance of visualizing the whole brain. Resting state network analysis relies on finding a set of voxels that exhibit spontaneous BOLD fluctuations using a variety of exploratory and multivariate analysis algorithms, the most popular being spatial independent component analysis. The most commonly visualized networks are sensorimotor, default mode, visual, auditory, and language, and frontoparietal networks, and these are demonstrated in the Figure 2. The default mode network is particularly interesting because of its dynamic character and has been extensively studied in assessing brain maturation, [39,40] aging, [41,42] epilepsy, [43] and brain tumors.[44] Default mode network is dynamic in that it is positively correlated at rest and demonstrates task-induced negative correlations.

Cluster to networks: Advantages of functional connectivity analysis

The field of fMRI gradually made a fundamental shift from the activation clusters to the connectivity analysis around 2003, motivated by the idea that connectivity gets us closer to the actual mechanisms of brain function. This was as a result of changes in conceptual focus and methodological procedures with a shift from PET type of analysis to electroencephalography (EEG) and time series type of analysis. Whereas the activation paradigm emphasized the univariate (single-voxel or regional) response in amplitude to an exogenous stimulus, the connectivity paradigm emphasized the bivariate or multivariate (systems or network) covariance. [45] Application of already existing computer science knowledge of networks to fMRI using graph theory analysis paved the way for connectivity analysis. The connectivity could be either task-based functional connectivity or resting functional connectivity. Connectivity is popularly described as graphs which are data units that have nodes (C) and edges between nodes (L). The clustering coefficient (C) is a measure of local network connectivity. A network with a high average clustering coefficient is characterized by densely connected local clusters and has a high C value. The characteristic path length (L) is a measure of network edges. A network with a low characteristic path length is characterized by short distances between any two nodes. Small-world network is characterized by a high clustering coefficient and a low characteristic path length. Connectivity analysis is increasingly finding its place in understanding network correlates of diseases like epilepsy, [48,49]

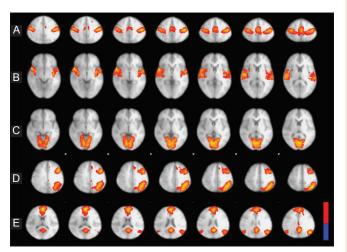


Figure 2 (A-E): Resting state analysis.(A) denotes motor network with bilateral symmetric signal in the precentral gyrus along the motor cortex, (B) is the auditory network in the temporal and inferior parietal lobes, (C) is the visual network in the medial occipital lobes bilaterally, (D) reveals left Fronto parietal executive network, (E) is the default mode network with bilaterally symmetric signal in the medial superiofrontal, anterior cingulate, posterior cingulate, and bilateral parietal and temporal lobes

and such findings are being used in the triage of patients undergoing surgery. [50]

An illustrative example of connectivity analysis can be seen in Figure 3 which demonstrates the connectivity of the posterior cingulate cortex (PCC) and rest of the brain during encoding of working memory in the same data set described in Figure 1. It should be noted that the entire PCC and negative connections were not seen in Figure 1 because of the subtractive type of design only looking at areas which are more active compared to rest of the brain.

The Sequel

The future of fMRI lies beyond functional labeling of different regions, encouraging us to devote our resources to characterise underlying neural processes. New analysis methods are already changing the way we analyze imaging data, by improving the sensitivity of fMRI to spatial and temporal patterns. Combining methods is also necessary for studying processes that span spatiotemporal scales. With technological advances, it is now possible to simultaneously combine EEG recording and Transcranial magnetic stimulation (TMS) with fMRI, making integration and modulation of electrical signal with hemodynamic processes a reality. MRI and PET systems have been recently combined in a single scanner, allowing hemodynamic characterization of neurotransmitter function. fMRI at high resolution and high field (7 T and more) promises greater sensitivity to fine-grained patterns^[51] which is called pattern imaging fMRI (pi-fMRI).[52] pi-fMRI might have the power to reveal sub-voxel-scale columnar pattern information through small biases in the sample each voxel takes of the underlying neuronal pattern.[53] "Imaging genetics" is a research

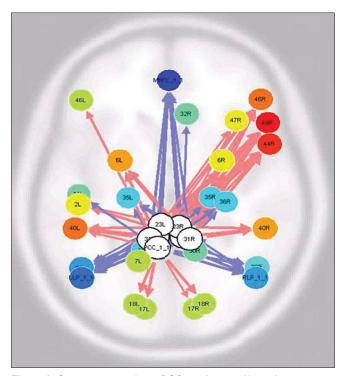


Figure 3: Connectivity analysis: PCC seed to voxel based connectivity using the same data during Encoding of working memory. Pink color arrows indicate significant positive correlation (P < 0.05 FDR) brain regions connection with bilateral frontal lobes left more than right, bilateral supramarginal cortex and visual cortex with source seed (white circle). Blue color arrows indicate significant negative correlation of bilateral-inferior parietal cortex, medial frontal lobes (P < 0.05 FDR) with source seed

approach in which genetic information and fMRI data in the same subject are combined to define neuromechanisms linked to genetic variation.^[54] The incorporation of new sources of biological information such as whole genome sequencing, proteomic, lipidomic, and expression profiles, and cellular models derived from induced pluripotent stem cells opens new vistas for imaging genetics in a translational enterprise and is ultimately hoped to improve and create therapeutic options for several diseases. [55] There is increasing interest in implanting stimulating electrodes in subcortical and cortical structures to modulate brain dynamics with therapeutic impact on tremor in Parkinson's disease and mood disorders.[56] As the familiarity of image-guided minimally invasive procedures continues to advance and find more extensive clinical applications, it is likely that there will be parallel developments using fMRI in early diagnosis of treatment-responsive patients without waiting for the end stage, to plan procedures based on the anatomical coordinates of abnormally connected systems. Another possible growth point is the greater use of fMRI as a biomarker in patients with spinal cord injury, neurodegenerative diseases, etc., to identify patients who would benefit from possibly expensive or prolonged courses of treatment with disease-modifying drugs. Other examples include the potential to use fMRI as a measure of brain age or maturation of brain functional systems that could support

educational, judicial, or medical interventions in children with learning or behavioral disorders. ^[57] One looks forward to the future of functional neuroimaging, which promises to be proactive, increasingly creative, and interdisciplinary in its approach, accommodative of individual differences, quantitative, and more relevant than ever before to the understanding of complex human behaviors.

Conclusion

Applications of the developments in the field of computational sciences to functional image analysis has already transformed the way we look at brain function. This article gives a brief overview of some of the developments in the functional image analysis in the last twenty five years. Knowledge of these methods will enhance our preparedness, as we apply them into our routine clinical practice.

Acknowledgement

I acknowledge the Support from the Department of Science and Technology for the 3TMRI equipment which is a national facility to promote research in cognitive sciences. I am extremely grateful to Director Vice Chancellor NIMHANS, Dr P Satish Chandra and Registrar NIMHANS, Dr V Ravi and Dr A K Gupta Head Department of Neuroimaging and Interventional Radiology whose encouragement makes patient care, teaching and research most satisfying. I acknowledge the hard work done by Prof Shobini L Rao and her vision for this field. I acknowledge all my students especially Mr Rajanikanth Panda, Mrs Lija George, Thamodharan A and the radiographer staff in the department for their untiring work.

References

- Supekar K, Uddin LQ, Khouzam A, Phillips J, Gaillard WD, Kenworthy LE, et al. Brain Hyperconnectivity in Children with Autism and its Links to Social Deficits. Cell Rep 2013;5:738-47.
- Balthazar ML, de Campos BM, Franco AR, Damasceno BP, Cendes F. Whole Whole cortical and default mode network mean functional connectivity as potential biomarkers for mild Alzheimer's disease. Psychiatry Res 2014;221:37-42.
- 3. Sharp DJ, Beckmann CF, Greenwood R, Kinnunen KM, Bonnelle V, De Boissezon X, *et al.* Default mode network functional and structural connectivity after traumatic brain injury. Brain 2011;134:2233-47.
- Grefkes C, Nowak DA, Wang LE, Dafotakis M, Eickhoff SB, Fink GR. Modulating cortical connectivity in stroke patients by rTMS assessed with fMRI and dynamic causal modeling. NeuroImage 2010;50:233-42.
- Golestani AM, Tymchuk S, Demchuk A, Goodyear BG; VISION-2 Study Group. Longitudinal Evaluation of Resting-State fMRI After Acute Stroke With Hemiparesis. Neurorehabil Neural Repair 2013;27:153-63.
- Bandettini PA Twenty years of fMRI. The science and the stories. Neuroimage 2012;62:575-88.
- Ogawa S, Tank DW, Menon R, Ellermann JM, Kim SG, Merkle H, et al. Intrinsic signal changes accompanying sensory stimulation: Functionalbrain mapping with magnetic resonance imaging. Proc Natl Acad Sci U S A 1992;89:5951-5.
- 8. Kwong KK, Belliveau JW, Chesler DA, Goldberg IE, Weisskoff RM, Poncelet BP, et al. Dynamic magnetic resonance imaging of human

- brain activity during primary sensory stimulation. Proc Natl Acad Sci U S A 1992;89:5675-9.
- Bandettini PA, Wong EC, Hinks RS, Tikofsky RS, Hyde JS. Time course EPI of human brain function during task activation. Magn Reson Med 1992;25:390-7.
- 10. Fox PT. The coupling controversy. Neuroimage 2012;62:594-601.
- 11. Fox PT, Raichle ME. Focal physiological uncoupling of cerebral blood flow and oxidative metabolism during somatosensory stimulation in human subjects. Proc Natl Acad Sci U S A 1986;83:1140-4.
- 12. Roy CS, Sherrington CS. On the regulation of the blood-supply of the brain. J Physiol 1890;11:85-158.
- 13. Fox PT, Raichle ME, Mintun MA, Dence C. Nonoxidative glucose consumption during focal physiologic neural activity. Science 1988;241:462-4.
- Malonek D, Grinvald A. Interactions between electrical activity and cortical microcirculation revealed by imaging spectroscopy: Implications for functional brain mapping. Science 1996;272:551-4.
- Pellerin L, Magistretti PJ. Glutamate uptake into astrocytes stimulates aerobic glycolysis: A mechanism coupling neuronal activity to glucose utilization. Proc Natl Acad Sci U S A 1994;91:10625-9.
- Attwell D, Buchan AM, Charpak S, Lauritzen M, Macvicar BA, Newman EA. Glial and neuronal control of brain blood flow. Nature 2010;468:232-43.
- 17. Dale AM, Buckner RS. Selective averaging of rapidly presented individual trials. Hum Brain Mapp 1997;5:329-40.
- 18. Brockway JP. Two functional magnetic resonance imaging f (MRI) tasks that may replace the gold standard, Wada testing, for language lateralization while giving additional localization information. Brain Cognition 2000;43:57-9.
- Loubinoux I, Carel C, Alary F, Boulanouar K, Viallard G, Manelfe C. Within-session and between-session reproducibility of cerebral sensorimotor activation: A test–retest eVect evidenced with functional magnetic resonance imaging. J Cereb Blood Flow Metab 2001;21:592-607.
- 20. Machielsen WC, Rombouts SA, Barkhof F, Scheltens P, Witter MP. FMRI of visual encoding: Reproducibility of activation. Human Brain Mapp 2000;9:156-64.
- Buxton RB, Wong EC, Frank LR. Dynamics of blood Flow and oxygenation changes during brain activation: The balloon model. Magn Reson Med 1998;39:855-64.
- Meltzer JA, Negishi M, Constable RT. Biphasic hemodynamic responses influence deactivation and may mask activation in block-design fMRI paradigms. Hum Brain Mapp 2008;29:385-99.
- 23. Huettel SA, Song AW, McCarthy G. Functional Magnetic Resonance Imaging. Sunderland, Massachusetts: Sinauer; 2009.
- 24. Miezin FM, Maccotta L, Ollinger JM, Petersen SE, Buckner RL. Characterizing the hemodynamic response: Effects of presentation rate, sampling procedure, and the possibility of ordering brain activity based on relative timing. Neuroimage 2000;11:735-59.
- Petersen SE, Dubis JW. The mixed block/event-related design. Neuroimage 2012;62:1177-84.
- Donaldson D, Petersen S, Ollinger J, Buckner R. Dissociating state and item components of recognition memory using fmri. NeuroImage 2001;13:129-42.
- 27. Dosenbach NU, Visscher KM, Palmer ED, Miezin FM, Wenger KK, Kang HC, *et al.* A core system for the implementation of task sets. Neuron 2006;50:799-812.
- Sakai KS. Task set and prefrontal cortex. Annu Rev Neurosci 2008;31:219-45.
- Dennis NA, Daselaar S, Cabeza R. Effects of aging on transient and sustained successful memory encoding activity. Neurobiol Aging 2007;28:1749-58.

- Otten LJ, Henson RN, Rugg MD. State-related and item-related neural correlates of successful memory encoding. Nat Neurosci 2002;5:1339-44.
- Velanova K, Jacoby LL, Wheeler ME, McAvoy MP, Petersen SE, Buckner RL. Functinal anatomic correlates of sustained and transient processing components engaged during controlled retrieval. J Neurosci 2003;23:8460-70.
- 32. Burgund ED, Lugar HM, Miezin FM, Petersen SE. Sustained and transient activity during an object-naming task: A mixed blocked and event-related fMRI study. Neuroimage 2003;19:29-41.
- 33. Petersen SE, Dubis JW. The mixed block/event-related design. NeuroImage 2012;62:1177-84.
- 34. Nichols TE, Holmes AP. Nonparametric permutation tests for functional neuroimaging: A primer with examples. Hum Brain Mapp 2002;15:1-25.
- 35. Woolrich MW. Bayesian inference in FMRI. Neuroimage 2012;62:801-10.
- 36. Raichle ME, MacLeod AM, Snyder AZ, Powers WJ, Gusnard DA, Shulman GL. A default mode of brain function. Proc Natl Acad Sci U S A 2001;98:676-82.
- 37. Biswal B, Yetkin FZ, Haughton VM, Hyde JS. Functional connectivity in the motor cortex of resting human brain using echoplanar MRI. Magn Reson Med 1995;34:537-41.
- 38. Tian L, Wang J, Yan C, He Y. Hemisphere- and gender-related differences in small-world brain networks. Neuroimage 2011;54:191-202.
- 39. Fransson P, Skiold B, Horsch S, Nordell A, Blennow M, Lagercrantz H, *et al*. Resting state networks in the infant brain. Proc Natl Acad Sci U S A 2007;104:15531-6.
- Superkar K, Musen M, Menon V. Development of large-scale functional brain networks in children. PLoS Biol 2009;7:e1000157.
- Minati L, Chan D, Mastropasqua C, Serra L, Spanò B, Marra C, et al. Widespread alterations in functional brain network architecture in amnestic mild cognitive impairment. J Alzheimers Dis 2014;40:213-20.
- 42. Liang W, Yufeng Z, Yong H, Meng L, Xinqing Z, Lixia T, et al. Changes in hippocampal connectivity in the early stages of Alzheimer's disease: Evidence from resting state fMRI, NeuroImage 2006; 31: 496-504.
- 43. Onias H, Viol A, Palhano-Fontes F, Andrade KC, Sturzbecher M, Viswanathan G, *et al.* Brain complex network analysis by means of resting state fMRI and graph analysis: Will it be helpful in clinical epilepsy? Epilepsy Behav 2013; pii: S1525-5050.
- 44. Manglore S, Bharath RD, Panda R, George L, Thamodharan A, Gupta AK. Utility of resting fMRI and connectivity in patients with brain tumor. Neurol India 2013;61:144-51.
- 45. Beckmann CF, Smith SA. Probabilistic independent component analysis for functional magnetic resonance imaging. IEEE Trans Med Imaging 2004;23:137-52.
- 46. Watts DJ, Strogatz SH. Collective dynamics of 'small-world' networks. Nature 1998;393:440-2.
- 47. Strogatz SH. Exploring complex networks. Nature 2001;410:268-76.
- 48. Maccotta L, He BJ, Snyder AZ, Eisenman LN, Benzinger TL, Ances BM, *et al.* Impaired and facilitated functional networks in temporal lobe epilepsy. Neuroimage Clin 2013;2:862-72.
- 49. Morgan VL, Sonmezturk HH, Gore JC, Abou-Khalil B. Lateralization of temporal lobe epilepsy using resting functional magnetic resonance imaging connectivity of hippocampal networks. Epilepsia 2012;53:1628-35.
- 50. Weaver KE, Chaovalitwongse WA, Novotny EJ, Poliakov A, Grabowski TG, Ojemann JG. Local functional connectivity as a pre-surgical tool for seizure focus identification in non-lesion, focal epilepsy. Front Neurol 2013;4:43.
- 51. Kriegeskorte N, Formisano E, Sorger B, Goebel R. Individual faces elicit distinct response patterns in human anterior temporal cortex.

- Proc Natl Acad Sci U S A 2007;104:20600-5.
- 52. Kriegeskorte N. Pattern-information analysis: From stimulus decoding to computational-model testing. Neuroimage 2011;56:411-21.
- 53. Kamitani Y, Tong F. Decoding the visual and subjective contents of the human brain. Nat Neurosci 2005;8:679-85.
- 54. Hariri AR, Weinberger DR. Imaging genomics. Br Med Bull 2003:65:259-70.
- 55. Meyer-Lindenberg A. The future of fMRI and genetics research. Neuroimage 2012;62:1286-92.
- 56. Ressler KJ, Mayberg HS. Targeting abnormal neural circuits

- inmood and anxiety disorders: From the laboratory to the clinic. Nat Neurosci 2007;10:1116-24.
- 57. Bullmore ED. The future of functional MRI in clinical medicine. Neuroimage 2012;62:1267-71.

Cite this article as: Bharath RD. Functional MRI: Genesis, State of the art and the Sequel. Indian J Radiol Imaging 2014;24:6-12.

Source of Support: The scanner in which the studies were conducted has been funded by the Department of Science and Technology, **Conflict of Interest:** None decleard.