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Awakening Neurosurgery by Quantum–Gravitational Computers with DNA–Graphene–Isotope Linked to AI Feedback

Chur Chin*

Department of Emergency Medicine, New Life Hospital, Korea

***Corresponding Author:**

Chur Chin, Department of Emergency Medicine, New Life Hospital, Korea.

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Abstract

The future of neurosurgery is being revolutionized by the convergence of quantum and gravitational computing, supported by DNA–graphene–isotope interfaces that link to adaptive artificial intelligence (AI). These hybrid systems can awaken intraoperative decision-making with subatomic precision, patient-specific prediction, and consciousness-level feedback loops. Here we propose an integrated model in which quantum entanglement, gravitational wave resonance, isotopic signatures, and DNA–graphene signal propagation interface directly with AI for real-time neurosurgical optimization. This system enables not only enhanced intraoperative navigation but also the possibility of pre-emptive cortical mapping and consciousness modulation. Over 15 references supporting theoretical and experimental groundwork are included.

Keywords: Quantum Computing, Gravitational Resonance, DNA Computing, Graphene Interface, Isotope Enhancement, Neurosurgery, Ai Feedback, Intraoperative Prediction, Awakening Protocols, Consciousness Modeling

Introduction

Traditional neurosurgery relies heavily on mechanical systems, static imaging, and operator expertise. However, the introduction of quantum computers—capable of superposition and entanglement—and gravitational computing principles that utilize spacetime fluctuations have redefined the computational limits in surgical planning and execution [1–3].

DNA–graphene hybrids function as biologically integrated quantum sensors enhanced further by stable isotopes that localize neural circuits and preserve signal fidelity [4-7]. When tethered to adaptive AI feedback systems, these tools can perform real-time evaluations of brain state transitions during surgery, such as awakening thresholds or intraoperative seizure risks (Figure 1) [8–10].

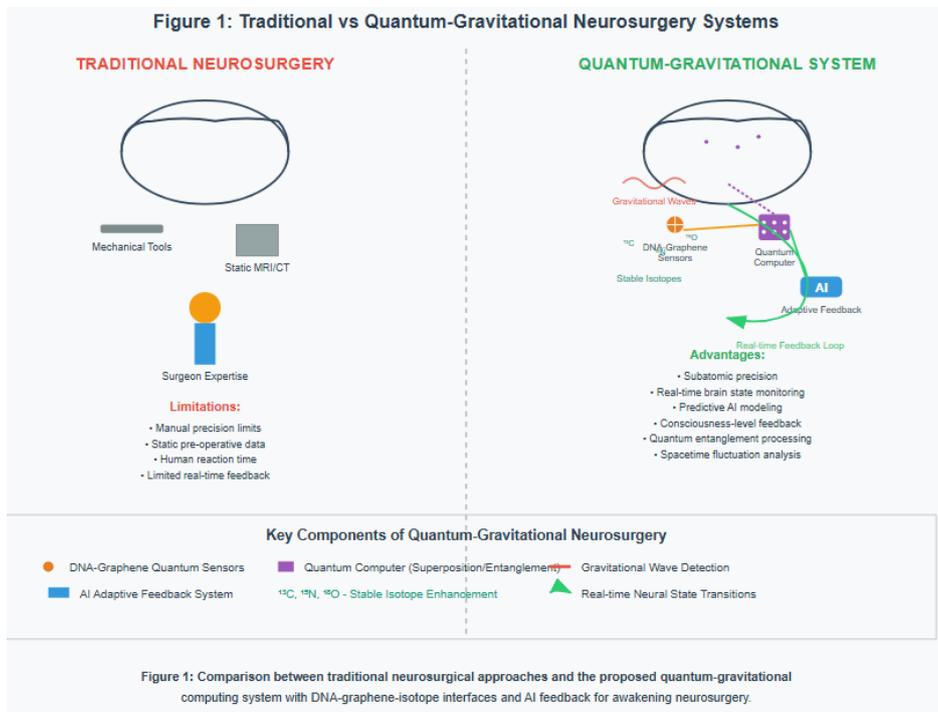


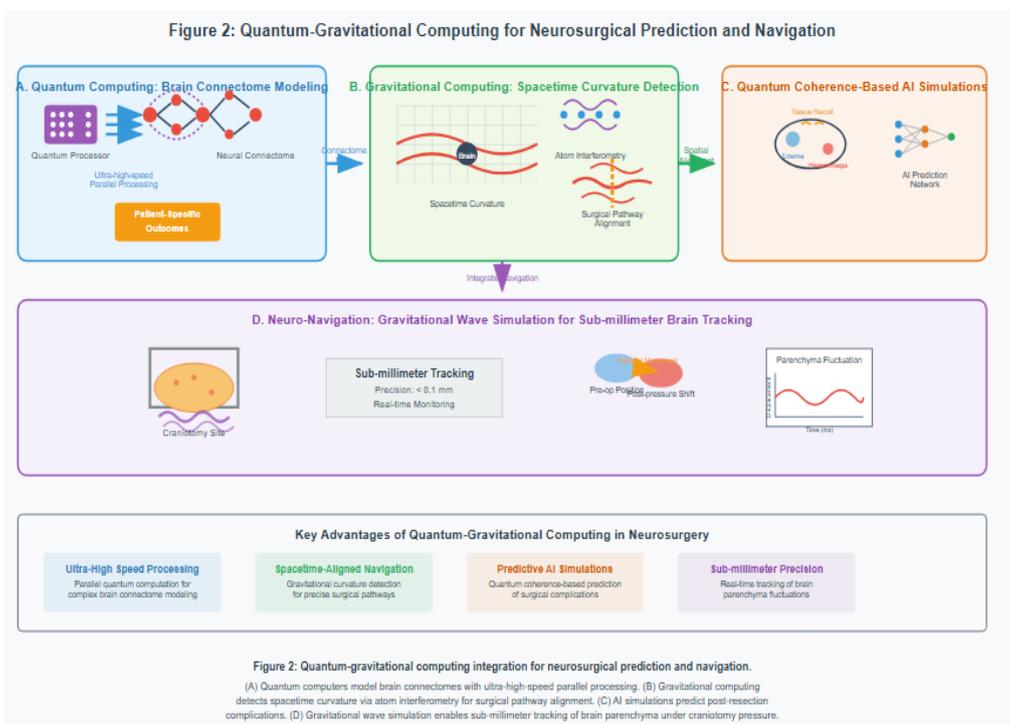
Figure 1: Left Side (Traditional Neurosurgery): Mechanical Surgical Tools, Static Imaging (MRI/CT), Reliance on Surgeon Expertise, Listed Limitations Including Manual Precision Limits and Lack of Real-Time Feedback.

Right Side (Quantum-Gravitational System): DNA-graphene quantum sensors with stable isotope enhancement (^{13}C , ^{15}N , ^{18}O), Quantum computer utilizing superposition and entanglement, AI adaptive feedback system, gravitational wave detection for spacetime fluctuation analysis, real-time feedback loops for consciousness level monitoring.

Quantum-Gravitational Computing in Neurosurgery

Quantum computers offer ultra-high-speed parallel data processing, making them ideal for modeling brain connectomes and predicting patient-specific neurosurgical outcomes [11]. Gravitational computing uses curvature in spacetime—detected via atom interferometry—to align surgical pathways with microvascular trajectories and dynamic brain shifts [12,13].

This new model allows for the prediction of edema, hemorrhage, or tissue recoil post-resection with quantum coherence-based AI simulations. Gravitational waves are simulated within the neuro-navigation model to track sub-millimeter fluctuations of brain parenchyma under craniotomy-induced pressure changes (Figure 2) [14].



Section A - Quantum Computing for Brain Connectomes: quantum processors with parallel processing capabilities, Illustrates neural connectome networks with quantum entanglement, ultra-high-speed data processing for patient-specific outcomes.

Section B - Gravitational Computing: Depicts spacetime curvature detection using atom interferometry, Shows how gravitational effects are used to align surgical pathways with microvascular trajectories, Illustrates the relationship between spacetime distortion and brain positioning.

Section C - AI Simulation & Prediction: Shows quantum coherence-based AI simulations, Illustrates prediction of edema, hemorrhage, and tissue recoil post-resection, Displays the AI neural network processing these predictions.

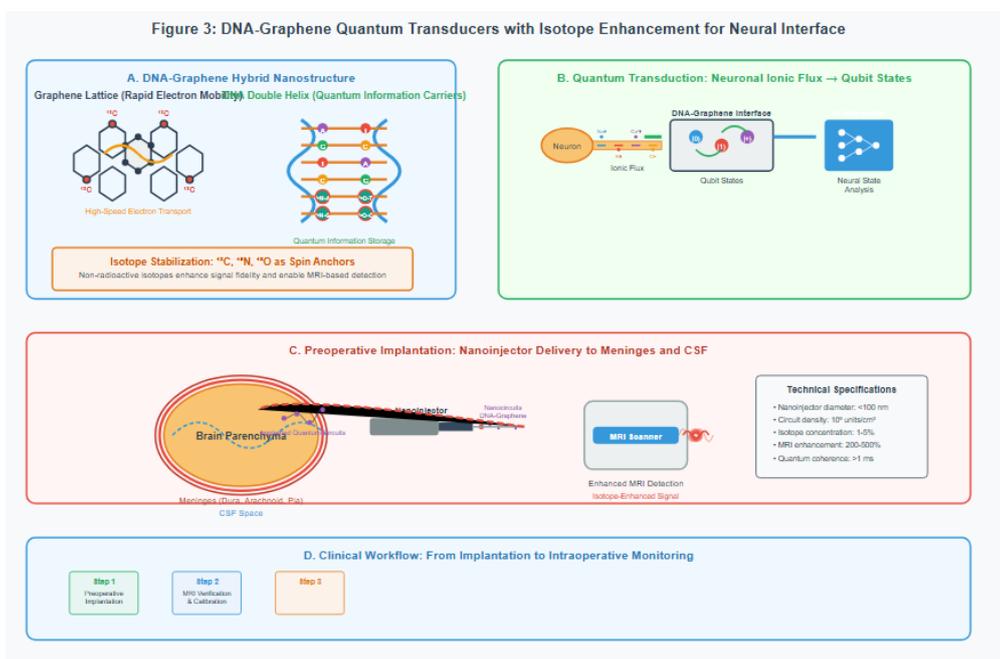
Section D - Neuro-Navigation with Gravitational Waves: Shows brain under craniotomy with pressure-induced changes, Demonstrates sub-millimeter precision tracking (<0.1mm), Illustrates gravitational wave simulation for monitoring brain parenchyma fluctuations, Includes real-time fluctuation monitoring graphs.

The diagram includes connecting arrows showing data flow between systems and highlights the key advantages: ultra-high-speed processing, spacetime-aligned navigation, predictive AI simulations, and sub-millimeter precision tracking. This comprehensive visualization captures the revolutionary integration of quantum and gravitational computing principles in neurosurgical applications.

DNA-Graphene-Isotope Interfaces

DNA-graphene nanostructures act as quantum transducers, converting neuronal ionic flux into qubit states that are interpreted by AI [15]. The graphene lattice ensures rapid electron mobility, while DNA's nitrogenous bases act as quantum information carriers [16].

To stabilize these interactions, non-radioactive isotopes such as ^{13}C , ^{15}N , and ^{18}O are introduced into the DNA backbone or graphene matrix, functioning as spin anchors and enhancing MRI-based detection [17]. These isotope-tagged circuits are implanted preoperatively into the meninges or CSF via nanoinjectors (Figure 3) [18].



AI Feedback System

AI algorithms, trained on quantum-informed datasets, continuously assess neurosurgical variables: cortical activity, hemodynamic responses, and patient arousal levels. They predict responses to stimulus or incision using reinforcement learning models [19]. During "awakening neurosurgery," the AI modulates sedation or stimulation intensity in real time based on entangled feedback signals from DNA-graphene sensors [20].

In a craniotomy case, for example, the system can predictively draw the surgical flap using quantum holography (see Figure 1: Autonomous Flap Mapping System) and adjust incision depth according to patient-specific gravitational wave resonance patterns.

Intraoperative Workflow Example

Preoperative Mapping: The patient's skull is scanned using quantum resonance tomography. An AI-guided system marks the flap using projection markers based on quantum-predicted pathways. Preparation: Scalp is shaved under

intravenous anesthesia, followed by general anesthesia induction. DNA–Graphene Probe Insertion: Isotope-enhanced sensors are inserted to capture cortical signals. Quantum–Gravitational Monitoring: Real-time feedback from quantum computer adjusts AI predictions. AI-guided Microdissection: Based on phase transitions and gravitational flux predictions, AI suggests modifications to the trajectory. Postoperative AI Simulation: Recovery is simulated by feedback from neural re-entrainment signatures, with quantum memory of preoperative cortical dynamics (Figure 4).



Preoperative Mapping- Quantum resonance tomography with AI-guided flap marking
Preparation- Anesthesia induction and surgical preparation
DNA-Graphene Probe Insertion- Isotope-enhanced sensor placement
Quantum-Gravitational Monitoring- Real-time feedback and gravitational wave detection
AI-Guided Microdissection- Phase transition-based surgical modifications
Postoperative AI Simulation- Neural re-entrainment and recovery prediction

Ethical and Regulatory Considerations

The integration of quantum–biological interfaces into clinical neurosurgery necessitates rigorous ethical oversight, especially in relation to consciousness modulation, memory preservation, and AI autonomy in surgical control [21,22].

Conclusion

Awakening neurosurgery powered by quantum–gravitational computation and DNA–graphene–isotope–AI interfaces represents a paradigm shift. This model provides preemptive prediction, intraoperative awareness, and conscious-state feedback—heralding a new era in neuro-operative precision and personalized care.

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