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WORLD CONGRESS ON TRAUMA, CRITICAL CARE AND EMERGENCY MEDICINE

OCTOBER 15-16, 2026

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Address: Zone Hoteliere 2 Allee Du Verger Roissy En France, 95700, Paris, France



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What'sApp: +44 7429481517

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Organizing Committee



Massod Vaidee
Queen Mary University,
University Of London
USA



Lorenzo Andreani
Pisa University Hospital
Italy



Jill Aylott
National Autism Assessment
Centre, UK



Takanori Saito
Kansai Medical University
Japan



Giovanni Luigi
Autism Center and Socio-
Rehabilitative
Residential Services, Italy



Susana Fernandez Diaz
Ministry of National Guard Health
Affairs Hospital
Saudi Arabia



Michelle Lansdowne
ISEE
UK



Zhenhuan Liu
Guangzhou University of
Chinese Medicine
China



Andrey Belousov
Kharkiv National Medical
University
Ukraine



Vittorio Calabrese
University of Catania
Italy



Sam Vaknin
Southern Federal University
Russia



Bernd Blobel
University of Regensburg
Germany



Visnja Bandalo
University of Zagreb
Croatia

Thank You All

DAY -1

KEYNOTE PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



***Sean Wiltshire,**
Avalon Employment Inc,
Canada

Marcus Jamieson,
Team Work Cooperative,
Canada

Biography

Sean Wiltshire is a Canadian employment systems designer and CEO of Avalon Employment Inc., with over 30 years' experience developing inclusive labour market models. He authored Canada's National Autism Work Program and led employment initiatives across four provinces. A two-time Zero Project Award recipient, his work connects policy, employers, and communities to create sustainable opportunities for autistic and underserved individuals.

Marcus Jamieson BA, CDDP, is Executive Director of TEAM Work Cooperative in Halifax. With over 25 years' experience in disability advocacy, equity, inclusion, and employment development, he builds partnerships among government, business, and communities to advance meaningful careers and inclusive workplaces.

Engineering Employment Inclusion: A Multi Province, Community Led Workforce Model Creating Skilled Taxpayers in Canada

Abstract

Across industrialized economies, autistic and neurodivergent adults remain under represented in the labour force, not due to a lack of skill, but because employment systems are poorly designed to connect individual capability with employer demand. This presentation describes a Canadian, multi province employment model that reframes autism employment from a social service into a workforce development and labour market activation strategy.

Developed through a coordinated partnership across four Canadian provinces, the model aligns community employment organizations, employers, and government funders around a single outcome: sustainable, paid employment based on skills matching rather than diagnosis. Instead of standardizing individuals to fit jobs, the system standardizes processes that allow individual needs and employer requirements to meet efficiently within local labour markets.

The model is anchored in a two stage intake and employment facilitation process that identifies both formal and "hidden" skills, followed by the development of individualized workplace toolkits. These toolkits operationalize accommodations such as structured communication, task sequencing, sensory planning, and performance feedback, while remaining low cost and employer driven. Employment facilitators function as system intermediaries, reducing risk during onboarding and early employment phases.

Employers engage based on productivity, retention, and labour market need, not corporate social responsibility or quota based hiring. Governments engage because the model shifts individuals from long term income support trajectories into skilled employment, generating tax revenue while reducing downstream public costs.

This case demonstrates that employment inclusion can be engineered at scale while remaining responsive to individual and employer needs.



Susana Fernandez-Diaz,
Ministry of National Guard Health Affairs Hospital,
Saudi Arabia

Biography

Dr Susana Fernandez Diaz is a Consultant in Transplant, Trauma and Emergency Surgery with 30 years' experience. She leads the establishment of a Major Trauma Centre in Saudi Arabia while maintaining an active surgical practice. She holds an MSc in Health Policy from LSHTM/LSE and blends clinical leadership with systems thinking. A seasoned humanitarian surgeon, she recently served in Gaza and has led surgical missions in Afghanistan, Yemen and Uganda. Dr FernandezDiaz is a member of the Board of Trustees of MedGlobal, where she champions surgical capacity building and trauma system development worldwide.

Trauma Care Without Systems: Gaza and the Collapse of Global Trauma Frameworks Under Siege

Abstract

Contemporary trauma medicine increasingly emphasizes technological innovation, advanced surgical techniques, artificial intelligence, and rehabilitation systems. However, trauma care frameworks fail when political violence systematically destroys the conditions required for medicine itself. Modern trauma medicine assumes intact supply chains, sterilization capacity, access to imaging and medications, including anesthesia, analgesia and antibiotics, and rehabilitation systems. And civilian protection. Under siege conditions these assumptions must be challenged. Conventional "innovation" discourse becomes clinically and arguably ethically inadequate. Structural violence, infrastructure destruction, and blockade fundamentally alter the practice and ethics of trauma care in mass casualty settings. In Gaza, clinicians are managing not only the burden of chronic diseases and malnutrition of a population of 2 million, plus devastating traumatic mainly blast and crush injuries amid severe shortages following a near total blockade of medications and sterile supplies. A completely collapsed health system with overwhelmed few remaining hospitals. Clinical decisions being made under extreme scarcity. The destruction of healthcare infrastructure transforms trauma medicine from a systems-based discipline into improvised survival care. This presentation argues that global trauma discourse remains incomplete if innovation is discussed without addressing the political and structural conditions that determine whether medicine can be practiced at all as is the case in Gaza. Innovation must be reframed to include humanitarian access, protection of healthcare facilities and healthcare workers and preservation of civilian infrastructure. Trauma outcomes are inseparable from those Global trauma care frameworks must expand beyond technological innovation to include structural violence, siege conditions, and the protection of medical systems as central determinants of trauma survival and recovery.



Jill Aylott,
National Autism Assessment Centre, UK

Biography

Dr Jill Aylott, PhD, MBA, PgCert(Ed), RN, is a health systems strategist and Founder of the National Autism Assessment Centre (NAAC), where she leads scalable, governance-led autism diagnostic services across the UK. She pioneered the Neurodiversity Insight Screening™ model, an evidence-informed framework providing structured insight, wellbeing measurement, and practical guidance for families awaiting formal assessment. A doctoral-qualified nurse, Dr Aylott develops clinically defensible, ICD-11-aligned neurodevelopmental pathways integrating research, regulatory compliance, and implementation. Her academic interests include leadership, collective sensemaking, and patient safety culture. Internationally, she advances health-system capacity and workforce sustainability through strategic partnerships across Nepal, India, Ethiopia, and Nigeria.

Scaling Screening for Sense-Making: A Neurodiversity Insight Model to Inform Autism Diagnostic Pathways

Abstract

Background: Autism diagnostic services internationally are experiencing sustained pressure due to rising referral rates, prolonged waiting times, and high levels of inappropriate pathway escalation (Lord et al., 2018). Conventional screening approaches often rely on binary outcomes that fail to capture the complexity of neurodevelopmental presentations and offer limited support for early decision-making (Pellicano et al., 2014). There is increasing recognition of the need for neurodiversity-affirming, scalable models that support sense-making and triage prior to diagnosis (Fletcher-Watson and Happé, 2019).

Aim: To describe the development and early service evaluation of an innovative Neurodiversity Insight Screening Assessment designed to improve pathway accuracy, clinical decision-making, and scalability within autism diagnostic systems.

Methods: A mixed-methods service evaluation was undertaken during early implementation. The screening model integrates standardised screening measures with structured clinical formulation, tailored to age, communication profile, behavioural presentation, and co-occurring conditions. Rather than producing a binary referral outcome, the model generates a strengths-based formulation and targeted recommendations. Outcomes included pathway accuracy, clinician confidence, and service-level efficiency indicators.

Results: Early findings indicate that the model supports more nuanced triage, reducing inappropriate referrals and diagnostic bottlenecks while identifying alternative or co-occurring needs such as ADHD, sensory processing differences, anxiety, trauma, physiological factors, and environmental contributors. Clinicians reported improved confidence in pathway decision-making, with clearer prioritisation of diagnostic resources. The modular design supports implementation across settings with varying workforce capacity.

Conclusion: The Neurodiversity Insight Screening Assessment represents a scalable innovation in autism pathway design, shifting screening from a gatekeeping function to a structured sense-making and decision-support process. Such models may enhance efficiency, equity, and experience within overstretched autism diagnostic systems internationally.



Takanori Saito,
Kansai Medical University, Japan

Biography

Professor Takanori Saito, M.D., Ph.D., is Chair and Professor of Orthopaedic Surgery at Kansai Medical University, Japan. He received his M.D. in 1983 and Ph.D. in Physiology from the same university. He also completed a Clinical Fellowship in Neurosurgery at the University of Iowa, USA. Professor Saito is an experienced spine surgeon and peripheral nerve specialist, with expertise in cervical and lumbar spine disorders, spinal cord injuries, minimally invasive spine surgery, and peripheral nerve disorders. He has held several senior academic and clinical positions and has contributed extensively to research and surgical practice in orthopaedics and spine care. He is a Board-Certified Orthopaedic Surgeon and an active member of several national and international professional societies.

The Accuracy Of Pps Insertion Under The Support Of Spinal Robot: Does The Length Of Experience Of Spinal Surgery Have Any Influence On It?

Abstract

Percutaneous pedicle screw (PPS) is such a low-invasive method that the clinical application is expanding from the single vertebral fixation on lumber spine degenerative diseases to metastatic spinal tumors, pyogenic spondylitis, trauma and adult spinal deformity. One of the disadvantages of the spinal fixation using PPS is an X-ray exposure to the surgical team members because this method is usually performed under X-ray fluoroscopy. To overcome the disadvantage, we developed an original device to insert PPS free hand without X-ray fluoroscopy, that is, the combination of LICAP and screw electronic stimulation methods, which secured the accuracy and safety. However, since this method requires the technique to insert PPS free hand using open method, it takes a lot of time and experience to master it. Thus, we cannot deny that this is an inappropriate method especially to young spinal surgeons. We have installed the operation support robot since June 2022 and started PPS insertion under the support of the robot. In this study we investigated the accuracy and whether the length of experience of spinal surgery has any influence on it.

Materials and methods: We examined 37 patients (21 males and 16 females, average age 72.2 years) who underwent PPS insertion under the support of Cirq robot arm system (Brain Lab). The spinal robot carried out PPS insertion according to the navigation system which was constructed based on the CT images taken during the operation. The breach rate during PPS was evaluated using CT-based Gertzbein and Robbins classification from grade A to E.

Results: Grade C, D, and E breach during PPS was observed in 14 of 290 screws, resulting in the accuracy of 95.2%. The accuracy of PPS insertion was 95.7% by the spinal surgery consultant doctors, 93.7% by the orthopedic surgery specialists, and 97.2% by the residents of the orthopedic surgery. There was no significant difference among the orthopedic surgeons irrespective of the length of experience in orthopedic surgery. Grade D breach was caused by skiving which was characteristic in robot operation.



Vittorio Calabrese,
Ural State Medical University, Italy

Biography

Prof. Vittorio Calabrese is Professor of Clinical Biochemistry at the University of Catania, Italy, where he also directs the School of Specialization in Clinical Pathology and Clinical Biochemistry. A physician and neurologist by training, he has extensive expertise in oxidative stress, mitochondrial dysfunction, neurodegenerative disorders, aging, longevity, redox proteomics, and antioxidants. His research has produced more than 328 scientific publications, approximately 21,735 citations, and an h-index of 90. He serves on the editorial boards of leading international journals and has contributed to national and international research evaluation committees. He is also an inventor of patents concerning curcumin, polyphenols, and neuroprotection.

The Promise and Potential of Sensory Neuronutrition and Brain Organoid Technology in Autism Spectrum Disorders

Abstract

Autism Spectrum Disorders (ASD) are heterogeneous pathological conditions characterized by difficulties in establishing social contacts and the manifestation of repetitive behavior. An atypical trajectory of brain maturation, impaired neurogenesis, synaptogenesis, and an imbalance in the excitatory and inhibitory systems of the CNS form the morphofunctional basis of the ASD.

These pathological changes appear at different stages of brain maturation They are the result of multifactorial environmental influences. To understand the functioning of this complexly organized system in time and space, a three-dimensional model is needed. The closest in vitro model of the human brain from early embryonic stages to aging is brain organoids. Human brain organoids are self-organizing three-dimensional cell aggregates derived from pluripotent stem cells (hiPSCs). Organoids summarize neurogenesis, gliogenesis, synaptogenesis, cell migration and cell differentiation, gyrification of the cerebral cortex, reflect the connections of brain regions [8]. The use of a 3D brain model makes it possible to simulate diseases, reactions to drugs in cells obtained from patients. The use of telencephalon organoids in the ASD model revealed that neuronal migration deficiency, acceleration and disruption of cell cycle synchronization, aberrant cell proliferation, abundant synaptogenesis, temporary deviations in the development of the cortex, increased branching of neurons, unbalanced inhibitory differentiation of neurons, high activity of ion channels are the result of impaired activity FOXG1. FOXG1 is responsible for the overproduction of GABAergic neurons. The shift towards GABAergic neurons induced by FOXG1 is positively correlated with the severity of ASD symptoms and is seen as a precursor to the future of ASD.

An example of assessing early intrauterine environmental exposure to neurons in the developing brain is a study of the effects of Valproic acid (VPA) on forebrain organelles (hFOs). Exposure to VPA leads to the expression of genes associated with the risk of ASD, disruption of synaptic transmission, imbalance of some signaling pathways, including the oxytocin signaling pathway, which is associated with the etiology of ASD. Thus, ASD as a socially significant disease with a heterogeneous type of inheritance, multi-link pathogenesis, realized in

different periods of ontogenesis and involving different brain loci, requires special attention of researchers for the personification of diagnosis and therapy. The hiPSCs can provide insight into the cellular mechanisms underlying ASD as a neuropsychiatric disorder, providing access to the development of platforms for in vitro drug screening and patient-tailored therapy1-3.



Jill Aylott,
National Autism Assessment Centre, UK

Biography

Dr Jill Aylott, PhD, MBA, PgCert(Ed), RN, is a global health systems strategist and Founder of the National Autism Assessment Centre (NAAC). She leads the development of scalable, governance-led autism diagnostic services across the UK and pioneered the Neurodiversity Insight Screening™ model, providing structured insight, wellbeing assessment, and practical guidance for families awaiting formal diagnosis. A doctoral-qualified nurse, Dr Aylott develops clinically robust, ICD-11-aligned neurodevelopmental pathways integrating research, regulation, and implementation. Her work focuses on healthcare leadership, patient safety, workforce sustainability, and health system capacity development through international partnerships and fellowship programmes across Nepal, India, Ethiopia, and Nigeria.

Beyond Screening: Parent-Reported Outcomes from a Neurodiversity Insight Model in Autism Pathways

Abstract:

Background: Autism diagnostic services internationally are experiencing sustained pressure due to rising referral rates, prolonged waiting times, and high levels of inappropriate pathway escalation (Lord et al., 2018). Conventional screening approaches often rely on binary outcomes that fail to capture the complexity of neurodevelopmental presentations and offer limited support for early decision-making (Pellicano et al., 2014). There is increasing recognition of the need for neurodiversity-affirming, scalable models that support sense-making and triage prior to diagnosis (Fletcher-Watson and Happé, 2019).

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Results: Early findings indicate that the model supports more nuanced triage, reducing inappropriate referrals and diagnostic bottlenecks while identifying alternative or co-occurring needs such as ADHD, sensory processing differences, anxiety, trauma, physiological factors, and environmental contributors. Clinicians reported improved confidence in pathway decision-making, with clearer prioritisation of diagnostic resources. The modular design supports implementation across settings with varying workforce capacity.

Conclusion: The Neurodiversity Insight Screening Assessment represents a scalable innovation in autism pathway design, shifting screening from a gatekeeping function to a structured sense-making and decision-support process. Such models may enhance efficiency, equity, and experience within overstretched autism diagnostic systems internationally.



Massod Vadiee
Queen Mary University,
University of London, USA

Biography

Dr. Massod Vadiee is an interdisciplinary physician-scientist specializing in geriatric neurology, aging, and public health. His work bridges geroscience, clinical medicine, and healthcare policy to develop evidence-based approaches that preserve cognitive function, functional independence, and dignity among aging populations. A champion of neuroequity and vulnerable communities, he has pioneered functional, expert-patient care models. His expertise in public health and pandemic preparedness is informed by frontline experiences during COVID-19 and HIV/AIDS. Dr. Vadiee earned a B.Sc. in Biopsychology from the University of Texas, an M.D. from Poznan University of Medical Sciences, and advanced training and a Ph.D. in biomedicine and public health.

Dementia: Forging Forward on Brain Health

Abstract

Cognitive Decline Is Complex and Heterogeneous Condition: AI and Age-Tech Innovations Continue to Create Excitement but the Prevention is Still Hinged on Addressing the Modifiable Risks. The Cognitive health continue to emerge as the major global public health priority. The intersection of memory and politics, as we witnessed in the U.S. presidential debates underscores the urgent need for a radical rethinking of brain health. The theme of this year's World Economic Forum's annual meeting in Davos highlighted brain health as the most pressing public health priority in the coming decade. Significant milestones have been achieved since Robert Terry and Henry Wisniewski published ground breaking work in which they defined Alzheimer's disease as a condition rather than a mere consequence of aging. However, despite the progress, the incidence and prevalence of late onset Alzheimer's disease and related dementias continue to rise. According to Alzheimer's Disease International, dementia is one of the major causes of disability and dependency among older individuals, with projections indicating that cases will triple by 2050. Dementia is a complex condition with a multi-factorial etiologies. It presents with a pro-dromal phase that impedes early diagnosis and intervention. Recent advances in disease-modifying therapies, longitudinal clinical biomarkers and molecular imaging has allowed clinicians to track disease progression and tailor care management. The ongoing clinical trials investigating Blarcamesine for early-stage Alzheimer's disease has provided some insights into its potential to slow cognitive decline. However, in the absence of a broader and more reliable pharmaceutical interventions, identifying at-risk individuals and addressing the modifiable risk factors remains the most prudent prevention strategy. These risk factors (i.e.; cardiovascular disease, diabetes, obesity, sedentary lifestyle, excessive alcohol consumption, social isolation, hearing impairment, brain injuries, and low educational attainment) collectively accounting for approximately 40% of dementia cases worldwide.

AI and Data Mining continue To Transform Dementia's Treatment and Care: The intersection of aging and technology is where artificial intelligence (AI) and machine learning are emerging as powerful tools to enhance brain health. Despite the AI's potential in improving the quality of life for older adults, the ageism and the uneven access

continue to hinder its full utilization. AI's ability continues to expand in harnessing the pre-existing data form aging biology, neurobehavioral, commodities, and clinical geroscience in order to address the challenges of delayed dementia diagnosis and to improve disease monitoring. Combining various data sources including biomarkers, amyloid PET, MRI scans, and non-imaging demographic and cognitive measures (linguistic and gait analysis) potentially can enhance clinicians' confidence in early dementia detection. The cognitive assistive technologies, (i.e., smartphones, wearable devices, gadgets) are revolutionizing dementia care. These innovations support daily living activities for individuals with dementia and to some extent alleviating caregiver burden. Nonetheless the financial strain of dementia care-giving is staggering, with annual costs exceeding $1 trillion globally. The rapid proliferation of cognitive assistive technology has sparked ethical concerns regarding privacy, data ownership, risk, and individual rights are key obstacles that warrant societal debate.

Rethinking Aging Productivity and Cognitive Reserve: Our understanding and conceptualization of of dementia remains inadequate, as it is rooted in an evolving but incomplete grasp of its complex heterogeneity. Addressing the brain health and dementia requires a paradigm shift in how society perceives aging, longevity, and productivity. Alongside the AI enhanced diagnostics, the role of environmental and social factors in dementia prevention must not be underestimated. Today more than ever Jean-Paul Sartre's famous phrase that "existence precedes essence" resonates when addressing person-hood, self-hood, and memory ownership. The research evidence has shown that lifetime social participation can enhance cognitive reserve and delay dementia therefore addressing social and epidemiological environmental determinants is and economically relevant. A comprehensive approach that integrates diagnostic advancements, lifestyle interventions, and personalized therapies will transform early detection, prevention, and long-term dementia care.

The Cross-Cultural Representations of Dementia: Brain Health Equity, Stigma, and Neurodiversity The dementia and brain health perceptions vary significantly across "dementia" cultures while historically, was synonymous with intellectual deterioration and the loss of occupational and social capacities. Defining dementia solely through cognitive and behavioral symptoms limits research scope and understanding. The DSM-5's replacement of "dementia" with "Major Neurocognitive Disorder" reflects a shift in conceptualizing neurodegenerative diseases. A number of S global strategies have began to challenge stereotypes and misconceptions surrounding dementia and have lead to a public health shift toward addressing these barriers. The growing "citizenship" perspective acknowledges people with dementia as active participants in society rather than passive recipients of care, while the neurodiversity movement challenges the neurotypical gaze by exploring variations in cognitive, sensory, and emotional functioning. Dementia research must incorporate these emerging critical perspectives to investigate stigma and marginalization. Finally, the dementia research should continue to embrace technological advancements and address modifiable risk factors, while attempting to integrate social and cultural determinants of brain health. AI and big data hold promises for early detection and monitoring, while cognitive assistive technologies offer support for patients and caregivers. However, major ethical considerations such as equity, and inclusivity must remain at the forefront of dementia discourse. A holistic, cross disciplinary approach that merges medical, technological, and social strategies will be essential in reshaping not only the public perception but also how we provide care for the aging population with dementia.



DAY -1

ORAL PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



Jos Boer,
University Medical Center
Utrecht, Netherlands

Biography

Jos Boer studied Nursing Specialism in Psychiatry (Honor Program) and graduated cum laude in 2022. After that, he started working as a primary practitioner at the Specialistic Center for Developmental Disorders, a top clinical center for adults with neurodevelopmental disorders and all comorbidity. Jos Boer is also PhD candidate at University Medical Center (UMC) Utrecht, where he focuses on the nature of eye contact in autism. Besides that, he is project manager of the Platform Nursing Research at the Dimence Groep, facilitating more than 900 nursing professionals. Jos Boer participates in many projects, for example in national guideline development and in the department for Nursing Specialists of V&VN; the national nursing association in the Netherlands. And he is a guest lecturer in neurodevelopmental disorders at the University of Applied Sciences in Amsterdam.

Eye contact behavior during interactions in adults with and without autism. An exploratory mixed methods experimental design

Abstract

Background: Eye contact in autism is said to be different than in all other populations worldwide. But despite decades of research on the nature of eye contact in autism, no definitive conclusions can be made. This while more understanding of this phenomenon could help overcome social problems that arise from atypical eye contact. One reason for this lack of understanding could be that the it's still unclear what the similarities and differences in eye contact are between people with and without autism. Furthermore, insufficient insight has been gained into how people with and without autism reflect on their own eye contact.

Aim: To compare objective measures of eye contact in adults with and without autism along with an exploration in how adults with and without autism reflect on their own eye contact.

Method: An exploratory mixed methods design, developed in co-design with adults with lived experience. The design consisted of two parts. In the first part, a videotaped individual conversation was conducted with adults with autism (N=27) and without autism (N=27) about a mild and a complex topic. Duration, frequency of eye contact, and level of arousal were registrated, as well as notable eye behavior. In the second part, the participant and researcher reflected on the videotaped conversation, and notable eye behavior was also registrated. Quantitative analysis of the data from the first part was conducted using software programs SPSS and Matlab. Qualitative thematic analysis of the reflections in the second part was conducted using software programs Atlas.ti and Microsoft Excel.

Results and conclusions: At this moment, data analysis is conducted and will most likely be completed by the middle of 2026. It is estimated that the article will be published in the period the World Congress on Autism Research & Innovation will take place. Hypotheses are that adults with autism have a higher or lower duration and frequency of eye contact during interactions compared to adults without autism, that there is a difference in the eye behavior of adults with and without autism during mild topics compared to complex topics, that the level of arousal during eye contact is higher in adults with autism compared to adults without autism, that eye contact during an interaction is experienced as

more intense by adults with autism compared to adults without autism and that adults with autism reflect on their eye behavior with a more neutral posture than adults without autism.

Implications for practice: This research could contribute to a better understanding of eye contact in adults with autism in comparison with adults without autism. Insight into the nature of eye contact in autism provides more guidance for both the adult with autism and the interaction partner. This in turn may help reduce interaction problems arising from eye contact in autism.



Alena Sidenkova,
Ural State Medical University, Russia

Biography

Alena Sidenkova is a psychiatrist, DoctorofMedicalSciences,professor, and head of the Department of Psychiatry at the Ural State Medical University (Yekaterinburg, Russian Federation). She is co-chair of the Russian Society of Psychiatrists and a member of the AAIC. She studies the pathogenesis of neurocognitive and neurodevelopmental disorders, including ASD, in childhood and adulthood. In 2010, she defended her doctoral dissertation, "A Psychosocial Model of Late-Onset Dementia." Her research interests include social psychiatry, psychopharmacology, the mechanisms of neurodegenerative disorders, developmental disorders, and dysontogenetic disorders. She is developing a dynamic model of mental function formation during ontogenesis. She has authored over 250 articles and 7 monographs.

Hericium Erinaceus Is A Neuronutritive Drug For The Correction Of Cognitive And Behavioral Disorders In Children With Autism Spectrum Disorders

Abstract

The problem of autism and autistic disorders (ASD) is of great medical and social importance, since the features of this disorder aggravate the course of the disease and reduce the quality of life of the patient and his microsocial environment. The main difference between ASD is cognitive ditogenesis, which is manifested by clinical heterogeneity: early motor disorders, sensory-perceptual disorders, disturbances of zonal speech function, stereotypic behavior, and lack of constant interaction. The mechanisms of development of ASD include genetically determined pre- and postnatal cerebral dysontogenesis, including secondary pathogenic factors (neuroinflammation, oxidative stress, immune dysfunction, mitochondrial disorders, diagnostic disorders of the blood-brain barrier, intestinal dysbiosis). This creates a closed pathogenetic circuit, which makes adequate hardware correction of ASD difficult. From these positions, the search for new ways to overcome the pathogenetic path is an urgent scientific task. The results of clinical studies and experimental studies of the use of polyphenols and nutrients in the treatment of ASD, taking into account the main links in the pathogenesis of this disease, allow us to expand the possibilities of treating this disorder. Hericium erinaceus contains erinaines and hericenones, natural NGF activators that accelerate the regeneration of nervous system elements and influence neuroplasticity. Hericium erinaceus contains sterols, amphipathic compounds necessary for the construction of neurocyte cell membranes and myelin formation.

Objective: To evaluate the effectiveness of Hericium erinaceus on the cognitive functions of children with ASD.

Materials and Methods: Twenty children aged 4-6 years with autism spectrum disorder (ASD), diagnosed according to DSM-5 criteria, were examined. The study protocol was approved by the ethics committee. Parental consent was obtained. The study methods included clinical, psychometric, and neuropsychological assessment. The following indicators were assessed: dynamic praxis, constructive praxis, spatial perception, speech, attention, and behavior. Childhood Autism Rating Scale (CARS) and a set of neuropsychological tests were used.

Results: Baseline. The "Choice Reaction" test assessed self-control and impulsivity. Prior to therapy, subjects exhibited impaired responsiveness,

decreased productivity, impaired attention switching, and impaired understanding and execution of complex instructions.

Before treatment, dynamic praxis was impaired: correct sequential movements were difficult, there were errors when switching from one series of movements to another, the child got stuck on one movement, and could not correct a motor error. Constructive praxis is impaired, purposeful actions are absent, work with small details is difficult, and drawing from a sample is impaired. Visual-motor coordination and coordination of hand movements with visual information were impaired. Spatial perception was impaired. Actions were not performed consistently. Mutual coordination and coordination of movements with both hands were impaired. Problems and self-correction were observed: the child constantly hit, paused, and repeated the task. A pronounced dependence of movements on visual control was observed. Visual-spatial gnosis was impaired—impaired recognition of realistic images, recognition of superimposed images, and identification of incomplete images. Low attention span and ability to work for long periods of time. Phonemic awareness and pronunciation were impaired, as were word agreement within sentences and sound discrimination. Speech stereotypies were present, and the pronunciation of complex words was impaired. The average CARS score was 43.2+4.1 points. All children had moderate autism. Taking HERICIUM ERINACEUS (gelatin-coated capsules with finely dispersed dried HERICIUM powder) 0.3 g daily in the morning. Duration of treatment was 4 months. The study was conducted in 2025. After the course of therapy, significant improvements were observed in choice reactions, mutual coordination, graphomotor tests, motor coordination tests, and constructive praxis ($p<0.05$). The average CARS score was 41.2 ± 1.3 points. There were no adverse events.

Conclusion: A 4-month course of HERICIUM ERINACEUS treatment in children with ASD aged 4 to 6 years showed efficacy in relation to some cognitive functions and good tolerability.



Cyrah Esuako,
GlowMind Technology Solutions, Mozambique

Biography

Cyrah Esuako is a recent IT Software Engineering graduate, Cuban-Ghanaian technology enthusiast, and emerging entrepreneur born and raised in Mozambique. Fluent in English, Spanish, and Portuguese, she is passionate about developing innovative solutions that promote accessibility, inclusion, and social impact. Her expertise spans artificial intelligence, software development, project management, and assistive technologies. With over two years of experience in procurement and business development, she combines technical knowledge with strategic insight. Cyrah completed specialized training in AI development and project management and founded GlowMind Technology Solutions, inspired by her GlowMind app supporting emotional expression and interaction among autistic children.

GlowMind: Empowering Autistic Children Through Digital Support for Communication, Social, and Emotional Development

Abstract

Children with Autism Spectrum Disorder (ASD) face significant barriers in communication, social cue interpretation and emotional regulation, to mention but a few. Traditional interventions are often costly and inaccessible, leaving a critical gap in daily support for families. This study presents GlowMind, a high-impact mobile application created to address challenges faced by children diagnosed with Autism Spectrum Disorder and engineered to bridge this gap through affordable, evidence-based digital therapy. Developed using an Agile framework, GlowMind leverages a cutting-edge technical stack including Flutter and Dart for cross-platform performance, with a synchronised data architecture using Hive (local) and Supabase (cloud) for seamless, real-time progress tracking. A standout innovation is the integration of a rule-based AI model that performs real-time behavioural assessments (based on validated ERQ and SADS instruments) to deliver personalised learning paths tailored to each child's unique developmental profile. The design prioritises a minimalist, sensory-considerate user interface to prevent cognitive overload, featuring gamified modules, interactive emotion cards, and AI-driven speech-to-text tools. The application underwent rigorous Functional and User Acceptance Testing (UAT), achieving a 100% pass rate in technical performance. Pilot study results confirm transformative potential: 100% of users validated the platform's ease of use and efficacy in mitigating sensory sensitivities. Notably, 75% of participants strongly agreed on the system's high-speed efficiency and lack of latency. Beyond the child's experience, the Guardian Dashboard successfully reduced guardian burden by providing data-driven insights into developmental milestones. GlowMind represents a scalable advancement in assistive technology, offering a validated, secure, and intuitive solution that empowers neurodivergent children toward greater independence and a higher quality of life.



***Irma Canut Gasperin, Constanza Rojas Vertiz Canut,**

Organic Play, Canada

Biography

Irma Canut Gasperi is a Registered Behaviour Analyst and early intervention practitioner with over 25 years of experience supporting autistic children, developmental and sensory needs, and families. Co-founder of Organic Play and co-creator of Curiosity Developmental Mapping, she specializes in play-based intervention, inclusion, developmental participation, and family-centred practice, informed by lived experience.

Constanza Rojas Vertiz Canut, RECE, is an early childhood educator and co-founder of Organic Play. With over seven years of experience, she advocates inclusive, child-led, play-based learning. As co-creator of Curiosity Developmental Mapping, she supports responsive educational planning and accessible environments that honour each child's individuality, relationships, strengths, and participation.

Curiosity Developmental Mapping: A Structured Observational Framework for Individualized and Inclusive Early Intervention Planning in Autism

Abstract

A persistent challenge in autism early intervention involves identifying meaningful starting points for individualized planning when children's patterns of play, participation, communication, sensory experiences, and social engagement differ from conventional developmental expectations. While developmental assessments provide valuable information, practitioners often require additional frameworks to understand how children engage with people, materials, environments, and experiences in everyday contexts. Curiosity Developmental Mapping (CDM) is a structured observational framework developed to generate a comprehensive understanding of children's participation. The framework emerged through the integration of developmental science, play-based intervention literature, naturalistic developmental approaches, and clinical observation. CDM organizes observations through multiple interconnected lenses, including interests, play patterns, social participation, communication, sensory experiences, environmental preferences, relational interactions, and developmental processes. Rather than examining these lenses independently, CDM considers how they interact to shape children's engagement within naturally occurring activities and contexts. The framework assists practitioners in identifying individualized entry points for learning and intervention by developing a multidimensional profile of the child's participation. Particular attention is given to participation beyond conventional expectations, including diverse play styles, sensory preferences, social comfort zones, recurring schemas, and patterns of engagement. CDM proposes a shift from selecting activities based primarily on predetermined intervention targets toward using children's existing interests, play patterns, sensory preferences, and participation styles as starting points for intervention planning and learning. By integrating developmental, social, sensory, communicative, and play-based lenses, CDM offers a structured approach for identifying individualized entry points for learning, participation, and inclusion across autism early intervention, educational, and community settings.



Sara Dehbashi, MD
Medstar Georgetown University Hospital, USA

Biography

Dr. Sara Dehbashi is board certified in Neurology, Neuromuscular medicine and Electrodiagnostic medicine. She was graduated from Shiraz University of Medical Sciences, completed a residency at University of Texas Medical Branch Hospitals and a Neuromuscular fellowship at Mount Sinai Hospital. Dr. Dehbashi's main clinical areas of interest are AIDP/CIDP, Myasthenia Gravis, Myopathies, neuropathies, and motor neuron diseases. Dr. Dehbashi was previously affiliated with Thomas Jefferson University Hospital and joined the Medstar Georgetown University Hospital (MGUH) team in 2025 as an Associate Professor of Neurology/ Neuromuscular medicine. She is the Director of Myasthenia Gravis Clinic at MGUH.

Emerging Targeted Therapies in Myasthenia Gravis: Transforming Disease Management

Abstract

Background: Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junction mediated by antibodies against acetylcholine receptor (AChR), muscle-specific kinase (MuSK), and low-density lipoprotein receptor-related protein 4 (LRP4). Conventional therapies, including corticosteroids, immunosuppressants, intravenous immunoglobulin (IVIg), and plasma exchange, are effective but limited by delayed onset, incomplete response, and adverse effects. Advances in disease pathophysiology have led to the development of targeted biologic therapies.

Objective: To review recent advances in targeted therapies for MG, with emphasis on clinical efficacy, safety, and their role in contemporary management.

Methods: Key phase II and III clinical trials and extension studies were reviewed, including REGAIN and CHAMPION-MG (complement inhibitors), and ADAPT, ADAPT+, MycarinG, and VIVACITY-MG and VIVACITY-MG3 (FcRn antagonists).

Results: Complement inhibitors such as eculizumab (REGAIN) and ravulizumab (CHAMPION-MG) significantly improve clinical outcomes in refractory AChR-positive MG by inhibiting terminal complement activation. FcRn antagonists, including efgartigimod (ADAPT, ADAPT+), rozanolixizumab (MycarinG), and nipocalimab (VIVACITY-MG, VIVACITY-MG3), reduce circulating pathogenic IgG levels and produce rapid, clinically meaningful improvements in MG-ADL scores with favorable safety profiles. Emerging therapies targeting B cells, including inebilizumab, as well as plasma cells and cytokine pathways, are under investigation and may broaden treatment options, particularly for refractory and seronegative MG.

Conclusion: Targeted therapies are reshaping MG management by providing faster and more effective disease control with improved tolerability. Future management will focus on selecting the right therapy for the right patient based on antibody profile, disease severity, and treatment response.



Shouzi Zhang
Beijing Geriatric Hospital, China

Biography

Zhang Shouzi from Beijing Geriatric Hospital, China, specializes in geriatric neurology with a focus on neurodegenerative disorders. His work emphasizes innovative therapies, including non-invasive brain stimulation, to improve cognitive outcomes in patients with Alzheimer's disease and related conditions.

Evaluating The Treatment Outcomes Of Repetitive Transcranial Magnetic Stimulation In Patients With Moderate-To-Severe Alzheimer's Disease

Abstract

The repetitive transcranial magnetic stimulation (rTMS) shows great potential in the treatment of Alzheimer's disease (AD). However, its treatment efficacy for AD patients in moderate to severe stage is relatively evaluated. Here, we proposed a randomized, sham-controlled, clinical trial of rTMS among 35 moderate-to-severe AD patients. A high frequency (10 Hz) stimulation of the left dorsal lateral prefrontal cortex (DLPFC), 60-session long treatment lasting for 3 months procedure was adopted in the trial. Each participant completed a battery of neuropsychological tests at baseline and post-treatment for evaluation of the rTMS therapeutic effect. Twelve of them completed baseline resting-state functional magnetic resonance imaging (fMRI) for exploration of the underlying neural contribution to individual difference in treatment outcomes. The result showed that the rTMS treatment significantly improved cognitive performance on the severe impairment battery (SIB), reduced psychiatric symptoms on the neuropsychiatric inventory (NPI), and improved the clinician's global impression of change (CIBIC-Plus). Furthermore, the result preliminarily proposed resting-state multivariate functional connectivity in the (para) hippocampal region as well as two clusters in the frontal and occipital cortices as a pre-treatment neuroimaging marker for predicting individual differences in treatment outcomes. The finding could brought some enlightenment and reference for the rTMS treatment of moderate and severe AD patients.



Zahra Salehe,
Integrating Capacity and Community Advancement Organization, Tanzania

Biography

Zahra Khalaf Salehe is the Founder and Executive Director of ICCAO Tanzania, a youth-led organization advancing education, health, civic leadership and economic justice. With ten years of experience leading community-based youth programmes, she has developed partnerships with government, civil society and international organizations and contributed to national and global policy spaces, including the UN Commission on the Status of Women, High-Level Political Forum and UN General Assembly. She holds a bachelor's degree in Banking and Finance, a master's degree in Project Planning and Management, and a postgraduate diploma in Mass Communication.

Beyond Alcohol Prevention: Lessons from 'Ulevi Sio Dili' on Youth Substance Use, Mental Health and Community-Based Prevention in Tanzania

Abstract

Background: Alcohol and substance use among young people is a significant public-health concern that intersects with mental well-being, peer pressure and socioeconomic vulnerability. ICCAO Tanzania implemented Ulevi Sio Dili ('Alcohol is Not a Deal') from 2023 to 2025 to reduce alcohol-related harm among young people aged 15-35 in Tanzania's Mara and Coastal regions, particularly vulnerable out-of-school youth.

Methods: The intervention combined peer-led education, life-skills and self-awareness sessions, sports, entrepreneurship support, community engagement, media and policy advocacy. Sixty-eight peer educators led 26 youth groups and 23 sports teams. Progress was assessed through baseline and endline surveys, focus-group discussions, reflection meetings and routine monitoring.

Results: Baseline and endline assessments included 615 and 368 respondents, respectively. The proportion of respondents who perceived youth alcohol addiction/use as high or very high decreased from 90.3% in 2023 to 81.5% in 2025. Fifty-one young people were documented moving away from alcohol use toward small businesses, sports, peer education and community initiatives. Implementation highlighted the importance of addressing peer pressure, decision-making, idleness and economic uncertainty alongside alcohol prevention.

Conclusion: Youth alcohol and substance-use prevention should move beyond awareness alone toward integrated approaches that strengthen life skills, meaningful youth participation, economic agency and mental well-being. Linking community prevention with youth-responsive mental-health information, early identification and referral pathways is an important next step for Tanzania.



Maria Teresa Lonardo
Tor Vergata University Hospital,
Italy

Biography

Maria Teresa Lonardo, General Surgeon and Faculty Member at Tor Vergata University Hospital (Rome), specializing in Hepato-Bilio-Pancreatic Surgery and Organ Transplantation. Author and Project Manager of the Trilateral Agreement between Italian and Albanian medical universities, establishing a cross-border healthcare and educational hub for liver and kidney transplantation. Authorized transplant surgeon managing transplantation, organ procurement and advanced laparoscopy, routinely involved in emergency interdivisional surgery. Holds a PhD in Surgical Pathophysiology, a IInd Level Master in Hepatobiliary Surgery, a LUISS Business School Healthcare Management degree. Combines clinical and research activity (phase 2/3 clinical trials, scientific production) and extensive tutoring for residents and emergency medicine students.

Solid Organ Transplantation in Major Emergency Scenarios: Program Viability and Management Strategies

Abstract

Solid organ transplantation (SOT) is a complex, resource-intensive procedure that during major emergency scenarios (MES), such as military conflicts, pandemics, or healthcare infrastructure collapses, presents outstanding clinical and ethical dilemmas. Critical disparity between medical demand (specialized staff, pharmacological supply, ICU beds, blood products etc.) and available resources requires a specific focus on strategic guidelines, triage frameworks, and clinical management models.

International consensus strategies, institutional adaptation protocols, and historical data from COVID-19 pandemic and modern conflicts (Syria, Ukraine) were analysed to evaluate organ-specific outcomes and disaster-specific logistics. Liver transplantation program requires selective continuation, prioritizing high-acuity cases (Hyperacute Liver Failure, MELD ≥ 30) due to the lack of medical lifesaving bridging procedures, provided a dedicated post-operative ICU bed and 4-6 blood units are available. Kidney transplantation programs can temporarily be suspended via maintenance of dialysis; however, cadaveric transplantation proves more resource-efficient under prolonged MES. Pancreas and living-donor programs should be discontinued to minimize complications and protect healthy individuals. Immunosuppressant stocking or, in absolute shortage, patient transition to low-dose steroid monotherapy or longer-acting formulations is required. In pandemics, immunosuppression tapering during active infections, pathway segregation, early discharge protocols and telemedicine optimize outcomes. Despite an initial **40% activity drop** during COVID-19 outbreak, Italy's National Transplant Center minimized to 10% the overall year-2020 decline (lungs –22%, kidneys –12.5%, livers –7.3%, hearts –2.5%) pioneering a landmark protocol for positive donor organ procurement for urgent, immunized candidates. While lung grafts carried high transmission risks, no significant increase in graft failure or recipient mortality for extra-thoracic organ transplants occurred.



Lorenzo Andreani,
Pisa University Hospital,
Italy

Biography

Lorenzo Andreani, MD, MSc, PhD, FACS, is an orthopaedic surgeon at Pisa University Hospital, Italy, with expertise in musculoskeletal oncology, complex reconstruction, orthopaedic trauma, and disaster surgery. He holds a PhD in Clinical and Translational Sciences and a Master's degree in Disaster Management and Civil Protection. He is Vice-President of the Gruppo Chirurgia d'Urgenza (GCU) and is actively involved in EMT2 Toscana within the European Civil Protection framework. He is also a member of the WHO Emergency Medical Team Evaluation Team. His main interests in disaster medicine include damage control orthopaedics, mass-casualty management, and surgical care in resource-limited field hospitals.

Orthopaedic Trauma Management in Mass-Casualty Events: Strategies and Challenges in Low Resource EMT Type 2 Field Hospitals

Abstract

Background: Mass-casualty events (MCEs), including earthquakes, armed conflicts, floods, and other sudden onset disasters, may generate a rapid influx of patients with complex musculoskeletal injuries while simultaneously compromising local healthcare infrastructure. Emergency Medical Team (EMT) Type 2 field hospitals provide inpatient and surgical emergency care in these environments. Orthopaedic trauma frequently represents a major component of the surgical workload; however, conventional trauma-centre strategies cannot always be transferred directly to resource constrained field settings.

Aim: To describe an operational approach to orthopaedic trauma management during MCEs in EMT Type 2 field hospitals, focusing on surgical prioritisation, damage control orthopaedics (DCO), management of open fractures and soft-tissue injuries, resource allocation, and continuity of care.

Methods: An experience-based operational review was performed integrating WHO EMT principles, disaster-surgery concepts, and preparedness, training, and field-hospital planning experience within the EMT2 Toscana/RescEU framework. The orthopaedic pathway was analysed from initial triage and surgical prioritisation to operative treatment, postoperative management, rehabilitation, referral, and discharge, with particular attention to the limitations of low-resource environments.

Results: Orthopaedic care during MCEs requires a transition from conventional individual-patient optimisation toward a population-based strategy aimed at maximising clinical benefit while preserving surgical capacity. Priorities include haemorrhage control, identification of limb- and life threatening injuries, early debridement of contaminated wounds, fracture stabilisation, infection prevention, and timely reassessment. DCO represents a cornerstone of this strategy. External fixation offers rapid and reproducible stabilisation with relatively limited resource

requirements and may serve as temporary or, in selected circumstances, definitive treatment. Open fractures and complex soft-tissue injuries require staged management, repeated debridement when indicated, appropriate antimicrobial prophylaxis, and early consideration of soft-tissue coverage. Decisions regarding limb salvage versus amputation must incorporate not only anatomical and physiological factors but also available reconstructive capabilities, rehabilitation resources, evacuation options, and realistic possibilities for long-term follow-up. Operational preparedness is equally important. Standardised clinical pathways, predefined orthopaedic surgical sets, familiarity with field equipment, multidisciplinary team training, and continuous monitoring of consumables, implants, blood products, operating-room capacity, and postoperative beds are essential to avoid exhaustion of critical resources during prolonged operations.

Conclusions: Orthopaedic trauma management in an EMT Type 2 field hospital requires a different decision making paradigm from that of a conventional trauma centre. Effective care depends on adaptability, DCO principles, staged surgery, multidisciplinary coordination, and resource conscious clinical decisions. In mass-casualty environments, the optimal orthopaedic intervention is not necessarily the most technically sophisticated procedure, but the one that provides safe, reproducible, and sustainable care while preserving the capacity of the field hospital to treat subsequent casualties



Mavis Boakye-Yiadom,
Centre for Plant Medicine Research,
Ghana

Biography

Dr. Mavis Boakye-Yiadom is the Head of Department for the Microbiology Department of CPMR, Ghana. She is a Medical Herbalist, a Natural Product Chemist, a Clinical Pharmacologist, and a Clinical trialist with expertise in clinical consultation and trials, natural product research, and health policy development. She holds a BSc. Herbal Medicine from Kwame Nkrumah University of Science and Technology (KNUST), in Kumasi - Ghana, a Master of Philosophy in Chinese Materia Medica (Natural Product Chemistry) from the Tianjin University of Traditional Chinese Medicine, PR China, a Doctor of Philosophy in Clinical Pharmacology at KNUST, Kumasi – Ghana and an Master of Science in Clinical Trials, at University of Ghana.

The "Bucket" Effect: The Role of CO2 Accumulation in Contemporary Infant Sleep Environments in Neonatal Acidotoxicity and Neurodevelopmental Impairment

Abstract

Introduction: Contemporary autism research has largely emphasized genetic, prenatal, and maternal health factors, while comparatively limited attention has been given to the infant's immediate physical microenvironment. This study examines the association between stagnant air in modern solid-walled cribs and the localized loss of neural progenitor cells during critical periods of brain development.

Methods: Animal models were used in conjunction with environmental monitoring of standard infant sleep furniture (130 × 70 cm). CO2 concentrations were measured within the 10 cm respiratory zone. Blood pH was monitored to assess the development of respiratory acidosis. Comparative analyses were performed between stationary "bucket-style" cribs and traditional swinging cradles (beshiks).

Results: The data indicated that within 60 minutes of sleep in a poorly ventilated "bucket" crib, CO2 concentrations exceeded 70,000 ppm (7%). This hypercapnic environment was associated with a decline in blood pH below 7.35, reaching severely acidotic levels of 7.0. In animal models, this acute acidosis selectively induced apoptosis in metabolically active neural progenitor cells. In contrast, the horizontal air movement characteristic of a swinging beshik or floor-level cross-ventilation maintained CO2 concentrations near ambient levels and preserved physiological blood pH at approximately 7.4.

Conclusion: These findings suggest that autism may, in part, involve structural brain injury associated with preventable environmental acidosis. We propose the addition of a "25th Point" to public health standards: mandatory horizontal air exchange at floor level. Redesigning infant sleep environments to eliminate localized CO2 accumulation may represent a non-invasive, high-impact strategy for the primary prevention of neurodevelopmental and metabolic disorders.



Masood Vadiee, BSc, MD, PhD
Queen Mary University, University of London, USA

Biography

Dr. Massod Vadiee is an interdisciplinary physician-scientist specializing in geriatric neurology, aging, and public health. His research and clinical work focus on preventing cognitive and functional decline, advancing neuroequity, and improving healthcare delivery for vulnerable aging populations. With experience spanning the United States and Europe, he holds degrees from the University of Texas, Poznan University of Medical Sciences, and Jagiellonian University Medical College, including a Ph.D. in biomedicine and public health. His postdoctoral training at Queen Mary University of London strengthened his expertise in chronic care and comorbidity. Dr. Vadiee is also a published researcher and academic editor.

Bedside Pre- And Postoperative Care Among Patients With Parkinson's Dementia: Observations, Vigilance, And Interventions—A Scoping Review

Abstract

Introduction and Objective: There remains a narrow scope and depth in the literature reporting on the impact of in-hospital surgical operations on patients with suspected cognitive decline or pre-existing dementia. Long-term epidemiological studies have not conclusively proven a direct causal link between surgery and the development of permanent neurodegenerative diseases, nor whether surgery accelerates underlying dementia. Nonetheless, for patients with a pre-existing diagnosis of dementia, the evidence is highly conclusive: Undergoing major surgery leads to the depletion of cognitive reserve, significantly higher rates of undesirable surgical outcomes—such as postoperative delirium and dementia (PODD)—and impeded recovery complications that collectively increase mortality risk. The objective of this scoping review is to systematically map the literature, core concepts, and existing gaps in evidence regarding the challenges of pre- and postoperative clinical care in patients with Parkinson's dementia.

Methods, Search Strategy, and Eligibility Criteria: This review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-Scoping Reviews) reporting guidelines. Evaluated sources focused specifically on patients diagnosed with Parkinson's dementia undergoing in-hospital surgical operations.A comprehensive search strategy was utilized across the Scopus and PubMed databases for literature published from 2020 to 2026. The initial search yielded 145 unique records. The dominant focus throughout the selected literature centered on pre- and postoperative care strategies and clinical management protocols that are critical and crucial in preventing further postoperative cognitive decline.

Conclusions: While gaps persist in the evidence regarding specific postoperative risks associated with cognitive decline among general dementia patients undergoing operations, a growing body of literature points to considerably higher risks for patients with Parkinson's dementia. These patients possess unique clinical baselines that heavily influence their postoperative recovery trajectory. Current consensus indicates that clinical practice should direct further research toward bridging these knowledge gaps to establish robust, evidence-based best practices addressing the pre and post operative challenges.

DAY- 2

KEYNOTE PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



Michelle Lansdowne
ISEE,
UK

Biography

Michelle Lansdowne is Chair and Trustee of ISEE, a Scottish charity dedicated to raising awareness of visual stress. She holds an MBA in Sustainability, Innovation & Change Management from the University of Stirling, where her research explored the lived experiences of over 500 people with visual stress and compared the effectiveness of different interventions. With more than 25 years' experience in global marketing leadership across SaaS, AI, fintech, and consumer sectors, Michelle brings strong strategic, communications, and advocacy skills. She is passionate about equipping professionals with the knowledge to identify, understand, and support individuals affected by this under-recognised condition.

Seeing The Light: Lived Experiences Of People With Visual Stress And Implications For Professional Practice

Abstract

Visual stress, also known as scotopic sensitivity syndrome or Irlen Syndrome, is a neurological visual processing disorder affecting an estimated 15–20% of the population. Despite this prevalence, awareness remains low among health, education, and social care professionals, often leading to delayed identification, misdiagnosis, and inadequate support. This session draws on a UK-based study of over 500 participants, capturing lived experiences of visual stress respondents, who reported symptoms including print and environmental distortions, migraines, sensory overload, and anxiety—frequently compounded by feelings of dismissal when their perspectives were overlooked in assessments. Many described frustration with clinical approaches that focused solely on eyesight, failing to address perceptual distortions. The presentation will highlight these first-hand accounts, identify gaps in professional practice, and provide evidence-informed recommendations for early screening, empathetic engagement, and effective intervention—empowering professionals to recognize and respond to the full sensory and emotional impact of visual stress, whilst also encouraging the opportunity for further research.



Luiz Moutinho
University of Suffolk,
UK

Biography

Luiz Moutinho (BA, MA, PhD, MAE, FCIM) is an internationally recognized marketing and management scholar and Visiting Professor at the University of Suffolk, UK, and The Marketing School, Portugal. He is a member of The Academia Europaean and has held senior academic positions at the University of Glasgow, Dublin City University, Cardiff Business School, and several universities worldwide. His research interests include artificial intelligence, biometrics, neuroscience in marketing, futures research, consumer behaviour, evolutionary algorithms, and human-computer interaction. He is Founding Editor-in-Chief of the *Journal of Modelling in Management* and has authored 39 books and more than 161 refereed journal articles. He has delivered keynote speeches and academic presentations in 49 countries and has received numerous international academic distinctions.

Brain 2.0

Abstract

The presentation will cover trends and concepts such as, Trends in Neurology, Cognitive Neuroscince, AI-driven Neural Decoding, The Wet Logic of Cells, Whole-Brain Digital Twins and Neuro-Symbolic Brain Models. Cognitive neuroscience technologies use special tools to read, map, and change human brain activity to understand how we think, memorise, and feel. Today, this field is merging with Artificial Intelligence (AI) and cutting-edge engineering to create a future where humans can control computers with their minds, heal deep psychological wounds, and even upgrade their natural intelligence. AI models no longer just look at statistics; they explicitly decode complex neural patterns. In the future, AI will help decode high-level abstract cognitive entities, like exactly what you are paying attention to or what you are visualising in your memory. This will allow for hyper-personalised digital therapy tools. The talk will then proceed to cover issues like, Non-Invasive Neural Mapping, Neurobiology, Neuro-Robotics, Neurogenetics and Synthetic Biology. Neurobiology and neurosciences form the scientific study of the nervous system. Neurobiology focuses on the biological and cellular mechanisms of nerve cells, while neuroscience is a broader umbrella discipline that also integrates psychology, computation, and cognitive science to understand behaviour and brain function. The future of neurobiology centres on merging high-resolution brain mapping, human stem cell-derived organoids, and advanced artificial intelligence to decode complex neural circuits. This convergence aims to deliver personalised treatments for neurological and psychiatric disorders. The future of neurobiology and behaviour focuses on merging high-resolution brain mapping, stem cell models, and artificial intelligence to link cellular neural dynamics directly with complex, real-world actions. This integration aims to decode how organism-environment interactions shape mental health, movement, and cognition. The keynote will then move on to dissect areas like, Neuroimaging, Nano-Neuroscience, Intelligent Neural Nanorobots, Nano-Biosensors, Nano AI-Systems. Finally, I will also tackle Nano-Neural Computing and Quantum Nano-NS.



Zhenhuan Liu
Guangzhou University of Chinese Medicine, China

Biography

Zhenhuan Liu, professor of pediatrics, Pediatric acupuncturist Ph.D.tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries, More than 26800 childrens deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international advanced level. Vice-chairman of Rehabilitation professional committee children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Professor of Chinese University of Hong Kong in recent 10 years. He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 20 books. He has published 300 papers in international and Chinese medical journals.

Transcranial Painless Neurorehabilitation Scalp Acupuncture Electrical Stimulation For Neuroregulation Of Autism Spectrum Disorder

Abstract

Background: Autism spectrum disorders (ASD) are a series of neurodevelopmental disorders characterized by social disorders, rigid behaviors and narrow interests. The World Health Organization (WHO) estimates that the prevalence of ASD has been increasing over the past 50 years. With one in 48 children, ASD has become a global public health problem. Currently, there is no effective drug treatment for children with ASD, and there is no effective medical treatment. Education of these ASD children by special education methods alone has a poor outcome, with 75% of ASD children failing to achieve normal or cure. And 80% of ASD children suffer from mental retardation, ADHD, epilepsy, emotional sleep disorders and so on. It can cause pain and suffering for ASD children and their parents. The effects may persist into adulthood.

Objective: The purpose of this study was to investigate the effect of scalp acupuncture of painless therapy on core symptoms, quality of life and communication ability of children with ASD. Our team conducted a controlled study of scalp acupuncture therapy in 198 children diagnosed with ASD. The clinical diagnostic criteria of children with ASD who were selected for met the DSM-5 criteria. Each child and parent signed an informed consent form.

Methods: 198 children with ASD were randomly divided into two groups. One group 89 cases received painless scalp electroacupuncture therapy and the other group 89 cases received Pediatrics rehabilitation care and special education for 6 months. Clinical evaluation methods were ATEC, ABC, CARS and Gesell developmental scales. Pre - and post-treatment assessments were performed. The age of the two groups was 3-7 years old, and the gender, degree of illness, comorbidities, family education and rearing methods, course of disease and other factors were statistically analyzed. There was no significant difference between the two groups, and there was a certain comparability between the two groups. Painless scalp electroacupuncture therapy method, acupuncture and precise scalp surface projection in functional language area of cerebral cortex were selected for scalp

acupuncture. Broca and Wennicken area were simultaneously stimulated by acupuncture. Painless scalp acupuncture is performed every other day. After Painless scalp acupuncture acupuncture, electrical acupuncture was given to stimulate the language area for 15 minutes, every 10 times of acupuncture, rest for 15 days. A second clinical evaluation was conducted 6 months after painless scalp acupuncture.

Results: The improvement of core symptoms in the painless scalp electroacupuncture treatment group was better than that in the control group. The initial clinical improvement was in abnormal visual communication, improvement of sleep and mood, and the following clinical effects were alleviation of rigid behavior, improvement of attention, and improvement of verbal and social communication ability. Assessment of these scales reflects a gradual improvement in these core symptoms. But these changes were not significant in the control group.

Conclusion: The research results showed that painless scalp acupuncture therapy could significantly improve the core symptoms of ASD children, such as extreme loneliness, eye contact disorder, language repetition, compulsive agreement, and indifference, significantly regulate the abnormal EEG of ASD children, and positively promote the cognitive level of low-functioning ASD children. The clinical efficacy of the treatment of ASD was not closely related to age. Painless scalp electroacupuncture can be used as an effective supplement and alternative medicine therapy in the clinical treatment of ASD. The popularization and application of painless scalp acupuncture therapy can improve the quality of life of ASD children and reduce the economic burden of society and family. Since 2004, Nanhai Women's and Children's Hospital Affiliated to Guangzhou University of Chinese Medicine has applied our original pediatric neurorehabilitation scalp acupuncture therapy to treat ASD and achieved good clinical efficacy. In order to further promote the application, our research group obtained the exact clinical effect confirmed by scientific evaluation through the clinical validation study and clinical follow-up of 1000 cases of ASD. We also receive pediatricians from all over the world who come to our hospital in China to study head acupuncture therapy for ASD. Doctors and rehabilitation therapists from Switzerland, Australia, the United States, Germany, Egypt, Russia, Kazakhstan and other countries have come to our hospital to study the clinical application of head acupuncture therapy in ASD.



Kadir Uludag,
Capital Medical University, China

Biography

Dr. Kadir Uludağ is a researcher specializing in applied psychology, currently engaged in postdoctoral studies at the Capital Medical University. He earned his Ph.D. in Applied Psychology from the Chinese Academy of Sciences. Dr. Uludağ's research interests encompass schizophrenia, drug addiction, and educational psychology. He has also explored the intersection of psychology and technology.

Short-Form Video Production Using Ai, And Its Potential For Addiction

Abstract

The proliferation of artificial intelligence (AI) in short-form video production has drastically lowered creative barriers, enabling users to generate highly engaging, personalized content with minimal effort. While democratizing content creation, this ease of production introduces a novel pathway for behavioral addiction. Unlike passive consumption, AI-assisted creation fosters a compulsive feedback loop: rapid generation, immediate reward through algorithmic validation (likes, shares), and constant iteration. This process exploits dopaminergic reinforcement schedules, where unpredictable social feedback coupled with AI's frictionless output capacity leads to maladaptive overproduction. Users may prioritize automated content crafting over offline responsibilities, exhibiting withdrawal symptoms when disconnected from creation tools. Furthermore, AI's ability to tailor video aesthetics and narrative hooks specifically to individual psychological vulnerabilities—such as need for approval or fear of missing out—amplifies dependency risk. This abstract argues that addiction in this context is not limited to viewing, but extends to generative compulsion, where the act of producing short-form videos becomes intrinsically reinforcing. Understanding these dynamics is critical for designing ethical AI safeguards and interventions targeting creator-side addiction in social media ecosystems.



Bernd Blobel
University of Regensburg, Germany

Biography

Dr. Bernd Blobel, is an internationally recognized expert in health informatics, eHealth, biomedical informatics, and digital health. He studied mathematics, cybernetics, electronics, physics, medicine, and informatics, earning a PhD in Physics and habilitations in Medicine and Informatics. He has led major academic and research institutions, including the Institute for Biometrics and Medical Informatics and Germany's National eHealth Competence Center. Dr. Blobel has contributed extensively to global health digitalization and electronic health record strategies, publishing over 600 papers and numerous books. He has represented Germany in leading standards organizations and contributed to WHO, UNESCO, the European Commission, and international higher education.

Challenges And Solutions For Managing Integration And Interoperability In Intelligent And Ethical Health And Social Care Ecosystems

Abstract

For meeting the financial, quality and safety challenges as well as expectations of the patients, health and social care systems around the globe currently undergo a transformation towards personalized, preventive, predictive, participative precision medicine (5PM), supported by technology. It considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context, understanding the pathology of diseases and turning health and social care from reactive to proactive. The aforementioned transformation is strongly supported by technologies such as micro- and nanotechnologies, advanced computing, artificial intelligence, autonomous systems and robotics, knowledge representation and management, etc. Beside their opportunities, those advanced technologies also bear risks to be managed, requiring the detailed consideration from a humanistic, moral and ethical perspective. For enabling communication and cooperation between all actors from different disciplines involved, using different methodologies, perspectives, intentions, languages, we shall understand and formally and consistently represent the multidisciplinary, highly complex and dynamic 5PM ecosystem. The outcome is a system-theoretical, architecture-centric, ontology-based, policy-driven approach for designing and managing intelligent and ethical 5PM ecosystems. The necessary model and framework has been developed by the author and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The formal representation of any ecosystem and its development process including examples of practical deployment of the approach are presented in detail. This includes correct systems and standards integration and interoperability solutions.



Andrey Belousov
Kharkiv National Medical University,
Ukraine

Biography

Andrey N. Belousov, MD, PhD, Professor - a Ukrainian medical scientist and pioneer in nanotechnology, who developed the world's first biocompatible nanomedical drugs (Micromage-B, MCS-B, ICNB), officially registered and introduced into clinical practice since 1998. His work established a translational foundation for medical nanotechnology, linking fundamental biophysics with clinical applications in detoxification, hemocorrection, and neuroprotection. The published more 340 scientific works on results application of nanotechnology preparation in experimental and practical medicine. At now Andrey Belousov - the Head of Laboratory Applied Nanotechnologies, Professor of Kharkiv National Medical University, Ukraine.

Restoration Of Erythrocyte Electrophoretic Mobility Using Mcs-B Nanoparticles: A Novel Approach To Counteract Hypoxia In Toxemia

Abstract

A decrease in erythrocyte electrophoretic mobility serves as an important diagnostic marker of pathological conditions associated with impaired gas exchange, microcirculation, and tissue trophism, often leading to systemic hypoxia and deterioration of the patient's clinical status. This study investigates the potential of magnetite nanoparticles (MCS-B) to modulate these properties in a targeted and controlled manner. A novel approach is proposed to enhance erythrocyte electrophoretic mobility in patients with toxemia through treatment with magnetite nanoparticles. In vitro experiments demonstrated a statistically significant ($p < 0.001$) increase - nearly threefold - in erythrocyte mobility following exposure to MCS-B, compared to untreated controls. The optimal efficacy was observed at a blood-to-nanoparticle ratio of 2:1. Furthermore, application of a constant magnetic field with an intensity of 200–250 kA/m for 2-3 minutes resulted in effective removal of residual nanoparticles from blood samples ($p < 0.001$). The results highlight the biocompatibility and clinical potential of this nanomedical approach, which may serve as a basis for new therapeutic strategies in transfusion medicine, critical care, and regenerative therapy. The study addresses a pressing interdisciplinary challenge, bridging hematology, biophysics, and nanotechnology, with implications for both basic science and clinical implementation.



Stuart Zola,
StuartZola.com,
USA

Biography

Stuart Zola, PhD Neuroscientist with a focus on Alzheimer's and other dementias as well as developmental disorders. Currently an Innovator in Residence at the Hatchery, Emory University's Center for Innovative Thinking. Founder of three companies, two related to healthcare (Neuro Track Technologies, Inc and Map Habit, Inc.) and one focused on Decision Expertise (StuartZola.com). Has held many leadership positions including Interim Provost and Vice President for Academic Affairs at Emory University, and a Fellow in the American Academy of Arts and Sciences.

Decisions, Decisions...How To Make Better Ones

Abstract

Stuart Zola, a world-recognized neuroscientist, will introduce you to better quality decision-making using interactive activities and visual thinking. He'll also share a few secrets about how the brain helps manage your decision process. Workshop participants will build skills in weighing options, seeing the big picture, and identifying strategies important for making good decisions. The approach is encompassing – decision-making can be applied to any subject area (think: business, relationships, physical and emotional health, education, even lunchtime (pizza, or the salad?). In one of the most popular aspects of the Workshop, Dr. Zola brings together experiences and wisdom from different and unusual decision-makers, e.g., a professional poker player, a professional mountain climber, and a professional magician. Decision-making is not mechanical, it is personal, and in the oncoming world of artificial intelligence (AI), the skill of including the human factor in decision-making is going to be ever more important. You've made the right decision attending this session.



Lauren Brown,
Alzheimer's Tiered Progression Matrix, USA

Biography

Lauren P. Brown is an independent Alzheimer's researcher, clinical educator, author, and consultant specializing in Alzheimer's disease characterization and individualized care planning. She is the founder of The Alzheimer's Experience and developer of the Alzheimer's Tiered Progression Matrix (ProMa™), an interdisciplinary framework designed to connect disease biology, functional presentation, and individualized care. Her work focuses on advancing precision language, functional characterization, and clinical communication to improve interdisciplinary understanding and person-centered care. Lauren has presented her research at national and international scientific conferences and is developing a clinical reference framework for Alzheimer's disease from diagnosis through individualized longitudinal care.

Alzheimer's Is Dynamic – Our Clinical Language Has Not Kept Pace: Connecting Neurological Progression With Functional Presentation

Abstract

Background: Advances in biomarkers, neuroimaging, and diagnostic criteria have substantially improved the biological identification of Alzheimer's disease. However, the language commonly used to communicate clinical progression remains largely dependent upon broad descriptors such as *mild, moderate,* and *severe*, providing limited functional specificity despite increasing diagnostic precision.

Purpose: This presentation examines the disconnect between biological diagnosis and functional characterization in Alzheimer's disease. It proposes that diagnosis, disease stage, and functional presentation represent distinct clinical concepts that should be communicated separately to improve interdisciplinary understanding and individualized care planning.

Framework: The Alzheimer's Tiered Progression Matrix (ProMa™) is introduced as a two-dimensional framework pairing three neurological phases (Neuroamnestic, Neuroadverse, and Neuroabsentia) with three functional tiers (Emerging, Sustained, and Transitional). Rather than replacing existing diagnostic or staging systems, ProMa™ augments them by providing structured language describing how progressive neurological disease is functionally presenting at a given point in time. A sequential clinical model is proposed in which diagnosis identifies disease, stage describes progression, ProMa™ characterizes functional presentation, assessment identifies support needs, and planning directs individualized action. This distinction creates a clearer pathway for translating advances in neurological science into clinically meaningful communication across disciplines. As Alzheimer's diagnosis becomes increasingly precise, clinical language must evolve accordingly. More precise functional characterization has the potential to strengthen interdisciplinary communication, improve recognition of longitudinal change, and support the translation of neurological innovation into individualized care.

DAY- 2

ORAL PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



Hans Bruintjes,
NeuroVacant,
Netherlands

Biography

Hans Bruintjes (28) is a legal professional and a researcher focusing on discrimination against neurodivergent people. He has written the book *The Voice of the Neurodivergent* to discuss his findings and potential solutions. For his research, he spent four years working as a policy advisor with a portfolio covering diversity and inclusion.

Discrimination Against Neurodivergent People, What Authorities Need To Know

Abstract

What does discrimination against neurodivergent people look like? While sexism, racism, and homophobia are very clear to most people—and rank high on the agenda—the same cannot be said for discrimination based on neurodivergence. Much of the discrimination faced by neurodivergent people is institutional in nature. This stems from a lack of knowledge among administrators, authorities and implementers. Furthermore, the needs of neurodivergent people are often not taken seriously, and stigmatization, prejudice, and bullying are commonplace. Bruintjes conducts research to raise awareness of this issue, focusing his work on administrators, civil servants, and inspectors. He presents the findings of his multidisciplinary research—spanning legal, administrative, and sociological perspectives—and combines this knowledge with personal accounts from himself and hundreds of other neurodivergent individuals. Bruintjes believes the solution lies in better, concrete, and enforceable laws; in increasing the knowledge of those responsible for implementation (civil servants, administrators, authorities, and others holding public office); and in a willingness to respect one another's needs and acknowledge their value.



Annapurna Yemmanuru,
The Homoeopathic Studio,
India

Biography

Dr. Annapurna Yemmanuru is an MD in Homeopathy with over 15 years of clinical and academic expertise. As an Assistant Professor and Consultant at NIEPID, a premier Government of India institute, she specializes in complex neurodevelopmental conditions, including ASD, ADHD, and cerebral palsy. Formally trained in behavior modification and certified in children's yoga, she integrates interdisciplinary interventions for holistic care. A published researcher and international speaker (Dubai, NHS UK), she holds leadership roles in prominent professional associations. Her contributions to pediatrics and dermatology have earned her multiple awards for excellence in homeopathic medicine.

Role Of Individualised Ultra Diluted Homoeopathic Medicines In Autism- An Evidence Based Case Report

Abstract

Autism is a life long Neurodevelopmental condition, that affects how people communicate, interact with others, and experience the world. The core symptoms of Autism include impaired social communication and interaction, repetitive and restricted behaviors and developmental delays. Behavioral and development therapies are considered the gold standards for addressing core symptoms of Autism. Autism is a highly heterogeneous condition with diverse biological and genetic profiles. Because of this individuality, a "one-size-fits-all" approach is rarely effective, often leading to a lack of response to conventional therapies. This case was effectively treated with Homoeopathic treatment, while tapering off the therapies. The results were demonstrated through a marked reduction in ISAA score from 79 to 65, disability percentage from 50% to 0%, marked improvement in DA from 2.9 years to 7.2 years; in SA from 2.7 years to 7.3 years; DQ from 66 to 93; SQ from 62 to 94, IQ from 69 to 94 at the end of 3 years. Modified Naranjo criteria were used to demonstrate the action result complex and effectiveness of Homoeopathy in this case. This is a unique paper and needs to be acknowledged as it demonstrates that Homoeopathic medicines can effectively help in treating the core symptoms of Autism. This could be of help to the community in large. This is one strong case and there is a need for further research in this area.



Fernanda Ribeiro Barros,
Fluminense Federal University, Brazil

Biography

Fernanda Ribeiro Barros is a PhD in Media and Everyday Life from the Universidade Federal Fluminense (UFF), Brazil. She is a dedicated researcher in the fields of Pedagogy and Neuropsychopedagogy, with a focus on the intersection of media, digital narratives, and neurodiversity. As a public school teacher and an emerging voice in autism advocacy, her work explores how social platforms like Instagram shape the social place of autistic individuals. She is the founder of a project which seeks to promote social inclusion and awareness through digital communication.

The Social Place of People with Autism: An Analysis of Challenges and Opportunities for Inclusion

Abstract

This research investigates the social place of individuals with Autism Spectrum Disorder (ASD) in contemporary society, analyzing the cultural and political dynamics that shape their experiences. The primary objective is to examine how prejudices and a lack of societal understanding influence the integration of autistic people across various contexts. Grounded in the paradigm of Neurodiversity and the biopsychosocial model, the study highlights the importance of the Self-Advocacy movement - pioneered by figures like Jim Sinclair and Temple Grandin - as a fundamental tool for empowerment and rights defense. The analysis also addresses the Brazilian legislative landscape, such as the "Berenice Piana Law" and the "Romeo Mion Law," which established the National Policy for the Protection of the Rights of Persons with ASD. However, a significant gap remains between legal recognition and effective daily practice in education and the labor market. The study concludes that social inclusion requires a shift from a purely medical perspective to a social one, valuing neurodivergence as a natural human variation. Effective inclusion demands a joint effort from Education, Health, and Social Policies, alongside a continuous commitment to demystifying autism. By listening to the voices of autistic individuals, society can build truly accessible environments that respect the singularity and autonomy of every individual.



Juan Segura-Aguilar,
University of Chile,
Chile

Biography

Juan Segura-Aguilar earned his Ph.D. in biochemistry from Stockholm University in 1989. He worked at Stockholm University and Uppsala University in Sweden, and in 1998 began working at the Faculty of Medicine of the University of Chile. He has been a Full Professor since 2001. His research has focused on the molecular mechanisms of Parkinson's disease. He is currently proposing a new model for the development of idiopathic Parkinson's disease, the "Single-neuron degeneration model." He has 145 publications in PubMed and in 2022 was ranked 115,825 out of 9,071,000 scientists. A study on the productivity and impact of 9,071,000 researchers worldwide in all life sciences was published in PLOS ONE in October 2020 (PMID: 33064726).

Neuroprotection Mechanism for Dopaminergic Neurons in Parkinson's Disease

Abstract:

The loss of neuromelanin-containing dopaminergic neurons may result from the formation of aminochrome during neuromelanin synthesis, specifically when the dopamine catechol group undergoes oxidation. Aminochrome induces neurodegeneration by triggering mitochondrial dysfunction, the formation of neurotoxic alpha-synuclein oligomers, dysfunction of both lysosomal and proteasomal protein degradation systems, neuroinflammation, endoplasmic reticulum stress, and oxidative stress. However, two enzymes prevent the neurotoxic effects of aminochrome: DT-diaphorase, which is expressed in neuromelanin-containing dopaminergic neurons and astrocytes, and glutathione transferase M2-2, which is expressed solely in astrocytes. Interestingly, astrocytes release exosomes loaded with glutathione transferase M2-2; these exosomes penetrate dopaminergic neurons and release the enzyme into the neuronal cytosol, thereby enhancing neuroprotection against aminochrome.



Jeremy W McMeen
Superior Vision,
USA

Biography

Dr. Jeremy W. McMeen, O.D., optometric physician, Superior Vision, P.C., discovered the cause of macular degeneration, Alzheimer's, Parkinson's, and multiple sclerosis. His practice has operated for over 30 years in Superior, NE and Mankato, KS. He graduated from Southern College of Optometry in Memphis, TN in 1996. He presented at both the 19th and 20th International Conferences on Alzheimer's and Parkinson's Diseases and Related Neurological Disorders. He is scheduled to speak at the Neurology World Conference this September in Miami.

The True Cause Of Macular Degeneration, Alzheimer's Disease, Parkinson's Disease And Multiple Sclerosis

Abstract

Aims: To investigate a new theory that there may exist a common mechanism among Macular Degeneration, Alzheimer's Disease, Parkinson's Disease, and Multiple Sclerosis which would be associated with chronic infection by bacteria-viruses (Human Herpesvirus-6, Chlamydia pneumoniae, Porphyromonas gingivalis), and the biochemical activities of odontoblast and odontoblast-like cells. The current study proposes a model for interdisciplinary research involving the field of dental cell biology, infectious disease and neurodegenerative diseases, and presents preliminary clinical data on patients being managed under this model.

Method: Retrospective analysis of patients treated by one clinician who had been diagnosed with Macular Degeneration, Alzheimer's Disease, Parkinson's Disease, or Multiple Sclerosis. In addition to treating their respective disease(s) in accordance with standard practice, these patients received treatment aimed at reducing the potential contributions of suspected contributing viruses and bacteria. Over time, the clinical condition of each patient was monitored via physical exam and self-reporting from the patient. This was an unblinded case-series of uncontrolled cases and did not include a comparison group of untreated patients or those receiving only conventional treatment.

Findings: Some of the patients in this case-series showed evidence of apparent stability of their respective disease conditions while undergoing this intervention. As these results are based upon observation alone, they serve only as hypothesis-generating. No comparative statistical analyses were completed comparing this group to either control groups or standard of care groups. Therefore, no claims can be made regarding causality within this type of study design.

Conclusion: Although these preliminary findings provide justification for conducting additional studies to determine if there exists a relationship between viral/bacterial infections and odontoblast cell biochemistry in the pathogenesis of these four diseases, along with justification for investigating whether this relationship warrants the inclusion in controlled clinical trials, the purpose of this presentation was not to conclude that such relationships have been established, but rather as a hypothesis-generating model to promote dialogue and collaborative research among investigators representing the disciplines of dentistry, infectious disease, ophthalmology, and neurology.



Sandip P Dhurat,
SPD Futurix LLP,
India

Biography

Dr. Sandip P. Dhurat is an innovator, author, inventor, and founder of SPD Futurix LLP, Mumbai, India, with over two decades of experience in technology, innovation, digital transformation, sustainability, and human-centered design. He holds degrees in Computer Engineering and Business Administration and an Honorary Doctor of Letters (D.Litt.). He has authored 32 books and holds 29 patents spanning clean energy, artificial intelligence, accessibility, and sustainable technologies. His interdisciplinary interests include green hydrogen, circular economy, neuro-inclusion, assistive technologies, autism, and inclusive design. He created the proposed International Neuro-Inclusion Accreditation (INIA) framework and serves as an Independent Hydrogen Expert for Vietnam's TCVN/TC 197 Committee.

INIA: An International Neuro-Inclusion Accreditation Framework for Lifelong Participation, Accessibility, and Employment in Autism

Abstract

Background: Despite growing awareness of autism spectrum conditions, significant barriers remain in education, employment, public services, and community participation. Existing approaches often emphasize diagnosis and intervention while overlooking the need for systemic frameworks that promote accessibility, inclusion, and meaningful participation throughout the life course. There is a pressing need for internationally adaptable standards that translate neuro-inclusion principles into measurable practices across organizations and institutions.

Objective: This paper introduces the International Neuro-Inclusion Accreditation (INIA) framework, a proposed standards-based model designed to support autistic individuals and other neurodivergent populations across educational, professional, and public environments. The framework aims to establish evidence-based benchmarks for accessibility, inclusion, sensory considerations, communication, and career development.

Methods: INIA adopts a multidisciplinary approach combining principles from universal design, accessibility, occupational inclusion, sensory environments, assistive technologies, and organizational governance. The framework proposes assessment domains covering physical and digital accessibility, inclusive communication, sensory accommodations, workforce participation, leadership commitment, and continuous improvement mechanisms. The model further incorporates stakeholder engagement involving autistic individuals, families, educators, employers, researchers, and policymakers.

Results: The proposed framework establishes a structured accreditation pathway that enables organizations to assess, implement, and demonstrate neuro-inclusive practices. INIA seeks to support improved educational outcomes, increased employment participation, enhanced workplace retention, and greater social inclusion for autistic individuals. By introducing measurable indicators and certification mechanisms, the framework aims to encourage organizations to move beyond awareness initiatives toward sustained institutional change.

Conclusion: INIA represents a novel approach to neuro-inclusion by positioning accessibility and participation as organizational responsibilities rather than individual challenges. The framework has the potential to facilitate international collaboration, inform policy development, and promote more inclusive ecosystems for autistic individuals across the lifespan. Future work will focus on pilot implementation, validation studies, and engagement with global standards and autism communities.



Salim Hirani
Ysbyty Gwynedd Hospital, UK

Biography

Salim Hirani studied BSc at the University of Karachi, Pakistan, in 1990 and became a Registered Technologist with the ECNE Board, UK, in 1999. He completed 18 months of on-the-job training in Physiological Measurement Services at Aga Khan University Hospital, Karachi. Registered with RCCP, he brings nearly 28 years of experience in Neurophysiology and five years in Cardiopulmonary services, having worked across three countries. He established a new Neurophysiology Department at Torbay Hospital. His research includes refined grading of Carpal Tunnel Syndrome, ulnar nerve studies across the wrist and elbow, and double-crush syndrome, with several publications available through open-access journals and Google Scholar.

Refine Carpal Tunnel Syndrome (Cts) Nerve Conduction Grading Tool With Case Presentation

Abstract

Background: The severity of carpal tunnel syndrome (CTS) can be categorized in various ways using one of several grading tools currently available. This paper provides a detailed explanation of the grading system, along with a case presentation. The aim of this research is to develop, using the best available evidence, a clinically relevant update to the current CTS nerve conduction grading tool. It also aims to provide insight into improving the existing grading system, which has not been updated in over 25 years. The revised grading system aligns with previously published research from 2019. The proposed revised grading system is structured around descriptive categories, ranging from Normal to Early Sensory, Mild Sensory, Mild Sensory Motor, Moderate Sensory, Moderate Sensory Motor, Severe Sensory Motor, Extremely Severe Sensory Motor, and Complete Absence.

Method: One case was presented for each grading cat-egory to help explain the characteristics of each level. All previously raised questions and their corresponding answers, which were discussed in various National and International Neurophysiology conferences, were also included.

Result: Each grade provides clear information about the corresponding level of severity, as previously recommended in my research paper from 2019. This paper was published in the BMC Journal in 2019.

Conclusion: The revised grading tool offers a more structured, numerical approach for clinical physiologists. This could assist surgeons in determining the severity of CTS, enabling them to decide whether a conservative or surgical approach is most appropriate for treatment.

Audience Take Away Notes: The revised grading tool could offer a more numerical grading to the Clinical Physiologist and could help the surgeon to ascertain the level of severity in order to decide on either a conservative or surgical approach to treatment if they decide to use the proposed grading which could support them to defend their decision in cases of litigation.



Mohamed Abridan,
Dignity Cuts Initiative,
Libya

Biography

Mohamed Abridan is a professional barber based in Benghazi, Libya, with over a decade of barbering experience and more than two decades of lived experience as the family caregiver of an autistic sibling. He is the founder of the Dignity Cuts Initiative, an autism-inclusive barbering model, and has delivered free barber training workshops in Tripoli. His reflective essay "Dignity in the Chair" was published in Autism in Adulthood, and his work has been recognized by the Zero Project Conference and the NiB Awards.

Dignity Cuts: Promoting Autism-Friendly Barbering and Social Inclusion

Abstract

Dignity Cuts is an autism-inclusive barbering initiative developed by Mohamed Abridan, a professional barber from Libya and founder of Dignity Cuts. Inspired by his experience as the brother of an autistic person and his professional experience in barbering, the project was developed to address practical barriers that autistic individuals and their families may experience during haircuts. Dignity Cuts combines two connected components: a structured theory-to-practice training curriculum for barbers and barbering students, and a mobile barbering service designed to provide flexible and sensory-aware haircutting experiences. The training curriculum introduces practical knowledge about autism, individual differences, sensory considerations, communication, client choice and consent, environmental adaptations, barbering tools, haircutting techniques, and appropriate responses to anxiety or distress. The practical component focuses on applying these principles to real barbering situations, including adapting the environment, communication style, tools, pace, and haircutting approach according to individual needs. The mobile barbering component is designed to create an opportunity to apply these principles in a flexible setting, illustrating how autism-inclusive practices can be integrated into everyday professional barbering. The central principle of Dignity Cuts is to shift the question from "How can we make the client tolerate the haircut?" to "What can we change about the service to make the haircut more accessible, predictable, comfortable, and dignified?". Dignity Cuts is an early-stage, practitioner-developed model designed to be adapted by individual barbers, barbering schools, and community organizations in different settings.

DAY- 2

POSTER PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



Emily Ginsberg,
Independent Researcher,
USA

Biography

Emily Ginsberg is an independent student researcher from Carlsbad, California, whose work focuses on autism, adolescent development, and behavioral interventions. She developed and evaluated an adaptive dance program designed to improve social emotional regulation and peer interaction skills in adolescents with Autism Spectrum Disorder. Her research explores how movement-based interventions can promote confidence, emotional regulation, social connectedness, and inclusion for individuals with developmental disabilities.

The Effects of Adaptive Dance on Adolescents' Social Emotional Regulation and Peer Interaction Skills

Abstract

Adaptive dance and connection-based activities were used as a behavioral intervention to evaluate changes in social emotional regulation, peer interaction skills, confidence, and behaviors among adolescents with Autism Spectrum Disorder (ASD). The study included 10 adolescents, ages 9–18, who participated in six one-hour adaptive dance classes over a three-month period. Data were collected from parents, students, observers, and instructors following each class to evaluate changes in social connectedness, emotional regulation, confidence, anxiety, and negative behaviors. It was hypothesized that participation in the adaptive dance program would increase social connectedness, emotional regulation, and confidence while decreasing social anxiety and negative behaviors when interacting with peers and family. The results demonstrated positive trends across all major outcome measures. Participants showed improvements in peer interactions, emotional regulation, confidence, engagement, and social connectedness, while anxiety, mood swings, impulsive behaviors, and negative behaviors decreased over the course of the program. Although not all findings reached statistical significance because of the relatively small sample size, the overall results supported the hypothesis and demonstrated meaningful behavioral improvements throughout the intervention. This investigation provides evidence that participation in a three-month adaptive dance program may positively influence social connectedness, emotional regulation, confidence, anxiety, and behavioral outcomes among adolescents with ASD. These findings highlight the importance of incorporating adaptive dance as a complementary behavioral intervention to promote inclusion, strengthen peer relationships, and foster effective social communication. Future studies should include larger sample sizes, control groups, and longer intervention periods to further evaluate the long-term effectiveness of adaptive dance as a therapeutic intervention.

DAY- 2

KEYNOTE PRESENTATIONS

OCTOBER 15-16, 2026

PARIS, FRANCE



Nick Jonsson
Limitless Executive Solutions PTE. Ltd.,
USA

Biography

Nick Jonsson is a global keynote speaker, Certified Master Coach (CMC, PCC), counsellor and psychotherapist, and the #1 international bestselling author of Executive Loneliness. Ranked #28 in the World among the Global Gurus Top 30 Coaching Professionals for 2026, he has coached senior executives, entrepreneurs, and leadership teams across more than 30 countries. Drawing on his personal journey through burnout, addiction, and recovery, together with over two decades of global leadership experience, Nick combines neuroscience, psychology, and his Holistic Leadership framework to help leaders build psychological safety, strengthen resilience, and create high-performing, human-centred organisations.

The Neurology Of Executive Loneliness: Building Psychological Safety Through Holistic Leadership

Abstract

Leadership is often associated with confidence, resilience, and success. Yet beneath the surface, many leaders experience chronic loneliness, prolonged stress, and emotional isolation. Increasing evidence from neuroscience demonstrates how these factors influence brain health, cognitive performance, emotional regulation, decision-making, and overall wellbeing. Drawing from my personal journey through executive burnout, addiction, and recovery, together with nearly two decades of coaching senior leaders around the world, this keynote explores the relationship between neurological wellbeing, human connection, and leadership. Participants will be introduced to my Holistic Leadership framework and learn how Team Psychological Safety strengthens trust, reduces stress, enhances collaboration, and creates environments where people can perform at their best. I will also share my Five Steps to Holistic Leadership - Surrender, Purpose, Connection, Goals, and Discipline - providing a practical roadmap for building resilient leaders and healthier, higher-performing teams. Combining compelling personal storytelling with evidence-informed insights from neuroscience, psychology, and leadership research, this session offers practical strategies that delegates can apply in clinical, organisational, and leadership settings.

SUPPORTING JOURNALS

Journal of Mental Health and Behavioural Science

https://scitechjournals.com/mental-health-and-behavioural-science

ISSN: 3143-7605

Journal of Neuroimaging and Neuromedicine

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Cardiovascular Diseases and Therapeutics

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Journal of Global Entrepreneurial Management

Immunology Research and Immunotherapy

Journal of Healthcare and Advanced Nursing

Journal of Gynecology and Maternal Health

Journal of Chemistry and Analytical Biochemistry

Journal of Environmental Toxicology Research

Journal of Nutrition and Diet Management

Journal of Alternative Medicine and Therapies

Journal of Nanotechnology and Nanobiotechnology

Journal of Oral Diseases and Treatment

Journal of Skin Health and Cosmetics

Journal of Pharmacology and Drug Delivery

Journal of Mental Health and Behavioural Science

Journal of Neonatology and Pediatric Care

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UPCOMING CONFERENCES

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3RD GLOBAL EVENT ON
MATERIALS SCIENCE AND ENGINEERING
OCTOBER 29-30, 2026 | BERLIN, GERMANY

3RD INTERNATIONAL CONFERENCE ON
OPTICS AND LASER TECHNOLOGY
OCTOBER 29-30, 2026 | BERLIN, GERMANY

2026

3RD WORLD CONGRESS ON
NANOTECHNOLOGY
OCTOBER 29-30, 2026 | BERLIN, GERMANY

NOVEMBER - CONFERENCES

WORLD CONGRESS ON
CLINICAL AND EXPERIMENTAL DERMATOLOGY
NOVEMBER 23 - 24, 2026 | BARCELONA, SPAIN

4TH INTERNATIONAL CONFERENCE ON
SURGERY AND ANESTHESIA
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

2026

5TH INTERNATIONAL CONFERENCE ON
PRIMARY HEALTH CARE
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

INTERNATIONAL CONFERENCE ON
OTOLARYNGOLOGY-ENT SURGERY
NOVEMBER 26-27, 2026 | BARCELONA, SPAIN

MARCH - CONFERENCES

4TH WORLD CONGRESS ON
PHYSICAL MEDICINE AND REHABILITATION
MARCH 18–19, 2027 | BARCELONA, SPAIN

2027

4TH INTERNATIONAL CONGRESS ON
PSYCHOLOGY & BEHAVIORAL SCIENCES
MARCH 18–19, 2027 | BARCELONA, SPAIN

4TH INTERNATIONAL CONFERENCE ON
DERMATOLOGY & SKINCARE
MARCH 18–19, 2027 | BARCELONA, SPAIN

APRIL - CONFERENCES

2ND INTERNATIONAL CONGRESS ON
DIGITAL HEALTH INNOVATIONS AND ADVANCED NURSING PRACTICE
APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

2027

4TH GLOBAL SUMMIT ON
NURSING AND MIDWIFERY
APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

WORLD SUMMIT ON
CLINICAL TRIALS, AI AND HEALTHCARE TECHNOLOGIES
APRIL 22-23, 2027 | AMSTERDAM, NETHERLANDS

MAY - CONFERENCES

6TH INTERNATIONAL CONFERENCE ON
GYNECOLOGY AND OBSTETRICS
MAY 20–21, 2027 | PARIS, FRANCE

5TH INTERNATIONAL CONFERENCE ON
PEDIATRICS & NEONATOLOGY
MAY 20 - 21, 2027 | PARIS, FRANCE

GLOBAL CONGRESS ON
NEPHROLOGY AND KIDNEY HEALTH
MAY 20 - 21, 2027 | PARIS, FRANCE

2027

6TH INTERNATIONAL CONFERENCE ON
GLOBAL ENTREPRENEURSHIP SUMMIT
MAY 25–27, 2027 | TORONTO, CANADA

4TH INTERNATIONAL CONFERENCE ON
AI IN HEALTHCARE, INDUSTRY & REGULATORY AFFAIRS
MAY 25–27, 2027 | TORONTO, CANADA

JUNE - CONFERENCES

4TH EUROPEAN CONFERENCE ON
DENTISTRY AND ORAL HEALTH
JUNE 17 - 18, 2027 | BERLIN, GERMANY

2027

4TH INTERNATIONAL CONFERENCE ON
OPHTHALMOLOGY & VISION SCIENCE
JUNE 17 - 18, 2027 | BERLIN, GERMANY

SEPTEMBER - CONFERENCES

INTERNATONAL CONFERENCE ON
ADVANCED REHABILITATION & PHYSICAL MEDICINE
SEPTEMBER 23 - 24, 2027 | LAS VEGAS, USA

2027

5TH INTERNATONAL CONFERENCE ON
INNOVATIONS AND ADVANCES IN CANCER RESEARCH AND TREATMENT
SEPTEMBER 23 - 24, 2027 | LAS VEGAS, USA

NOVEMBER - CONFERENCES

INTERNATIONAL CONFERENCE ON
AUTISM RESEARCH AND NEURODEVELOPMENTAL DISORDERS
NOVEMBER 11 - 12, 2027 | AMSTERDAM, NETHERLANDS

2027

5TH INTERNATIONAL CONFERENCE ON
INFECTIOUS DISEASES & GLOBAL HEALTH
NOVEMBER 11 - 12, 2027 | AMSTERDAM, NETHERLANDS

Upcoming Conferences

We wish to engage with you again in 2027...

2ND WORLD CONGRESS ON AUTISM RESEARCH & INNOVATION

August 26–27, 2027 | Boston, USA

https://www.scitechseries.com/autism

5TH INTERNATIONAL CONFERENCE ON NEUROLOGY & NEUROLOGICAL DISORDERS

August 26–27, 2027 | Boston, USA

https://www.scitechseries.com/neurology

2ND GLOBAL CONGRESS ON ADDICTION MEDICINE, BEHAVIORAL HEALTH & PSYCHIATRIC RESEARCH

August 26–27, 2027 | Boston, USA

https://www.scitechseries.com/psychology-addiction

2ND WORLD CONGRESS ON TRAUMA, CRITICAL CARE AND EMERGENCY MEDICINE

September 23–24, 2027 | Las Vegas, USA

https://www.scitechseries.com/trauma-critical-care-emergency



ScitechSeries

Scitechseries Publishing Limited
71-75 Shelton street, Covent Garden,
London, WC2H 9JQ
Phone: +44-2045874848
Email: info@scitechseries.com

Questions? Contact

Phone: +44 2045874848

WhatsApp: +44 7429481517