

The International Clinical Neuroscience Journal in 2026

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As the 2026 volume of the International Clinical Neuroscience Journal (ICNJ) develops, it reflects a clinical neuroscience landscape that is multidisciplinary, data-rich, and patient-centered. Progress now arises from interaction among neurosurgery, neurology, neurocritical care, rehabilitation, neuro-oncology, neuro-ophthalmology, nutrition, imaging, and computational science. The shared task is to turn promising observations into reliable improvements in care.

Across the volume, ICNJ seeks work that bridges mechanism and outcome. Research in acute brain injury and disorders of consciousness must be judged not only by neurological scores but also by safety, independence, quality of life, caregiver burden, and durability. Duraisamy et al. examine tilt-table therapy in combination with coma arousal therapy, illustrating this translational opportunity and the need for prospective comparisons, transparent eligibility criteria, and longer follow-up.¹

Precision care is another central direction. Hajimohammadebrahim-Ketabforoush et al. present Precision NeuroNutrition, linking body composition, biomarkers, metabolic phenotyping, microbiome science, multi-omics, and artificial intelligence with established perioperative guidance.² Its value will depend on validation, reproducibility, affordability, and equity; future studies should distinguish biomarkers that predict risk from those that identify a treatment likely to help.

Clinical neuroscience also advances through vigilance for uncommon presentations. Shushtarian et al. describe bilateral visual loss associated with acute pancreatitis and highlight the complementary value of

visual evoked potentials and electroretinography.³ Case reports are most useful when they separate observation from inference and provide clear timelines, examination, imaging, differential diagnoses, and follow-up; their role is to generate questions for larger cohorts.

Beyond these examples, the 2026 program should strengthen methodological maturity. ICNJ welcomes original research, reviews, methodological studies, case reports, and letters that promote multicenter collaboration, appropriate comparators, transparent analyses, responsible AI, ethical data sharing, inclusive recruitment, and patient-reported outcomes. The papers highlighted here are illustrative, not exhaustive. We thank authors, reviewers, and readers, and invite work that connects discovery with reproducible clinical benefit.

References

1. Duraisamy J, et al. Analysis of tilt table and coma arousal therapy synergy benefits in severe TBI cases: an institutional experience. Int Clin Neurosci J. 2026;13:e51412. doi:[10.22037/icnj.v13iContinuous.51412](https://doi.org/10.22037/icnj.v13iContinuous.51412)
2. Hajimohammadebrahim-Ketabforoush M, et al. Precision NeuroNutrition: Toward Personalized Perioperative Care in Neurosurgery. Int Clin Neurosci J. 2026;13:e52881. doi:[10.22037/icnj.v13iContinuous.52881](https://doi.org/10.22037/icnj.v13iContinuous.52881)
3. Shushtarian SMM, et al. Posterior ischemic optic neuropathy following acute pancreatitis. Int Clin Neurosci J. 2026;13:e52820. doi:[10.22037/icnj.v13iContinuous.52820](https://doi.org/10.22037/icnj.v13iContinuous.52820)