YOUR WELLNESS GPS / MI.BO.SELFIE

The Signal We Almost Missed

What if you feel fine, but your body disagrees?



300,000+ voluntary physiological readings

An observational data story from MI.BO.Selfie

Aseem Gupta | MI.BO. Lda | November 2026

Programme development co-funded through PRR / Portugal / EU NextGenerationEU

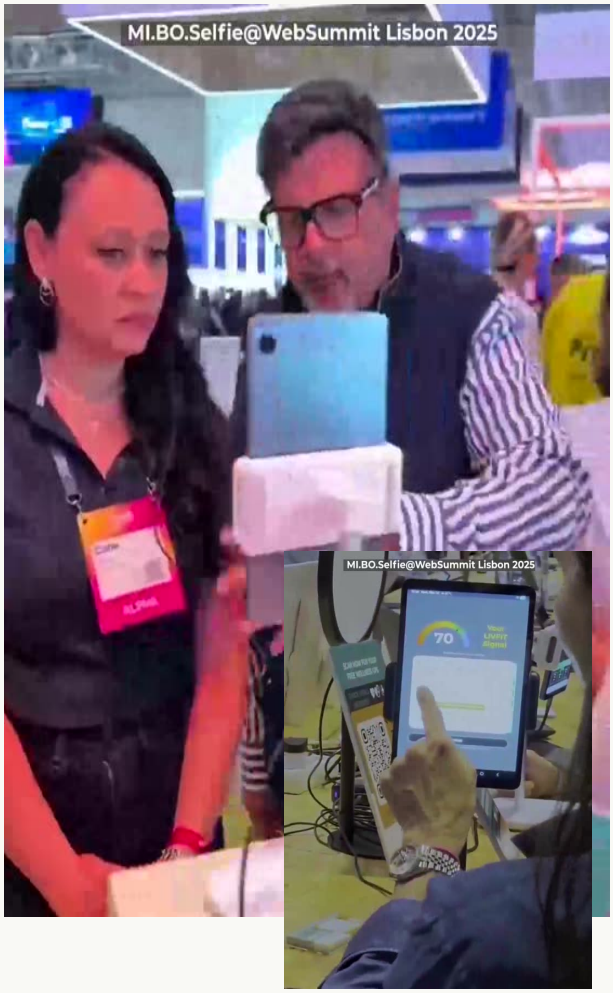
BEHIND THE RESEARCH / THE TECHNOLOGY

Meet MI.BO.Selfie.

Your Wellness GPS.

A short face scan becomes a personal wellness check-in, using the smartphone you already have.

MI.BO.Selfie uses camera-based remote photoplethysmography (rPPG) to estimate pulse-related signals and present wellness insights, including heart rate, heart-rate variability and stress-related indicators.



01 SCAN

Face scan using a smartphone camera

02 UNDERSTAND

Pulse-related wellness insights

03 NAVIGATE

A clearer view of everyday physiology

FROM MI.BO.SELFIE TO NEURAGRIP

More than 300,000 voluntary readings from 2024 to 2026 helped MI.BO. explore recurring patterns in physiological readiness. Those observations helped shape NeuraGrip, the framework presented in this report.

Explore MI.BO.Selfie | miboselfie.com

EXECUTIVE SUMMARY

AT A GLANCE

More than a number. A question worth asking.

In 2024, MI.BO.Selfie began bringing camera-derived physiological observation to the smartphone. Across two years of voluntary readings, four signals stood out.

300,000+

READINGS

Voluntary anonymous physiological measurement records.

93%

ABOVE OPEN

Readings placed above the lowest NeuraGrip Index band.

23.7 pp

THRESHOLD GAP

Difference between aggregate self-report and scan-classification rates.

72 pairs

RESET OBSERVATION

Paired captures around a 60-second sequence, with mean heart rate about 5% lower afterward.

How to read this report. These figures describe MI.BO.'s anonymized, voluntary collection and its own classification rules. A reading is not a verified unique person, and the categories are not clinical diagnoses.

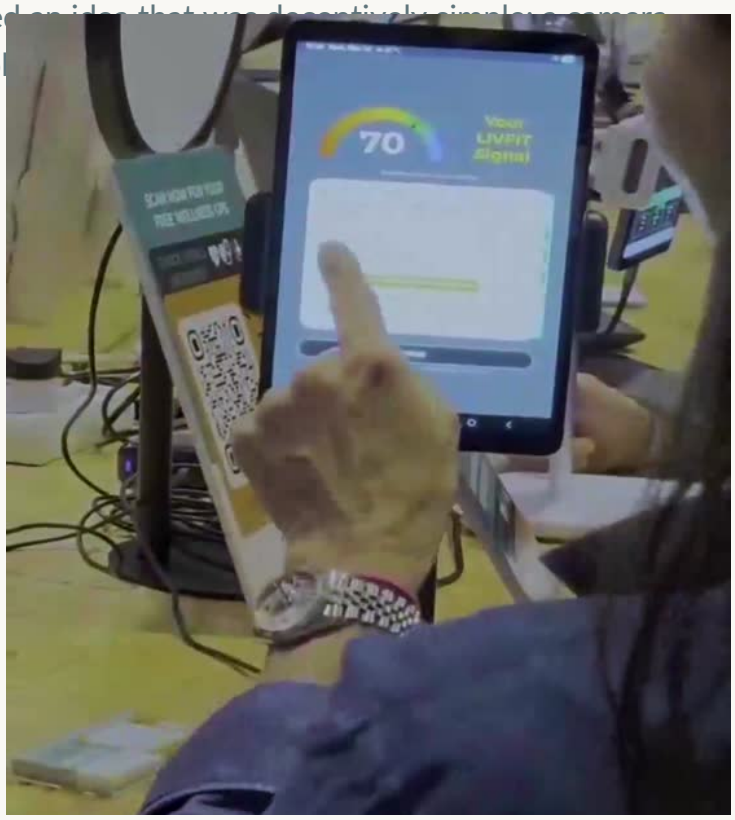
FROM THE EVENT FLOOR TO A PHYSIOLOGICAL SIGNAL

THE STORY

A health mirror in an everyday device.

At Web Summit Lisbon, visitors encountered an idea that was deceptively simple: a camera pl





Web Summit Lisbon 2025 / original MI.BO.Selfie footage

01 A face-camera capture. Light reflected by the skin changes subtly as blood volume changes beneath its surface.

02 A pulse-related estimate. Remote photoplethysmography (rPPG) uses those changes to estimate selected physiological signals.

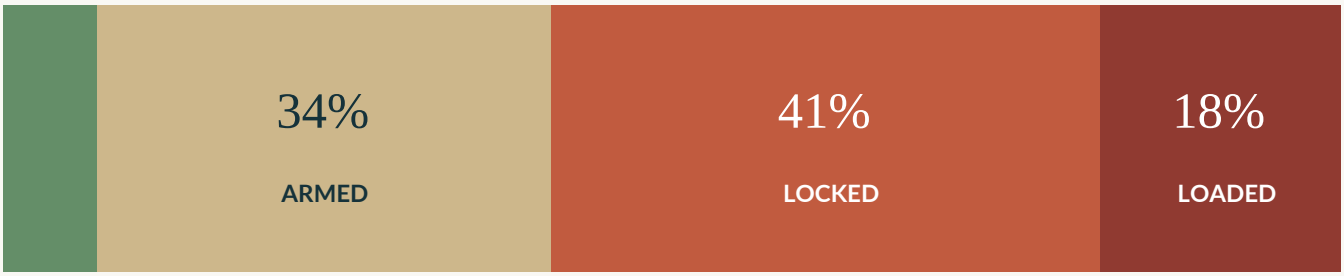
03 A view over time. Repeated readings can become the starting point for asking how personal patterns change with circumstances.

EXHIBIT 01 / NEURAGRIP INDEX

EXHIBIT 01

How the 300,000+ readings were classified.

The platform groups its readings into four bands under the NeuraGrip Index. This chart shows their reported distribution in the 2024-2026 collection.



93% above OPEN. Within the MI.BO. index, 7% of readings were labelled OPEN, 34% ARMED, 41% LOCKED and 18% LOADED.

One observation, not a population diagnosis.

The high share above OPEN is a feature of how the platform classified a self-selected collection of scans. It does not tell us the percentage of people with chronic stress or autonomic dysfunction.

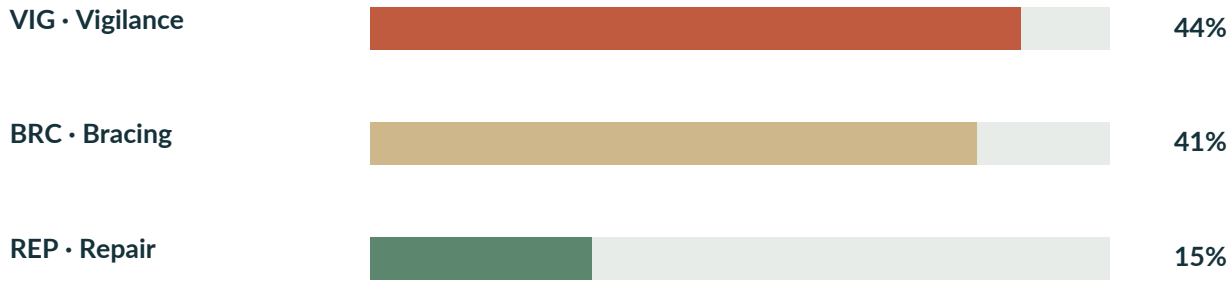
The index bands in the original material were OPEN (0–25), ARMED (26–50), LOCKED (51–75) and LOADED (76–100). Their clinical meaning remains a subject for validation.

EXHIBIT 02

Three states. Four domains.

The same collection was summarized using two additional category systems. They describe different properties of the dataset and should be read separately.

DERIVED AUTONOMIC STATE



DOMINANT FOUR LOCK LABEL

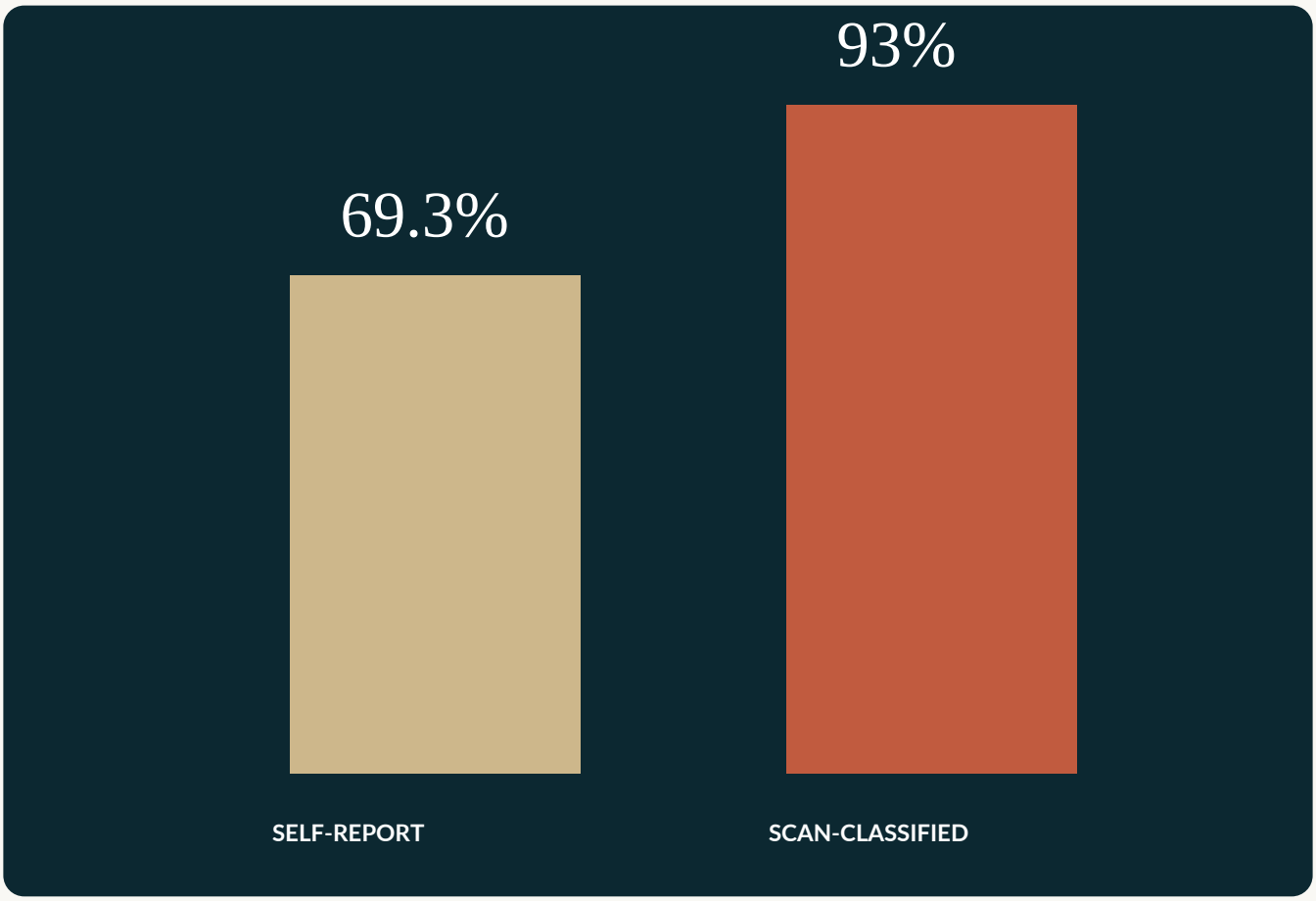


These are MI.BO. category distributions. The labels are interpretive classifications rather than direct measures of separate clinical conditions.

EXHIBIT 03

The 23.7-point question.

Two measures offered different answers about readiness: a nine-question self-report instrument and the scan-derived NeuraGrip Index.



23.7 percentage points separate the two aggregate proportions. The result is a useful starting point, not a direct estimate of how often an individual person and a scan disagreed.

A matched participant-level comparison and consistent threshold definitions are needed to understand the relationship between perceived experience and scan-derived categories.

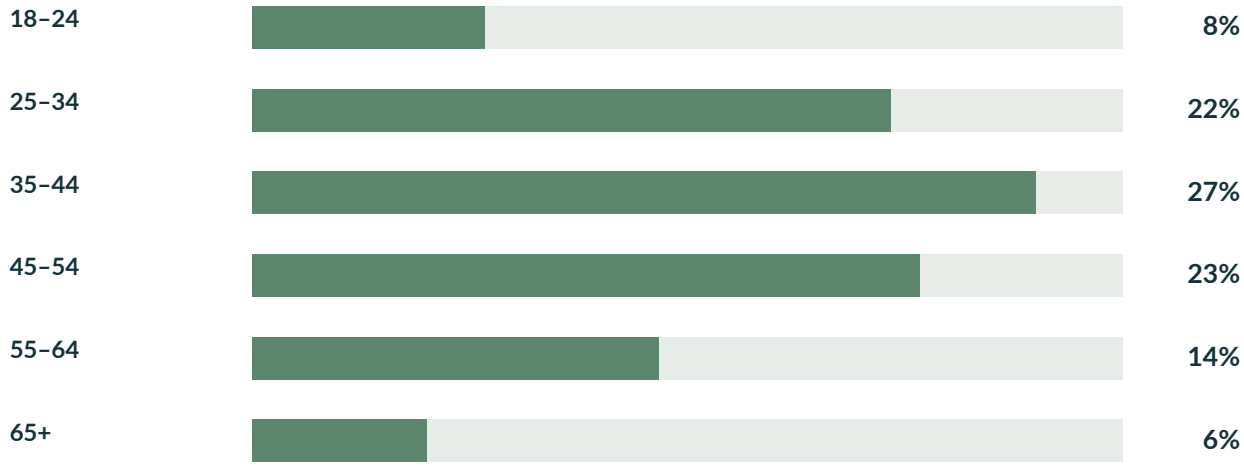
EXHIBIT 04 / WHO CHOSE TO SCAN

EXHIBIT 04

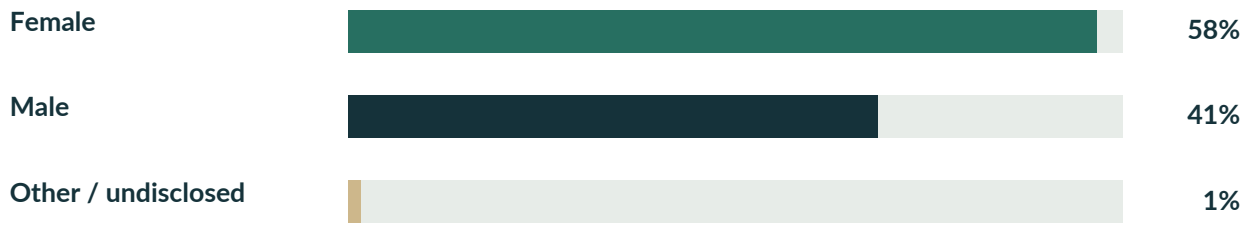
A varied group of voluntary readings.

The analysis includes demographic information supplied with some readings. Here are two views of the reported record composition.

AGE DISTRIBUTION



REPORTED GENDER



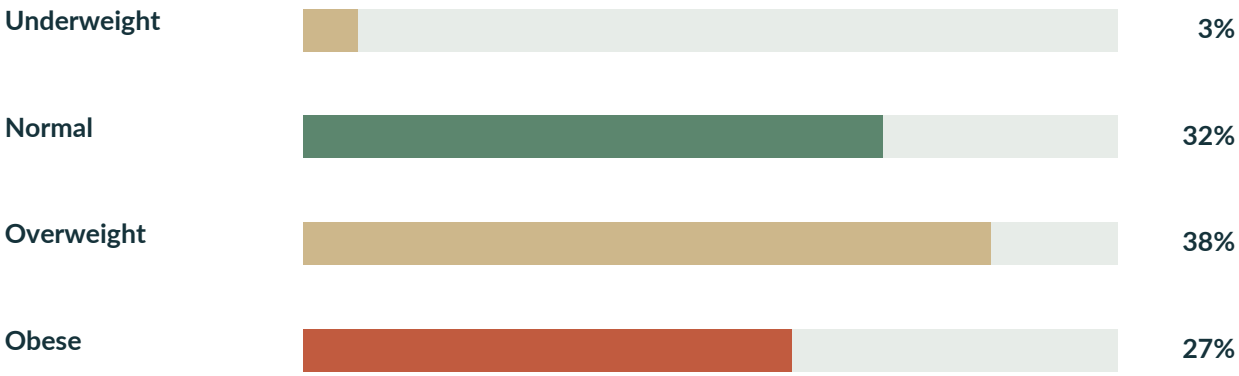
Respondents could omit fields, and the source does not provide audited sample counts for each characteristic. These charts show reported composition, not a representative population sample.

EXHIBIT 05

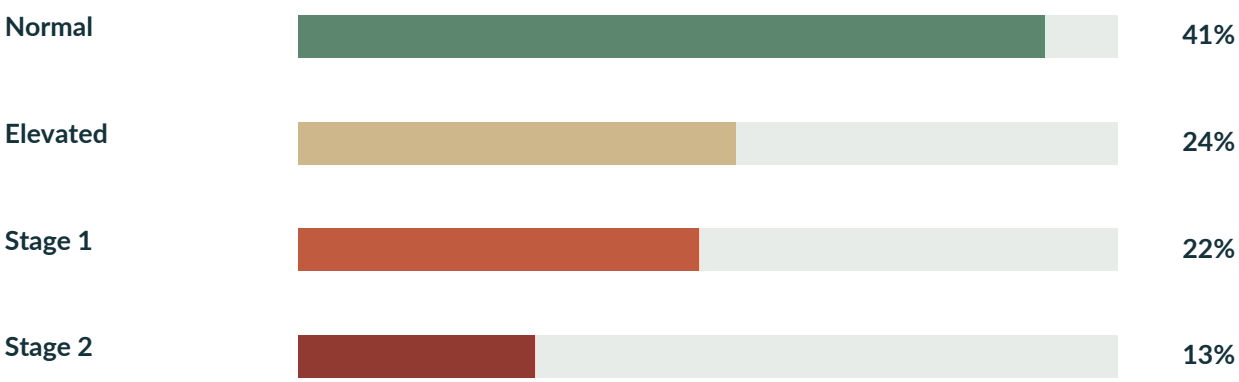
Health-related categories supplied with readings.

Where participants provided height, weight or blood-pressure information, the data were described in the following broad groups.

BMI CATEGORIES (FROM REPORTED HEIGHT AND WEIGHT)



SELF-REPORTED BLOOD-PRESSURE STATUS



Blood-pressure status here refers to participants' reported category, not a diagnosis made from a smartphone scan. BMI reflects self-reported height and weight.

GLOBAL FOOTPRINT / PROCESSING REGIONS

Where the signal travelled.

MI.BO.Selfie scan processing spanned multiple regions throughout the 2024-2026 observation programme.



SELECTED PROCESSING REGIONS

- **NORTH AMERICA**
- **EUROPE**
- **THE GULF**
- **SOUTH ASIA**

The map depicts broad processing regions, not participant locations. No audited regional counts were available for plotting relative traffic.

EXHIBIT 06 / A SHORT-TERM OBSERVATION

EXHIBIT 06

What happened after 60 seconds?

MI.BO. collected paired observations before and immediately after the NeuraStance / Instant Reset sequence.



72 paired captures. Immediate mean heart rate was approximately 5% lower after the 60-second sequence. The 100-to-95 chart is normalized; the figures are not beats per minute.

Because the observation had no separate control group, it cannot establish that the sequence caused the difference or that effects persist. It does show a question that can be tested more carefully.

INTERPRETATION

Giving a familiar experience a name.

What if the body continues to organise itself around readiness even after it stops registering as something unusual? NeuraGrip is a framework for exploring that possibility.

01 Vigilance

Awareness and attention

02 Structure

Posture and physical bracing

03 Breath

Breathing rhythm

04 Fuel

Energy and recovery

The aim is better interpretation.

MI.BO.Selfie offers a low-friction window into selected physiological signals. NeuraGrip offers language for recognising patterns of readiness. Richer context and repeated observations may help users see what changes from one day to the next.

These are educational and interpretive domains. The underlying index is not a validated diagnosis of autonomic dysfunction or a direct readout of brain activity.

LOOKING AHEAD

WHAT COMES NEXT

The next chapter is about deeper evidence.

Good observation becomes more valuable when its interpretations can be checked, challenged and improved.

01 More reliable personal baselines

Understand how readings shift across days, activities and recovery.

02 Measure with greater confidence

Compare camera-derived signals with reference instruments in varied real-world conditions.

03 Understand the perception gap

Examine self-reported experience and scan-derived categories within the same participants.

04 Put small actions to the test

Study whether short self-regulation practices create meaningful, repeatable changes.

Data and privacy. The analysis collection is described as anonymous physiological outputs, without retained facial photographs, videos, names or emails alongside the analysed readings. This describes the dataset rather than an independent technical privacy certification.

SOURCES, METHODOLOGY AND PROGRAMME ACKNOWLEDGEMENT

NOTES AND SOURCES

How to read the evidence.

The findings in this report come from MI.BO. aggregate observational summaries. The literature below provides scientific context rather than independent validation of the proprietary classifications.

Source and period. MI.BO. Lda, MIBOSelfie Data Story No. 01 (October 2026); voluntarily generated physiological records from 2024–2026; NeuraGrip Index and derived category graphics; voluntarily reported demographic fields; 72-pair Reset observation.

Sample and interpretation. More than 300,000 describes readings, not verified distinct people. Participation was self-selected. Repeat scans and differences in completeness of optional fields can affect distributions. Percentages are descriptive, not population-prevalence estimates.

Perception comparison. The 23.7-percentage-point contrast compares 69.3% crossing a self-report threshold with 93% above OPEN under the proprietary NeuraGrip Index. No paired subject cross-tabulation is supplied; person-level disagreement cannot be inferred.

Reset observation. 72 paired pre/post readings, approximately 5% lower immediate mean heart rate; no randomized comparator, reference ECG or long-term outcomes were reported. The finding is exploratory.

INDEPENDENT SCIENTIFIC CONTEXT

- Clinical applications of contactless photoplethysmography, systematic review and meta-analysis (2023).
- Bondarenko M, Menon C, Elgendi M. Face regions in remote photoplethysmography. npj Digital Medicine (2025).
- Laborde S et al. Voluntary slow breathing, heart rate and HRV. Systematic review and meta-analysis (2022).

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