



The HORIZON

VOLUME 4, ISSUE 3, MARCH 2026

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DEAN'S DESK



Dear students, we at Grodno State Medical University strive to provide students with top-quality education, but that's not it. GRSMU is also a hub for Scientific, Cultural, and Sports related activities. We wholeheartedly acknowledge that International students are an integral part of our university, and we take immense pride in that. Grodno State Medical University is glad to work with students from different countries and provide them with a stage to represent their nation and culture.



**DEAN OF FACULTY OF INTERNATIONAL STUDENTS
DR. ALEKSANDER ALEKSANDEROVICH STENKO**

GRSMU celebrates its uniqueness in diversity, for in its true essence our university is a junction where students from various backgrounds and cultures come together as one big family. GRSMU has always encouraged students to explore further and beyond in every field they try their hands at. I hope that you like the novel concept of 'The Horizon' - a magazine that serves as a platform for the students to voice their opinions, share their takes and present their points of view.

'**The Horizon**' is a medium of extended communication where we can learn a lot from one another. I highly appreciate this initiative and personally support it. I look forward to reading the interesting blogs written by you.

WELCOME TO THE HORIZON



“We all have fascinating stories to share!” For the longest time, I have had this idea of starting a magazine. But not just any conventional magazine, one that shall serve as a platform for the students and alumni of International faculty at Grodno State Medical University to share their stories. A platform that enables students to share their takes on various curricular and extracurricular aspects of medicine. Thus, the idea of **‘The Horizon’**, came to life.



**DR. MEHUL H. SADADIWALA, FOUNDER,
CLASS OF 2023**

‘The Horizon’ will be a creative intersection where students can freely give commentaries about Lifestyle, Culture, Productivity tips, and more. Throughout the years, many individuals at GrSMU have inculcated valuable skills and gained experience with a fair share of success in various disciplines. Maybe you run a successful YouTube channel or an educational website, or maybe you are a successful student-researcher or an educator, and so much more. 'The Horizon' enables students to share their personal experiences. The insights that you share will encourage other students to take further strides and explore future possibilities.

‘The Horizon’ is supported directly by the Dean of the International Faculty, and it will operate under the supervision of the International Students' Scientific Committee. Students from 1st to 6th year, and even graduates, can submit their blogs to this magazine. The articles should directly or indirectly revolve around student life to share knowledge and the collective growth of students.

For inquiries and submissions.

📷 - grsmu_science

✉ - grsmuscience4life@gmail.com, socialmedia3490051@gmail.com

EDITOR'S DESK



“ I am Manjika Ramkrishna Jaiswal, a fourth-year student at Grodno State Medical University, As a Editor in chief, I am honored to helm The Horizon's Winter 2026 issue. In the intense cadence of our training, I envision this edition as a space for balance and inspiration, a place for connection, belonging, and a look toward the future of medicine. Welcome to a publication meant for insight and encouragement.

”



**JAISWAL MANJIKA RAMKRISHNA,
EDITOR, JAN-MAR 2026**



**AHAMIOJE OMOSENOBUA PRECIOUS
EDITOR, JAN-MAR 2026**

“ I’m Ahamioje Omosenobua Precious, currently a fifth year student at GrSMU and the Editor-in-chief of this year’s Winter issue. I am a firm believer of the phrase “Knowledge is Key” & strongly aspire to create an environment where information can be obtained in an engaging, creative, exciting, innovative and effective way. I would like to make this magazine not only a place where this goal can be achieved but also one that inspires people to be involved and inspired.

”

And a message to our dearest readers, we would like to invite you all, students and alumni, to share with us the blogs that directly or indirectly revolve around student life, to share knowledge and experiences that has had an impact on your growth within and outside the bounds of our university.

Concluding, let us alter the limitations of our individual efforts and collectively explore limitless Horizons.

PLACEBO IS NOT FAKE: WHAT IT TEACHES US ABOUT THE SUBCONSCIOUS MIND

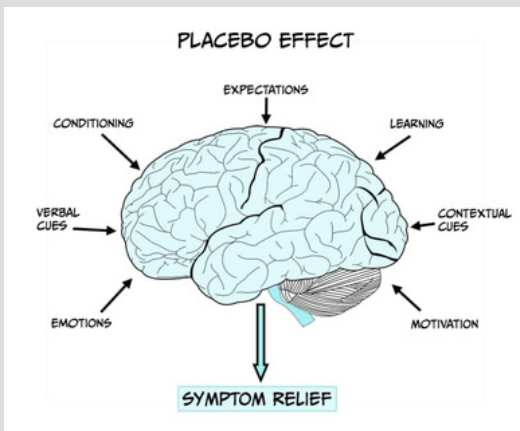
The placebo effect is often dismissed as imaginary or deceptive, yet science tells a very different story. Far from being “fake,” placebo and nocebo effects reveal how deeply the subconscious mind influences physiological processes. Through expectation, belief, and prior experience, the brain can initiate real biochemical and neurological changes in the body. This blog explores the science behind these effects, their relevance in clinical practice, and why understanding the subconscious mind is essential for modern, ethical healthcare.

WRITTEN BY
SEVAK DEEP
NILESHKUMAR
CLASS OF 2030

INTRODUCTION: MORE THAN JUST A SUGAR PILL

Most of us have heard the phrase, “It’s just a placebo,” usually meant to imply something ineffective or imaginary. In medical culture, placebo has long been treated with skepticism, almost as a trick rather than a legitimate phenomenon. However, decades of research have shown that the placebo effect is neither deception nor delusion. Instead, it represents one of the clearest demonstrations of the powerful connection between the mind and the body.

When a patient experiences genuine symptom relief after receiving an inert treatment, the improvement is real. Pain decreases, symptoms lessen, and physiological changes occur. The placebo effect, along with its lesser-known counterpart—the nocebo effect—offers valuable insight into how the subconscious mind shapes health outcomes, making it a topic of immense relevance for medical students and healthcare professionals alike.



UNDERSTANDING THE PLACEBO EFFECT

At its heart, the placebo effect is driven by expectation and belief. When a patient believes that a treatment will help them, the brain responds accordingly. This belief is not passive; it actively triggers neurochemical changes. Research using brain imaging techniques has shown that placebo-induced pain relief is associated with the release of endogenous opioids and dopamine—chemicals involved in pain modulation and reward pathways.

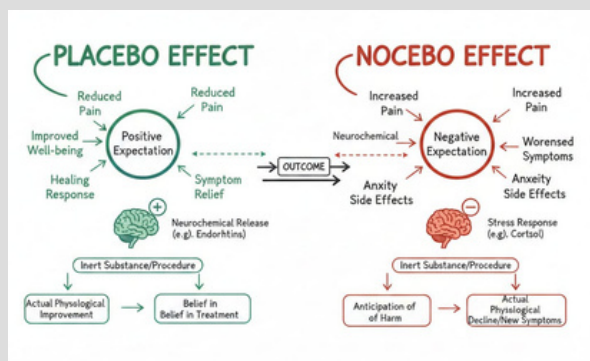
Conditioning further strengthens this response. Over time, patients learn to associate certain medical rituals—such as pills, injections, or even the clinical environment—with healing. Just as Pavlov’s dogs learned to salivate at the sound of a bell, the human body can learn to respond physiologically to the expectation of treatment. The subconscious mind, drawing on past experiences, prepares the body for recovery even before any active drug takes effect.

THE NOCEBO EFFECT: WHEN BELIEF BECOMES A BURDEN

While positive expectations can heal, negative expectations can harm. The nocebo effect occurs when a patient’s anticipation of adverse outcomes leads to real worsening of symptoms. This is not mere anxiety; it is a measurable physiological response.

Increased stress hormones, heightened pain perception, and autonomic nervous system activation have all been linked to nocebo responses.

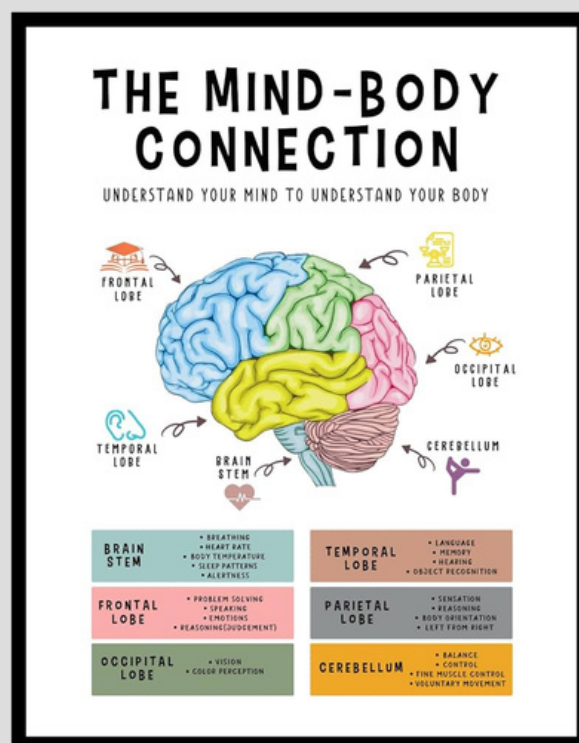
In clinical settings, nocebo effects often arise unintentionally. A poorly worded explanation, an overemphasis on side effects, or a lack of reassurance can plant seeds of fear in a patient's subconscious mind. For healthcare professionals, this highlights an uncomfortable but important truth: words matter. How we communicate can influence outcomes as much as what we prescribe.



THE SUBCONSCIOUS MIND AND THE BODY

The placebo and nocebo effects provide compelling evidence that the subconscious mind constantly communicates with physiological systems. Beliefs and expectations influence pain perception, immune responses, hormonal balance, and even cardiovascular function. This interaction is mediated through complex neural networks involving the brain, endocrine system, and autonomic nervous system.

Pain offers a particularly striking example. It is not solely a response to tissue damage but a subjective experience shaped by context, emotion, and belief. When the brain anticipates relief, pain pathways are dampened. When it anticipates harm, those same pathways become amplified. This understanding challenges the traditional separation of “mental” and “physical” health and reinforces the importance of a holistic approach to medicine.



ETHICAL USE OF PLACEBO MECHANISMS IN CLINICAL CARE

One of the biggest concerns surrounding placebo effects is ethics. Historically, placebo use was associated with deception, raising questions about patient autonomy and trust. However, modern medicine has moved beyond this view. Studies on open-label placebos—where patients are informed they are receiving a placebo—have shown meaningful benefits in conditions like chronic pain and irritable bowel syndrome.

More importantly, placebo mechanisms can be ethically integrated into everyday clinical practice without pills at all. Empathy, active listening, confidence, and reassurance all enhance positive expectations. A strong doctor–patient relationship itself becomes therapeutic, engaging the subconscious mind in a way that supports healing rather than undermines it.

WHY THIS MATTERS FOR MEDICAL STUDENTS AND CLINICIANS

For medical students, understanding placebo and nocebo effects encourages critical thinking beyond textbooks and pharmacology. It reminds us that patients are not just biological systems but individuals shaped by emotions, beliefs, and experiences. Recognizing the role of the subconscious mind fosters better communication skills, improved patient trust, and more compassionate care.

In practice, this knowledge empowers clinicians to optimize outcomes ethically. By being mindful of language, framing information carefully, and building therapeutic relationships, healthcare professionals can reduce harm and enhance treatment effectiveness—sometimes without adding a single medication.



CONCLUSION: A LESSON IN MIND–BODY UNITY

The placebo effect is not fake. It is a powerful reminder that healing is not confined to molecules and machines alone. Alongside the nocebo effect, it teaches us that the subconscious mind plays a crucial role in shaping physiological reality. For modern medicine, this insight is both humbling and hopeful. By understanding and respecting the mind–body connection, healthcare professionals can provide care that is not only scientifically sound but deeply human.



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ANTIBIOTIC RESISTANCE: THE SILENT CRISIS

Antibiotics once transformed medicine, turning deadly infections into treatable conditions and enabling modern advances such as surgery, cancer therapy, and neonatal care. Today, this foundation is under threat. Antibiotic resistance is rising quietly but relentlessly, rendering common infections harder—and sometimes impossible—to treat. This blog explores the scope of the crisis, its implications for healthcare and global security, and the critical role individuals and healthcare professionals play in combating this growing menace.

WRITTEN BY
SHAH RUTVI
KEYUR

CLASS OF 2030

INTRODUCTION: A CRISIS THAT DOESN'T ANNOUNCE ITSELF

Few discoveries have shaped modern medicine as profoundly as antibiotics. From treating pneumonia and tuberculosis to making complex surgeries safe, antibiotics changed the course of human health. Yet, despite their revolutionary impact, their effectiveness is steadily eroding. Antibiotic resistance is often described as a “silent crisis” because it does not arrive with dramatic headlines or sudden catastrophes. Instead, it advances quietly—one resistant bacterium at a time.

This crisis is not a distant future threat. It is already unfolding in hospitals, clinics, and communities across the world. Infections that were once easily cured now linger, worsen, or turn fatal. The question is no longer if antibiotic resistance will affect us, but how severely and how soon.

UNDERSTANDING ANTIBIOTIC RESISTANCE

Antibiotic resistance occurs when bacteria evolve mechanisms to survive exposure to drugs designed to kill them. This is a natural biological process, but human behavior has dramatically accelerated it. Overuse and misuse of antibiotics—such as prescribing them for viral infections or failing to complete prescribed courses—create selective pressure that favors resistant strains.

In hospitals, resistant organisms like Methicillin-resistant *Staphylococcus aureus* (MRSA) and

multidrug-resistant *Klebsiella* species pose daily challenges.

In the community, resistant urinary tract and respiratory infections are becoming increasingly common. The result is longer hospital stays, higher medical costs, and increased mortality.



WHY ANTIBIOTIC RESISTANCE THREATENS MODERN MEDICINE.

Antibiotic resistance does not only affect the treatment of infections; it threatens the very structure of modern healthcare. Surgical procedures, organ transplants, chemotherapy, and neonatal intensive care all depend on effective antibiotics to prevent and treat infections. Without reliable antimicrobial protection, these interventions become far riskier.



Cancer patients undergoing chemotherapy are particularly vulnerable due to weakened immune systems. Newborns, especially premature infants, rely heavily on antibiotics during early life-threatening infections. Even routine procedures such as cesarean sections or joint replacements could become dangerous in a world where antibiotics no longer work.

Beyond healthcare, antibiotic resistance has broader implications for global security. Resistant infections do not respect borders. International travel, trade, and migration allow resistant pathogens to spread rapidly, making this a truly global problem requiring coordinated international action.

THE ROLE OF HUMAN BEHAVIOR IN FUELING THE CRISIS

At the heart of antibiotic resistance lies human behavior. In many settings, antibiotics are prescribed “just in case,” often without clear indication. Patients may demand antibiotics, equating them with faster recovery. In some regions, antibiotics are available without prescriptions, further encouraging misuse.

In agriculture, the widespread use of antibiotics for growth promotion and disease prevention in livestock has contributed significantly to resistance. Resistant bacteria originating in animals can enter the human population through food chains and the environment, blurring the line between clinical and ecological responsibility.

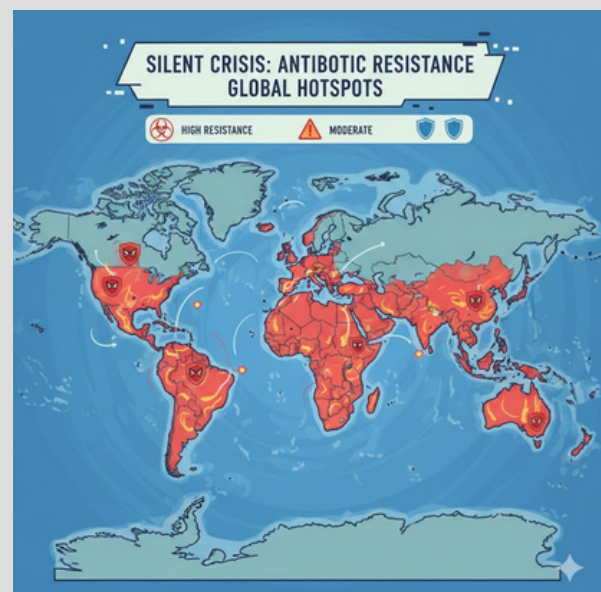
WHAT CAN BE DONE: FROM POLICY TO PERSONAL ACTION

Combating antibiotic resistance requires action at multiple levels. At a policy level, governments and health organizations must strengthen surveillance systems, regulate antibiotic use, and invest in research for new antimicrobials and alternative therapies. Infection control measures—such as hand hygiene, vaccination, and sanitation—remain fundamental pillars in preventing the spread of resistant organisms.

Equally important is antibiotic stewardship. Stewardship programs promote the rational use of antibiotics by ensuring the right drug is given at the right dose for the right duration. Evidence shows that such programs reduce resistance rates without compromising patient outcomes.

THE ROLE OF HEALTHCARE WORKERS AND STUDENTS

Healthcare professionals are at the frontline of this battle. Every prescription carries responsibility. Clear communication with patients about why antibiotics are or are not needed can significantly reduce misuse. Explaining the dangers of resistance fosters trust and shared decision-making.





Medical students and trainees, often underestimated in their influence, play a crucial role. By adopting responsible prescribing habits early, engaging in awareness campaigns, and questioning inappropriate antibiotic use, students become powerful advocates for change. Education is not merely an academic exercise—it is a preventive tool against resistance.

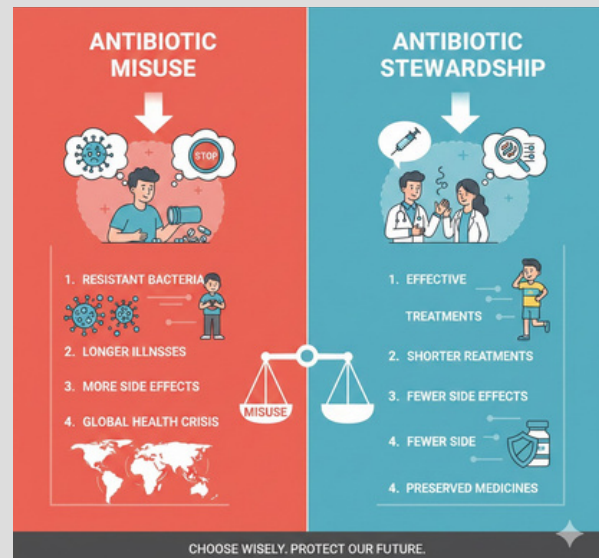
THE POWER OF INDIVIDUAL RESPONSIBILITY

Antibiotic resistance is not solely a systemic failure; it is also an individual one. Patients must resist the urge to self-medicate, adhere to prescribed courses, and understand that not every illness requires antibiotics. Simple measures such as vaccination, proper hygiene, and infection prevention reduce the need for antibiotics altogether.

Each small, responsible action contributes to a larger collective impact. The fight against antibiotic resistance is not won in laboratories alone but in everyday decisions made by healthcare providers and patients alike.

CONCLUSION: A CALL TO ACTION, NOT ALARM

Antibiotic resistance is a crisis unfolding quietly, but its consequences are anything but silent. It threatens decades of medical progress and challenges the safety of routine healthcare practices. Yet, this is not a hopeless battle. Through responsible prescribing, education, infection control, and global cooperation, the trajectory of resistance can be altered. This is not a problem for future generations to solve—it is a responsibility for the present. Every healthcare worker, student, and individual has a role to play. In preserving the power of antibiotics, we are ultimately safeguarding the future of medicine itself.



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THE EARLY PREP EFFECT: PEER PRESSURE AND PERSPECTIVE HOW COMPARISON SHAPES THE IMPOSTER EXPERIENCE IN MEDICAL STUDENTS

Imposter syndrome doesn't discriminate- but data shows it affects female medical students at striking rates. This article explores the why behind the numbers, from comparison to stereotype threat, and offers practical, research-backed ways to quiet the inner critic. Essential reading for anyone who's ever felt like a fraud in a white coat.

WRITTEN BY
ABARRANE
LOURAIN
FERNANDO
CLASS OF 2026

INTRODUCTION

Have you ever felt the room move on without you? A step behind, watching from the edges? Like the world keeps turning-just a little too fast.

If any of this feels familiar-you're not alone. Most of us have stood in that same quiet space at some point.

Maybe you're standing there right now.



THE EVIDENCE

A recent study in Peru found that nearly one in three medical students carry this weight- the quiet ache of feeling like a fraud, even as they move toward their dreams. They call it the "imposter phenomenon."

Medicine is a battlefield and we are its warriors, fighting our own battles till the end and it is not unusual for those in uniform to find themselves besieged by the weight of their duties.

Failure wears the heaviest mask of all silent, yet terrifying. Some refuse to look its way, while others can't stop staring.

But beneath the surface, we all carry the quiet weight of it the fear of falling short, woven into the fabric of being human.

Why?

There are reasons, of course, woven quietly into the background of who we are and where we've been. We could name many reasons, but one lingers longer than the rest: comparison.

When we measure our own academic path against someone else's, we create the perfect quiet space for imposter syndrome to take root.

And you're not entirely wrong about feeling that way. You watch colleagues open their books weeks before you do.

You notice the quiet confidence some carry- the way it opens doors.

You see friends score well, and something inside you quietly wonders: Why not me?

Because we're human, after all. And being human means; we compare, We notice, We doubt.

If so, is it their fault?

Absolutely not, because they do compare, they do notice and they do doubt too.

But when they share the doubts, the wins, all of it, it doesn't always comfort. Sometimes it overwhelms. A quiet reminder of how far ahead they seem, how far behind we feel.

So how do you keep it from getting to your head? The honest answer? There's no simple fix. No one-size-fits-all method.

It's trial and error-messy, personal, and different for everyone. Maybe that's why we study medicine for at least six years. Not just to learn the body, but to learn ourselves along the way.



Here's something worth noting; recent research suggests imposter syndrome tends to show up more often in women than in men.

At one U.S. university, a study of 49 first-year medical students (class of 2025) found that 84% of women experienced imposter phenomenon—compared to just 16% of men. The numbers speak quietly, but clearly.

Which leads to the question no one quite knows how to answer: Why?

Maybe it's not a mystery after all.

Maybe it's the weight of societal expectations, Maybe it's the heightened scrutiny that follows women differently, Maybe it's stereotype threat. Maybe it's all of it, woven together—and many more threads we're still learning to name.

As I mentioned earlier, it's all about experimenting, figuring out what actually speaks to you.

Take self-compassion and affirmations, for example. Not the cheesy kind—the real kind.

1. The "Best Friend" Script:

Listen to what your inner critic is saying. Really hear it. Then, take that same thought and rewrite it, this time, as if you were comforting a respected classmate going through the same thing. Read it out loud after a tough exam. You might be surprised how soft your own voice can be.

2. Realistic Affirmations:

Skip the hollow positivity. Try statements rooted in truth: "I am a knowledgeable learner." "I am worthy of my achievements." Present tense. Fact-based. No perfection required.

These are just a few paths. The point isn't to find the right one, it's to find yours.



CONCLUSION

And through it all, remember this:

You're not just any student.

You're a medico-someone studying to save lives.

And in the end, that's what matters most. Not the doubts. Not the comparisons. Just the quiet truth that you showed up. That you're still showing up.

For yourself. For them. For what's ahead.

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2. Impostor phenomenon: Prevalence among 1st year medical students and strategies for mitigation : Algevis Wrencha; Maria Padilla; Chasity O'Malley; Arkene Levy.
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BEYOND BEING "DOUBLE-JOINTED": UNDERSTANDING HYPERMOBILITY SPECTRUM DISORDERS

Many individuals with Hypermobility Spectrum Disorder (HSD) experience joint pain, fatigue, and a higher risk of joint injuries, which can affect daily activities and quality of life. This article aims to explore the implications of HSD, its identification, and management strategies, emphasizing the importance of appropriate care for those affected by this often-overlooked condition.

WRITTEN BY
H.M.HESHAN C.
SENANAYAKE
CLASS OF 2026

INTRODUCTION

Hypermobility Spectrum Disorders (HSD) refer to a group of health issues marked by loose joints and instability, impacting roughly one out of every 500 people globally (1). These conditions go far beyond simple flexibility, representing complicated multi-system disorders that share a spectrum with hypermobile Ehlers-Danlos syndrome (hEDS), involving widespread chronic pain, digestive troubles, and dysfunction of the autonomic nervous system (2). Despite their impact, these conditions are often misunderstood and misdiagnosed, with patients frequently waiting nearly two decades for a correct identification, though new studies emphasize the critical role of connective tissue in driving symptoms (2, 4). Care primarily involves specialized physical therapy aimed at building muscle strength to enhance joint stability and overall well-being (3, 5).

For years, the ability to perform unusual feats of flexibility, such as bending fingers into unnatural positions, was frequently written off as a curious but meaningless trait. However, for a substantial number of individuals globally, this extraordinary range of motion comes with a host of debilitating symptoms that interfere with routine activities. Hypermobility Spectrum Disorders (HSD) are finally being recognized by the medical community as intricate, multi-systemic conditions that warrant careful attention and proper treatment, moving away from a history of being overlooked.

WHAT ARE HYPERMOBILITY SPECTRUM DISORDERS

Hypermobility is defined as an unusually large degree of motion in multiple joints, caused by ligaments that are more stretchy than normal, which typically serve to secure bones and provide structural support (1). Although many young people are naturally flexible and tend to stiffen with age, those with HSD retain this looseness permanently, often developing symptoms that reach far beyond just their joints (3).



HSD exists along a clinical continuum with hypermobile Ehlers-Danlos syndrome (hEDS), the most frequently occurring form of EDS. In 2017, new international guidelines created the term HSD to categorize individuals who have symptomatic joint laxity but do not fulfill the stricter requirements for an hEDS diagnosis (3). Nevertheless, more recent investigations have disputed the idea that HSD is a less severe condition, revealing that people with either diagnosis experience comparable levels of persistent pain, autonomic issues, and gastrointestinal problems (2). This has led healthcare providers to view hEDS and HSD as points on a spectrum requiring tailored assessment and management.

THE MULTISYSTEM REALITY

A major advancement in comprehending HSD is the acknowledgment that it impacts the entire body, rather than being solely a joint-related issue. Since connective tissue provides support to every organ, the consequences can be felt throughout multiple systems (4).

Ongoing pain is almost universal, affecting close to all individuals (2). This discomfort arises from repeated joint instability, muscular exhaustion from continuously stabilizing loose joints, and possible neurological involvement. Fatigue is also extremely common, frequently made worse by poor sleep and the sheer exertion needed for ordinary actions.

The autonomic nervous system often malfunctions in HSD, with postural orthostatic tachycardia syndrome (POTS) appearing regularly as a related condition (2). Upon standing up from a seated or lying position, affected people may experience a rapid surge in heart rate within minutes, resulting in faintness, confusion, and lightheadedness. Digestive system disorders impact a large majority of patients, encompassing conditions like reflux, irritable bowel syndrome, and delayed stomach emptying (2).



Recent studies have quantified the extensive burden of these illnesses. A comprehensive global survey found that those with HSD cope with numerous additional health problems and dedicate several hours each week just to managing their medical care (2). The path to a correct diagnosis continues to be lengthy and difficult, with many patients initially mislabeled as having fibromyalgia, anxiety, or simply childhood aches (2).

THE EMERGING SCIENCE: FASCIA TAKES CENTER STAGE

Innovative research is now shedding light on why HSD results in such diverse symptoms. The fascia—an uninterrupted network of connective tissue enveloping muscles, organs, and nerves—is believed to be a key factor (4). A recent scientific review gathers evidence showing consistent irregularities in fascial thickness, tissue rigidity, and the capacity of tissue layers to move smoothly against each other (4).

This fascial system helps clarify how a disorder of connective tissue can influence everything from body awareness to automatic bodily functions and immune reactions (4). Rather than viewing HSD as solely a genetic anomaly of collagen, scientists now suggest that abnormal changes in fascia may significantly drive symptoms, opening up fresh possibilities for treatment approaches (4).



DIAGNOSIS: A CLINICAL CHALLENGE

Unlike many medical conditions, HSD cannot be confirmed through a genetic blood test. The exact genes involved remain undiscovered, so diagnosis relies completely on patient history and physical examination (1).

The Beighton scoring system evaluates joint laxity across several sites, with specific scores pointing to widespread hypermobility (1, 3).

However, the current diagnostic framework requires more than just flexibility. Physicians must also identify musculoskeletal symptoms, consider family medical history, and rule out other connective tissue diseases like Marfan syndrome or different EDS variants (3).

This complexity contributes to the significant delay in diagnosis and explains why many medical professionals feel unprepared to recognize these disorders (2).

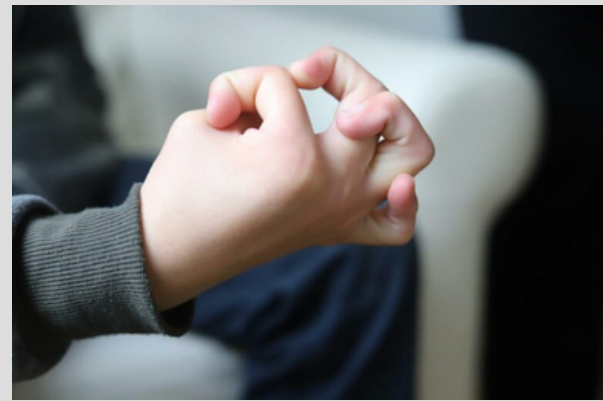


MANAGEMENT AND HOPE

Although no cure currently exists for HSD, treatment approaches supported by evidence can greatly enhance quality of life (5). Physical therapy forms the foundation of care, concentrating on fortifying muscles to make up for lax ligaments and boost joint steadiness (3, 5). Unlike conventional strength training, programs designed for HSD need slower, carefully controlled advancement with emphasis on correct posture and retraining of body awareness (3).

Effective therapeutic models often begin by establishing core and pelvic stability before progressively engaging the upper body and neck region (3). Therapists may also use hands-on techniques, supportive taping or bracing for particular activities, and rehabilitation for pelvic floor issues when present (3, 5).

Psychological support combined with physical therapy shows benefit for addressing negative thoughts about pain, anxiety, and depression—frequent companions to chronic illness (3). Activity pacing methods help patients balance exertion with rest, avoiding cycles of overdoing it followed by severe flare-ups (3).



LOOKING FORWARD

The last several years have seen remarkable advancement in understanding HSD. Research has confirmed patient experiences, recorded the multi-system nature of these disorders, and started to clarify underlying mechanisms (2, 4). Yet substantial gaps persist. Updated diagnostic standards, improved training for healthcare workers, and organized team-based care approaches are urgently required (2).

For the many individuals living with HSD, this growing awareness brings optimism—optimism that their complaints will be treated seriously, that proven treatments will become more available, and that the long road to diagnosis will become shorter for those to come (2). Hypermobility spectrum disorders represent genuine, intricate health conditions deserving of scientific investigation, healthcare resources, and societal recognition.

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17	Oso Jesutofunmi Eunice (Jan- Mar,2025)
18	Fathmath Shajaa Jihaad (April-June, 2025)
19	Kishnani Rohankumar Sadhuram (April- June, 2025)
20	Eriiyanuoluwa Orekoya (Jul-Sep, 2025)
21	Fathima Aysha Hafeel (Jul- Sep, 2025)

22	Osini Rathnasiri (Oct-Dec, 2025)
23	Maha Ibrahim Mohamed (Oct-Dec, 2025)
24	Ahamioje Omosenobua Precious (Jan-Mar, 2026)
25	Jaiswal Manjika Ramkrishna (Jan-Mar, 2026)

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