



The **HORIZON**

VOLUME 1, ISSUE 4, APRIL 2023

LIFESTYLE, PRODUCTIVITY, CULTURE & SO MUCH MORE.....

Debunking common myths about contact lenses

Imposter syndrome

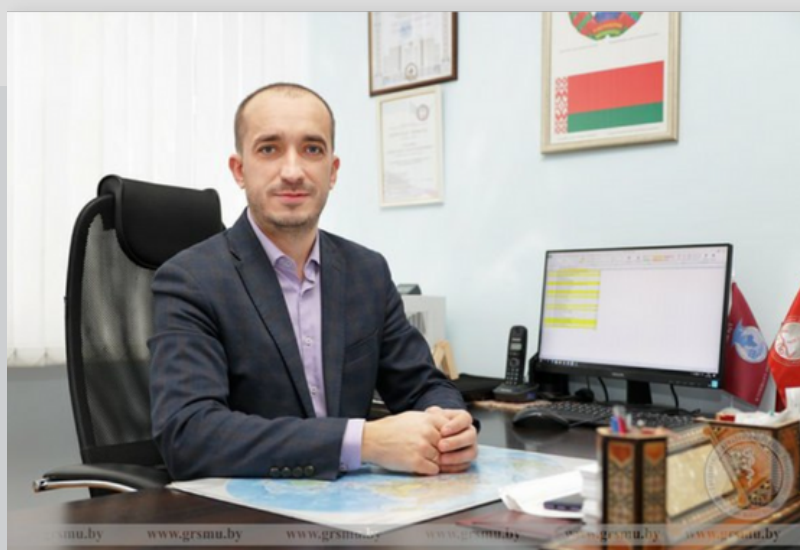
**How to make the best of our dietary habits as
medical students**

Seasonal affective disorder

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.



**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.

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EDITOR'S DESK



Experiences and knowledge we have received up until this very moment has assisted in shaping and carving our personalities and thought processes to create the individuals we are today. This metamorphosis has inculcated within us the wisdom to head in each of our personal journeys and the voicing out of pieces of our journeys is a great opportunity to create a supportive environment within the student body.

As the Editor-in-chief (Apr-Jun,2023) of this magazine and the Supervisor for future editorials, I plan on focusing on delivering together with my co-editor (Apr to Jun, 2023) a array of exciting blogs filled with facts, tips and descriptions on various topics that have been proposed and penned by students and alumni of GrSMU.



**ANJELO LEARD, SUPERVISOR FOR THE HORIZON,
EDITOR-IN-CHIEF (APR-JUN, 2023)**



**KRISHA K. GANDHI,
EDITOR-IN-CHIEF (APR-JUN, 2023)**

I have always loved reading and writing. Reading a good novel makes me see an entire new world from the author's point of view. I believe that apart from academics, we should be involved in other activities too which enhances our personality and uplifts our mood.

When I was offered the opportunity to work for "The Horizon" by the Founder himself, I had to take this chance! Getting to read all the articles first as they are (raw) is an honour in itself. It always brings me immense joy and pleasure to read the stories that fellow students have written. Reading this magazine makes you want to explore even more and you start noticing little things in life that you might have failed to notice before.

And a message to our dearest readers, we would like to invite you all 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.

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DEBUNKING COMMON MYTHS ABOUT CONTACT LENSES

The highlight of this blog post is to understand the difference between the myths and the facts regarding the usage of contact lenses.

WRITTEN BY
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Being in medical school most of us spend ample amount of time in front of our laptops, screens & books and less outdoor activities which is significantly associated with myopia (short-sightedness). In such case we opt for various options to improve our eyesight. These options most commonly include eyeglasses, contact lenses, & laser surgery. Deciding the best correction method for you depends on your eyes, lifestyle, and budget. Furthermore, it should be discussed with your ophthalmologist.



However, if you have been wondering whether or not to wear contact lenses, let's discuss some common myths you should already be aware of:

Myth no. 1: Contact lenses getting trapped/lost behind the eye.

This is one of the most common myths and here is the good news; that's impossible. The inner lining of the eyelids, the conjunctiva folds back and becomes the outer covering of the sclera (the white of the eye). This continuation of the conjunctiva from the eyelids to the sclera makes it impossible for anything including contact lenses to dislodge and get lost behind your eye.

Myth no. 2; Children can't wear contact lenses.

This is a complete myth and eye contacts can be worn by anyone over the age of 8. Admirably today we have contact lenses being fitted even for infants who have eye defects and various other vision impairments, where the parents help in putting in and taking the lenses out. Fruitful use of lenses depends more on enthusiasm and understanding than age. Therefore, there is no physical reason preventing children from using contact lenses.

Myth no. 3; You can't wear contact lenses if you have astigmatism.

This is not true. With the advancement of technology now we do have specialized contact lenses for vision correction in people with astigmatism (Example; Toric contact lenses). In fact, you can even get custom made soft lenses if you have higher amount of astigmatism.

Myth no. 4; In the present days you can sleep with your contact lenses on.

Even though there are some FDA approved, breathable overnight contact lenses still in general there is a higher risk of ulcerations and infections in people who sleep in their contacts. So as a rule of thumb, avoid sleeping with your contacts on.

Myth no. 5; Contacts causes further impairment of your vision.

Once prescribed with contact lenses we tend to attend routine examinations only to discover that our short-sightedness has worsened, which leads to the natural assumption that the contact lenses are responsible. However, myopia worsens during childhood and adolescence and even into adulthood, this not only affects people who wear contact lenses but also those who do not. Accordingly, there is no connection between the deteriorating eyesight and the wearing of contact lenses.

Myth no. 6; Contact lenses are more expensive than glasses.

Similar to the costs of eyeglasses, the prices of contact lenses too vary depending on the brand, lens and frame chosen. The significant cost difference is observed upon replacement; replacing a lost or damaged contact lens will be much cheaper than buying new pair of glasses. Speaking of contact lenses, the lens, replacement schedule, as well as how often you use them are all elements that allow you to decide how much you will spend.

Myth no. 7; You can wear contact lenses while in the shower or swimming.

Having contact lenses while swimming or showering, you're more likely to get an eye infection as tap water and pools are abundant with microbes and they can lodge in your contacts. For example, Acanthamoeba parasite can infect your eye causing severe pain and, in the worst-case scenario, can even necessitate a corneal transplant. Hence swimming and bathing with contact lenses should be avoided.

Myth no. 8; Using contact lenses cause eye diseases.

Wearing contact lenses do not directly cause eye infections but, if you don't clean them properly or don't use them as directed it will increase your risk of infections. However as long as you clean and care for your lenses appropriately and use them as per instructions, wearing contact lenses is very safe.

Myth no.9; Contact lenses can fall out of your eyes.

For a fact, properly fitted lenses will never pop out of your eye. Anyways, wearing your lenses inside out can cause them to fall, yet most contact lenses feature an indicator where you can easily identify the correct sides and wear them properly so that they never remove off.



I personally think that contact lenses are more convenient, nonetheless remember that you will still need a pair of glasses as a backup. Just in case.

In light of the above, the choice is yours to make!

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<https://www.bookaneyetest.co.uk/post/contact-lenses-myths>

IMPOSTER SYNDROME

Have you ever felt that you are not accomplished enough, unsatisfied or that you do not belong here ?

WRITTEN BY
GOHIL SALONI RAJESHKUMAR
CLASS OF 2023

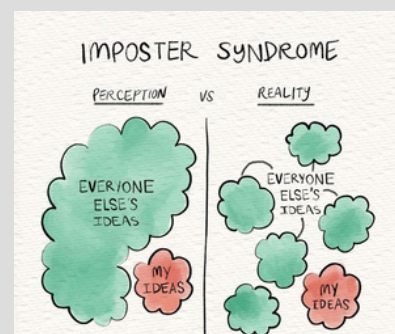
Imposter syndrome is a condition described as a feeling of inadequacy that persists despite evidence of success. This sensation of chronic self-doubt can feel both undermining and isolating with individuals describing sensations of fraudulence, which over a prolonged period can act as a significant contributor to burnout.

With imposter syndrome, a person doesn't experience success internally despite having high performance, feel anxious and doesn't feel confident and competent regardless of what they have achieved. They feel more inadequate than others facing the same complex situation, such that they don't belong there at all.

To counter these feelings, you might end up working harder and holding yourself to ever higher standards. This pressure can eventually take a toll on your emotional well-being and your performance.

In 1978 by psychologist Pauline Rose Clance and Suzanne Imes first identified this condition. They observed this phenomenon in professional women but according to an article published in the International Journal of Behavioral Science.

Impostor syndrome affects all kinds of people from all parts of life: women, men, doctors, students, marketing managers, actors and executives like any field. Around 70% of people at least once in life somewhere experienced these type of feeling.



Here is how imposter syndrome feels like:

- Feeling undeserving of what you have or you've achieved
- Feeling out of place despite signs of your success
- Guilt about being successful
- Questioning if you're the right person for the job
- Downplaying how successful you are
- Disbelief about what you've achieved
- Self doubt

Sensation that my best isn't enough
 Be overly concerned with what others think of you and be constantly looking for their approval.
 Attributing success to external factors
 Burnout
 Be fearful of not living up to expectations
 Others are more intelligent and competent than we believe ourselves to be.

Dr. Valerie Young in her book : “The Secret Thoughts of Successful Women : Why Capable People Suffer “ defines five types of imposter syndrome.

1. The Perfectionist
2. The Superman/ woman / person
3. The Natural Genius
4. The Soloist
5. The Expert

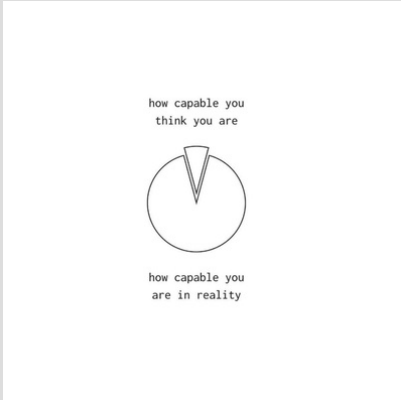


Many high achievers reach at certain point in their career where they feel like they are not doing enough or unable to keep going. Maybe they can't keep going at the same peak as they have been, because they doubt themselves for their achievements and feel shameful for asking someone's opinions for their decision.

Ways to deal with Imposter syndrome:

1. Give yourself credit : See how far you've come! when things go well ,praise yourself for whatever you achieved with hard work and believe. And of course don't forget to celebrate it , doesn't matter how big or small is it.
2. Positive Attitude : think positively that I'm always enough and my fear doesn't change that.
3. Build self confidence: Becoming more confident doesn't happen overnight but it will happen with focus ,determination and belief in your ability , skills , experiences.
4. Remember you are human : Continuously remind yourself that it's normal and OK to not know everything.

5. Practice mindfulness
6. Talk to Family and friends: Don't be embraced to Share your feelings. It doesn't make you incompetent.
7. Stop comparing : if you want to compare than compare your older version with current version.
8. Take one bite at a time : sometimes we multitask and are not able to give enough value to our task at hand. In the end, we doubt ourselves so take one slice of bread at a time and give full attention to it.
9. Be realistic: Continue to challenge yourself but be realistic. Mangle your expectations sensibly. Then, when you reach at target, truly acknowledge the success.
10. Accept Failure: expect to succeed but accept that sometimes you will fail. See the positives that failure can bring and treat it as an opportunity to learn something new.



Everyone feels like an imposter sometimes and that's totally normal. Remember not to aim for perfection but always strive to do your best. Always keep in mind that nobody is perfect and you are nobody!



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HOW TO MAKE THE BEST OF OUR DIETARY HABITS AS MEDICAL STUDENTS

A guide to the importance of paying attention to our dietary habits as medical students who will one day be the face of giving nutrition guidance to patients

WRITTEN BY
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DASANAYAKE
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Staying up late studying, rushing to classes and lectures, all while participating in extracurricular activities results in most medical students fueling up on high amounts of coffee and one meal a day. Added to that unhealthy routine is fast food and unhealthy snacks which we think save us time but instead increase the risk of major chronic diseases.

There are several studies conducted to evaluate the eating habits of medical students. Proper nutrition is a significant aspect of medical practice.

However, most studies reveal disheartening facts and statistics of unhealthy dietary habits of medical students.

The goal is to stay energized throughout the day while adapting to healthy food choices which include all the essential nutrients required for our physical and mental wellbeing.

Here are some tips that you may incorporate into your lifestyle so that one day you may share your own experiences with future patients and give nutritional recommendations with great confidence rather than merely quoting from a textbook you have studied from.



1. Hydrate yourself adequately.

The standard amount of water that has to be drunk per day is 6-8 glasses. With our schedules we tend to forget to drink water. So, as a tip, take a water bottle to your classes, lectures and when you go to the hospital. This way you will have water to drink anytime since a reason for not drinking enough water might be the fact that you don't have water with you to drink even if you need to. Another tip is to have a transparent water bottle on your study table when you are studying for long hours.

2. Don't skip breakfast.

Have a healthy breakfast but not a heavy one. No one wants to be too full and doze off in class in the morning. In many scientific studies it is proven that a good breakfast increases the efficiency of a person. This will fuel the brain and your body to be active throughout your day. Possible options for a good breakfast are fruits, nuts, low-sugar yoghurt, cereal, oatmeal, or some light sandwiches.

3. Avoid fast food or if you choose to, do so wisely.

Ordering fast food every week is not recommended but if you have no choice when the study load is piled up or simply because you are too exhausted to cook anything and your option is to order some pizza or fried chicken, you may do so but try to limit the high fat content and make some healthy choices. Do not make it a habit to eat fast food since it is without a doubt the highway to chronic diseases such as cardiovascular diseases, digestive issues and obesity.

4. Don't follow quick fix diets.

Nowadays social media will promote different types of quick fix diet claiming to lose weight. But following such quick fixers will not only backfire, but also throw you off your studies.

Starvation and quick-fix diets are not the solution, but a balanced diet and exercise will help your weight loss if that's what you are looking for.

5. Replace the candy bars with healthy snack options.

Fresh or dried fruits, rice cakes, whole wheat crackers and unbuttered popcorn are good replacements for the candy bars and chips that you eat on your study breaks or if hunger strikes during late night studies.

Even for the breaks in between classes, you can keep some healthy snacks in your bag just in case. This will help to keep you energized as well as reduce the sugar intake, bringing you more health benefits.

6. Take multivitamins.

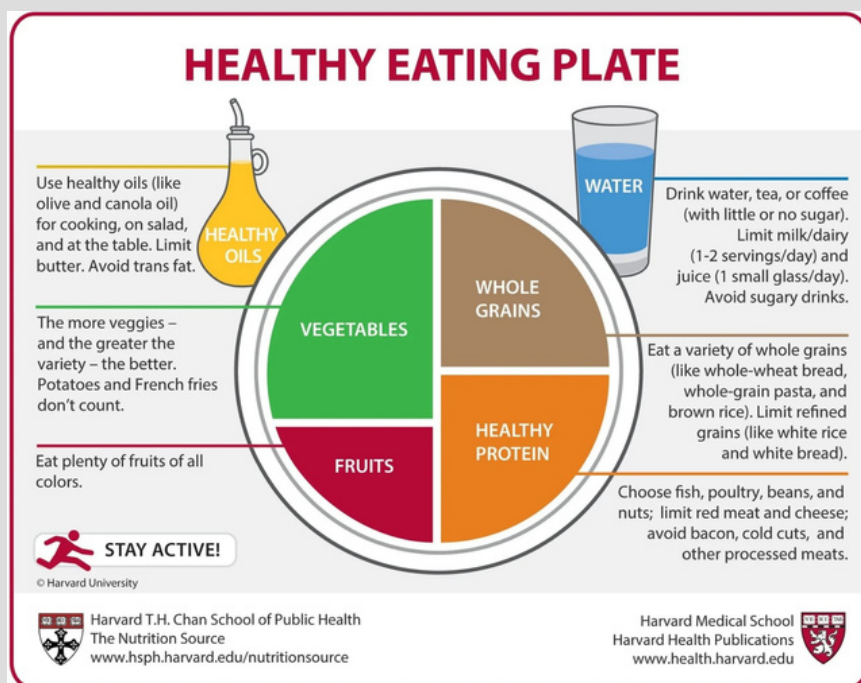
This will positively affect your mood and energy levels as well as reduce stress and anxiety. Especially during the winter where there is almost no sunlight, taking Vitamin C and D supplements will strengthen your immune system. Vitamins improve your brain function which means this will be a boost for your studying.

Frequent poor eating habits of medical students were found to be irregular meals, skipping meals especially breakfast, low consumption of fruits and vegetables, high intake of sugar and fried foods and alcohol intake. Proper food consumption is the consumption of the right nutrients in the right amounts (correct quality and quantity). Therefore, by adhering to the above-mentioned tips and guidelines you can adapt to a healthy lifestyle, not to mention the avoidance of digestive problems that comes along with unhealthy meals.

In conclusion, the aim of the article is to promote healthy eating habits among medical students because after all this will help to set an example to our patients to effectively switch to healthier habits in the future and benefit our professional practice too.

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SEASONAL AFFECTIVE DISORDER (SAD)

The highlight of this blog post is to understand the importance of both recognizing and combatting the effect of seasonal changes on one's mental state and wellbeing.

WRITTEN BY
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What is Seasonal Affective Disorder (SAD)?

Seasonal affective disorder (SAD) is a type of depression that's related to changes in seasons. SAD begins and ends at about the same times every year. If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody. Less often, SAD causes depression in the spring or early summer.

SAD was first systematically reported and named in the early 1980s by Norman E. Rosenthal, M.D., and his associates at the National Institute of Mental Health (NIMH).

Rosenthal and his colleagues then documented the phenomenon of SAD in a placebo-controlled study utilizing light therapy. A paper based on this research was published in 1984.

His 1993 book, *Winter Blues* has become the standard introduction to the subject.

What are the causes for SAD?

The specific cause of seasonal affective disorder remains unknown. Some factors that may come into play include:

Your biological clock (circadian rhythm). The reduced level of sunlight in fall and winter may cause winter-onset SAD. This decrease in sunlight may disrupt your body's internal clock and lead to feelings of depression.

Serotonin levels. A drop in serotonin, a brain chemical (neurotransmitter) that affects mood, might play a role in SAD. Reduced sunlight can cause a drop in serotonin that may trigger depression.

Melatonin levels. The change in season can disrupt the balance of the body's level of melatonin, which plays a role in sleep patterns and mood.

What are the risk factors for SAD?

Seasonal affective disorder is diagnosed more often in women than in men. And SAD occurs more frequently in younger adults than in older adults.

Factors that may increase your risk of seasonal affective disorder include:

Family history. People with SAD may be more likely to have blood relatives with SAD or another form of depression.

Having major depression or bipolar disorder. Symptoms of depression may worsen seasonally if you have one of these conditions.

Living far from the equator. SAD appears to be more common among people who live far north or south of the equator. This may be due to decreased sunlight during the winter and longer days during the summer months.

What are the symptoms of SAD?

- Feeling depressed most of the day, nearly every day
- Losing interest in activities you once enjoyed
- Having low energy
- Having problems with sleeping
- Experiencing changes in your appetite or weight
- Feeling sluggish or agitated
- Having difficulty concentrating
- Feeling hopeless, worthless or guilty
- Having frequent thoughts of death or suicide

Symptoms may also vary depending on the type of onset such as:

Fall/Winter onset:

- Oversleeping
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain
- Tiredness or low energy
- Irritability
- Fatigue and low energy
- Hypersensitivity to rejection
- Heavy “leaden” feeling on arms or legs
- More sensitive to pain

Spring/Summer onset:

- Trouble sleeping (insomnia)
- Poor appetite
- Weight loss
- Agitation or anxiety
- Depression
- In some people with bipolar disorder, spring and summer can bring on symptoms of mania or a less intense form of mania (hypomania), and fall and winter can be a time of depression.
- Over a third of those aged 16 either have SAD, suspect they have it or suffer from low moods in Autumn and winter
- More than 1 in 20 people in the UK have been diagnosed with Seasonal Affective Disorder
- Men are twice as likely to have been diagnosed with SAD (over 9% say they have) as women (4.5%)
- But women are likelier to say they suffer more with low moods in Autumn and Winter (18.28%) than men (12.87%)
- People in London are significantly likelier than those anywhere else in the UK to have been diagnosed with SAD (over 11% of people in London). (Source: via microbizmag 2021)

When to see a doctor?

It's normal to have some days when you feel down. But if you feel down for days at a time and you can't get motivated to do activities you normally enjoy, see your doctor. This is especially important if your sleep patterns and appetite have changed, you turn to alcohol for comfort or relaxation, or you feel hopeless or think about suicide.

How can we diagnose SAD?

Physical exam. Your doctor may do a physical exam and ask in-depth questions about your health. In some cases, depression may be linked to an underlying physical health problem.

Lab tests. For example, your doctor may do a blood test called a complete blood count (CBC) or test your thyroid to make sure it's functioning properly.

Psychological evaluation. To check for signs of depression, your doctor or mental health professional asks about your symptoms, thoughts, feelings and behavior patterns. You may fill out a questionnaire to help answer these questions.

DSM-5. Your mental health professional may use the criteria for seasonal depressive episodes listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

It is important to take signs and symptoms of seasonal affective disorder seriously. As with other types of depression, SAD can get worse and lead to problems if it's not treated. These can include:

- Social withdrawal
- School or work problems
- Substance abuse
- Other mental health disorders such as anxiety or eating disorders
- Suicidal thoughts or behaviour
- Treatment can help prevent complications, especially if SAD is diagnosed and treated before symptoms get bad.

Treatment and Therapy:

Treatment for seasonal affective disorder may include light therapy, medications and psychotherapy. If you have bipolar disorder, tell your doctor — this is critical to know when prescribing light therapy or an antidepressant. Both treatments can potentially trigger a manic episode.

1. Light therapy

- In light therapy, also called phototherapy, you sit a few feet from a special light box so that you're exposed to bright light within the first hour of waking up each day. Light therapy mimics natural outdoor light and appears to cause a change in brain chemicals linked to mood. Light therapy is one of the first line treatments for fall-onset SAD. It generally starts working in a few days to a few weeks and causes few side effects. Research on light therapy is limited, but it appears to be effective for most people in relieving SAD symptoms.
- Before you purchase a light box, talk with your doctor about the best one for you, and familiarize yourself with the variety of features and options so that you buy a high-quality product that's safe and effective. Also ask your doctor about how and when to use the light box.

2. Medications

- Some people with SAD benefit from antidepressant treatment, especially if symptoms are severe.
- An extended-release version of the antidepressant bupropion (Wellbutrin XL, Aplenzin) may help prevent depressive episodes in people with a history of SAD. Other antidepressants also may commonly be used to treat SAD.
- Your doctor may recommend starting treatment with an antidepressant before your symptoms typically begin each year. He or she may also recommend that you continue to take the antidepressant beyond the time your symptoms normally go away.
- Keep in mind that it may take several weeks to notice full benefits from an antidepressant. In addition, you may have to try different medications before you find one that works well for you and has the fewest side effects.

3. Psychotherapy

Psychotherapy, also called talk therapy, is another option to treat SAD. A type of psychotherapy known as cognitive behavioural therapy can help you:

- Identify and change negative thoughts and behaviors that may be making you feel worse
- Learn healthy ways to cope with SAD, especially with reducing avoidance behaviour and scheduling activities
- Learn how to manage stress

4. Mind - Body Connection

- Relaxation techniques such as yoga or tai chi
- Meditation
- Guided imagery
- Music or art therapy

What kind of lifestyle changes and home remedies can we use to combat this disorder?

- Make your environment sunnier and brighter. Open blinds, trim tree branches that block sunlight or add skylights to your home. Sit closer to bright windows while at home or in the office.
- Get outside. Take a long walk, eat lunch at a nearby park, or simply sit on a bench and soak up the sun. Even on cold or cloudy days, outdoor light can help — especially if you spend some time outside within two hours of getting up in the morning.
- Exercise regularly. Exercise and other types of physical activity help relieve stress and anxiety, both of which can increase SAD symptoms. Being more fit can make you feel better about yourself, too, which can lift your mood.

Can we use alternative medications?

- Certain herbal remedies, supplements or mind-body techniques are sometimes used to try to relieve depression symptoms, though it's not clear how effective these treatments are for seasonal affective disorder.
- Herbal remedies and dietary supplements aren't monitored by the Food and Drug Administration (FDA) the same way medications are, so you can't always be certain of what you're getting and whether it's safe. Also, because some herbal and dietary supplements can interfere with prescription medications or cause dangerous interactions, talk to your doctor or pharmacist before taking any supplements.
- Make sure you understand the risks as well as possible benefits if you pursue alternative or complementary therapy. When it comes to depression, alternative treatments aren't a substitute for medical care.

Coping and Support:

- Stick to your treatment plan. Follow your treatment plan and attend therapy appointments when scheduled.
- Take care of yourself. Get enough sleep to help you feel rested, but be careful not to get too much rest, as SAD symptoms often lead people to feel like hibernating. Participate in an exercise program or engage in another form of regular physical activity. Make healthy choices for meals and snacks. Don't turn to alcohol or recreational drugs for relief.
- Practice stress management. Learn techniques to manage your stress better. Unmanaged stress can lead to depression, overeating, or other unhealthy thoughts and behaviors.
- Socialize. When you're feeling down, it can be hard to be social. Make an effort to connect with people you enjoy being around. They can offer support, a shoulder to cry on or shared laughter to give you a little boost.
- Take a trip. If possible, take winter vacations in sunny, warm locations if you have winter SAD or to cooler locations if you have summer SAD.

When someone experiences a monumental shift in their emotional and mental health during specific times or seasons, it is called Seasonal Affective Disorder (SAD). It is important to consider the role that weather plays in the onset of SAD symptoms and why, how, and when it happens. Primarily, SAD is highly common during the fall and winter seasons and affects a huge population every year. Moreover, this affliction can drastically impact someone's ability to function in normal life. As foreign students in our Medical University and since most of us are from tropical parts of the globe, we are at a higher risk.

When someone is affected by SAD, they can have symptoms that mimic depression – overwhelming sadness, sluggishness, disconnection, neglecting daily responsibilities, ignoring healthy habits, a feeling of melancholy, a lack of interest in engaging in activities, suicidal thoughts, and more. These symptoms correlate to SAD when they begin to prevent someone from fully participating in their life, and, unfortunately, they are directly related to changes in weather.

“THE COLD WEATHER IS MAKING ME DEPRESSED!”

When the weather gets colder, people stay inside more. Consider times when the weather has drastically shifted or when the weather stays cold and gloomy for a significant time. You may have found yourself thinking, "the cold weather is making me depressed" or "this cloudy weather makes me depressed."

When you stay inside due to poor weather, this leads to a lack of fresh air and increased feelings of isolation and can induce symptoms of depression. These symptoms are often temporary and usually resolve when poor weather lifts or when you get increased sun exposure. Light deprivation depression is a very common affliction and can arise from not getting enough sun providing Vitamin D.

Knowing that this lack of exposure and isolating inside more frequently when it is not warm continues to beg the question: can cold weather cause depression or not? Surely, we have all felt an emotional or mental shift when the weather changes in some way. (via carex 2022)

The role weather plays in our emotional and mental health is significant and can lead to the onset of SAD, which is a recognized affliction by medical professionals. While we cannot change the weather, we can implement strategies to improve our response and increase our defence against SAD symptoms. Ensure that a medical professional is aware of your symptoms so that you can develop a plan for how to respond to them. Identify your coping strategies, what makes your emotions heightened or resolved, as well as a social support system for when symptoms get overwhelming.

Cold weather, cloudy weather, shifting seasons, shorter days, and less light directly correlate to SAD, and it is critical to know that it is a common affliction. Even more important, you can do something about it to prepare yourself. Though SAD can significantly impact your ability to manage your daily responsibilities, there are tools and strategies to cope with the affliction and live a healthy life effectively.

