



# *The* HORIZON

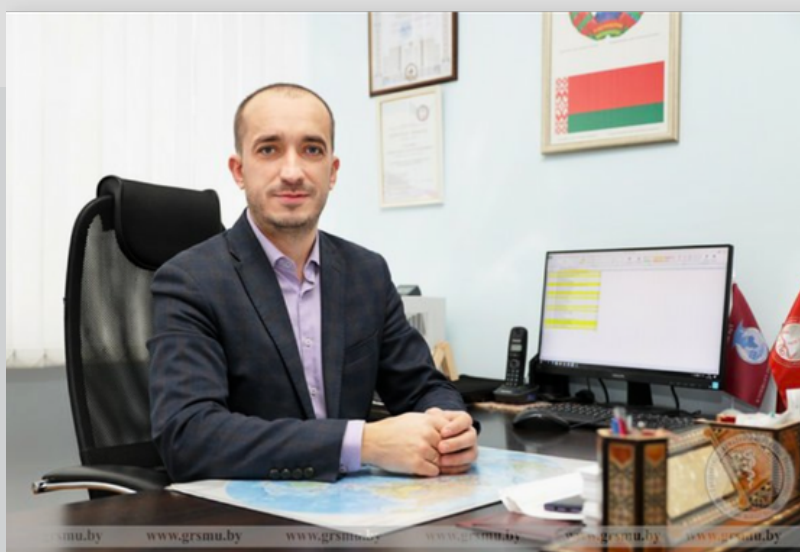
VOLUME 4, ISSUE 6, JUNE 2026

- "MY MIND RUNS MARATHONS WHILE I'M SITTING STILL. MED SCHOOL WANTS ME TO WALK IN A STRAIGHT LINE."
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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.

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# EDITOR'S DESK



“ I am Iba Shareef, a final year Medical student at Grodno State Medical University. Over the years, I have watched The Horizon grow, and I am honored to step into the role of editor-in-chief of The Horizon's Spring issue 2026. It is a great pleasure to work alongside our gifted writers and our Horizon team to make this issue engaging, informative, and stimulating.

I warmly invite you all to share your insights and enjoy the blogs, where you may learn, reflect, grow, and connect through curiosity and a shared passion for the future of medicine.”



**IBA SHAREEF,**  
**EDITOR, APR-JUN 2026**



**MISHRA VAIBHAV RAKESHKUMAR,**  
**EDITOR, APR-JUN 2026**

“ Myself, Vaibhav Mishra, a 4th year student in Grodno State Medical University. I am deeply honoured to be entrusted with the role of Editor-in-Chief of this year's Spring issue. This is a privilege and a responsibility — to shape a publication that reflects our academic rigor, clinical curiosity, and commitment to compassionate care. I look this as a magazine that educates and inspires. I envision pages that foster critical thinking, celebrate interdisciplinary collaboration, amplify trainee voices, and promote wellness and professionalism. Together with contributors and readers, I aim to create a lasting resource that nurtures learning, sparks meaningful discussion, and strengthens our community.”

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.

# “MY MIND RUNS MARATHONS WHILE I’M SITTING STILL. MED SCHOOL WANTS ME TO WALK IN A STRAIGHT LINE.”

The piece uses the metaphor of pacing to explore the exhaustion of forcing a fast, associative brain into slow, linear study methods — and ends with a hopeful look at what that fast brain might offer in clinical practice.

WRITTEN BY  
FIDELIS SOPHIA  
OMARANE  
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## INTRODUCTION

Watch a medical student during a three-hour lecture.

They sit upright. They underline sentences.

They nod at the right moments. Now look closer. Their pen hasn’t moved in eleven minutes. Their eyes are fixed on the professor, but their pupils are tracking something else entirely—the crack in the ceiling tile, the rhythm of the clock, the memory of a conversation from three days ago. They are perfectly still. Internally, they have just run ten kilometers.

This is the quiet reality for a significant subset of medical students who experience significant ADHD-like symptoms—whether formally diagnosed or not. Recent surveys across medical schools suggest that up to 5–8% of med students meet diagnostic criteria for ADHD, with many more reporting subclinical traits: chronic distractibility, executive dysfunction, time blindness and the exhausting paradox of hyper focus followed by paralysis.

And yet, medical education remains stubbornly designed for neurotypical minds.



## THE MARATHON VS. THE STRAIGHT LINE

Researchers who study learning environments have a term for what medical training demands: linear cognitive processing. Step one, then step two, then step three. Memorize. Recall. Move forward. Do not loop back. Do not digress. Students with high ADHD trait scores describe this as trying to walk a tightrope while their brain sprints off in seven directions. In focus groups conducted at three university hospitals last year, one recurring theme emerged: the immense energy cost of appearing functional.

While doing my research on this topic one student said “I spend 70% of my study time just trying to start,” reported a second-year student in an unpublished internal survey. “The other 30% is racing to catch up. There is no calm middle.”

Another student described the classic ADHD phenomenon of “urgency activation”—the inability to begin a task until the deadline becomes an immediate threat. “I can’t study for an exam three weeks away. My brain sees that as ‘not real.’ But three hours away? I become a genius. That is not sustainable for a four-year program.”

## THE HIDDEN ACADEMIC COST

Contrary to popular belief, students with ADHD-like symptoms are not universally poor performers. In fact, many are remarkably intelligent, creative, and clinically perceptive. Their pattern recognition can be extraordinary. Their ability to connect disparate pieces of information—a rare gift in diagnosis—often exceeds that of their linear peers.

The problem is consistency.

One study tracking exam performance across a single medical cohort found that students with high ADHD traits scored in the top 15% on practical, case-based assessments but dropped to the bottom 20% on timed, recall-heavy written exams. The knowledge was there. The retrieval system, under pressure and fluorescent lights, failed.

This inconsistency is frequently misinterpreted by faculty as laziness or lack of preparation. “You did so well on the OSCE,” a student recalled being told. “Why can’t you just submit your assignments on time?” The unspoken assumption is that all struggling students struggle equally across all domains. That is not true for the ADHD brain. The struggle is situational, environmental, and deeply frustrating.

#### COPING MECHANISMS: WHAT STUDENTS ACTUALLY DO

When doing the research for this topic I asked students with significant focus difficulties how they survive medical school, a handful of strategies appeared repeatedly. None were taught in orientation. All were invented in desperation.

First, environmental sculpting. Students reported studying exclusively in specific locations—not for comfort, but for cueing. One student used a particular desk lamp that, when turned on, signalled “work mode.” Another wore the same hoodie only during study sessions. These environmental anchors bypass the need for internal motivation, which is often unreliable.

Second, body doubling. This is not a formal accommodation. It is simply the act of studying next to another person who is also working. The presence of another human being, even silently, provides a gentle social pressure that stabilizes attention. Students described arranging “parallel work dates” in libraries, coffee shops, and even over video calls.

Third, strategic urgency creation. Since the ADHD brain often responds only to near-deadlines, students learned to manufacture artificial ones. They asked friends to check in at specific times. They used apps that locked distracting websites until a timer ran out. They broke one assignment into six mini-deadlines, each with a small consequence. This is not childish. It is adaptive engineering.

#### WHAT MEDICAL SCHOOLS GET WRONG—AND A FEW THAT GET IT RIGHT

Most medical schools offer the standard accommodations: extra exam time, quiet rooms, note-taking assistance. These help, but they do not solve the core mismatch. The real problem is the pacing and structure of the curriculum itself.

A small but growing number of programs are experimenting with changes that benefit everyone, not just neurodivergent students. These include:

- Shorter, high-yield lectures followed by active problem-solving sessions.
- Flexible submission windows for written assignments (e.g., any 48-hour window within a week).
- Explicit teaching of time management as a skill, not a moral virtue.



## THE SHAME IS THE WORST SYMPTOM

Every interview, every survey, every anonymous confession reveals the same thing. The most debilitating part of living with ADHD-like symptoms in medical school is not the distractibility. It is the shame. Students call themselves lazy, undisciplined, broken. They compare their messy process to the seemingly effortless linear march of their peers. They internalise every late assignment, every lost point, every moment of zoning out in a patient interview.

But here is what the research also shows: students who learn to name their cognitive pattern my brain runs marathons, and that is not a moral failure—perform significantly better than those who spend their energy hiding it.

Medical training does not need to change its standards. It needs to widen its path. A student who learns cardiology by sprinting through it at midnight, pausing to chase three tangents, then circling back is not learning less. They are learning differently.

The marathon mind is not broken. It is exhausted by a course designed for walkers. With the right environmental tweaks, the right peer support, and the right permission to stop apologizing for how their brain works, these students become something extraordinary: doctors who see what others miss, who sit with a complicated patient and hold seven threads at once, who run their own race all the way to the finish line.

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# YOUR BRAIN'S NIGHT SHIFT

The Big Picture: From “Off” to Cleanup Mode

Most people think sleep is just your brain turning off for the night. That's wrong. When you fall asleep, your brain doesn't rest—it switches jobs. During the day, it handles thinking, feeling, and reacting. At night, it stops all that and starts cleaning, repairing, and organizing for the next day. Sleep isn't a shutdown. It's a job swap. And the night shift might be the most important work your brain ever does

The Jobs Your Brain Does While You Snore.

WRITTEN BY

RATHOD  
MAITRI

CLASS OF 2028

## THE POWER WASH: GLYMPHATIC SYSTEM CLEANSING

Think of the glymphatic system as the brain's built-in janitor. But here's the catch—it only works during deep NREM sleep. Why? Because that's when brain cells shrink by roughly 60%, widening the extracellular space. Cerebrospinal fluid then floods through these gaps, flushing out metabolic waste like a power wash.

The key targets? Beta-amyloid and tau proteins—the same sticky plaques linked to Alzheimer's disease.

No deep sleep = no cleanup. Waste builds up. And that's a direct hit to long-term brain health.



## THE FILE TRANSFER: MEMORY CONSOLIDATION

Your brain does not form long-term memories while you are awake. It records “clips” but doesn't save them to the hard drive.

During sleep, especially REM (Rapid Eye Movement) and deep NREM (Non-REM), your hippocampus (temporary storage) talks to your cortex (permanent storage). It replays the day's events at 10-20x speed, decides what matters, and moves memories to long-term vaults.

Two types of processing:

- Declarative memory (facts, names, dates): Saved in deep NREM sleep.
- Procedural memory (skills, sports, music): Saved & improved in REM sleep.
- The twist: It also deletes irrelevant info (what you ate for breakfast 3 weeks ago) to clear space.

## BRAIN'S OVERNIGHT THERAPY SESSION: EMOTIONAL FIRST AID

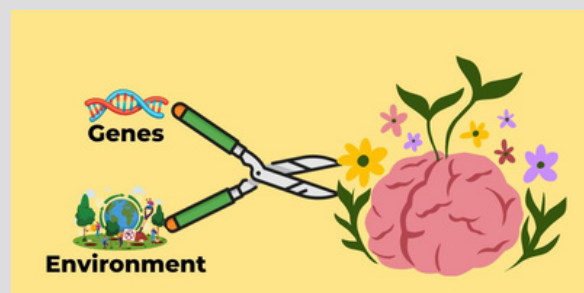
Your brain tags emotional events with strong feelings. Useful at first. But if that tag never fades, you're in trouble.

REM sleep is the therapist. During REM, your brain shuts off noradrenaline—the stress chemical. For the first time all day, your brain goes calm. In that safe state, it replays emotional memories. The memory stays. The sting fades.

One study showed that only people who got REM sleep had this emotional reset. Those who stayed awake? The raw feeling remained.

No REM sleep = old emotions stay fresh. That's why trauma nightmares repeat.

REM sleep helps you remember what happened but forget how awful it felt. Free therapy, every night.



## THE SYNAPTIC TUNE-UP: PRUNING & STRENGTHENING

Your brain has 100 trillion synapses (connections). If all of them stayed active, your brain would literally overheat and run out of energy.

Sleep performs synaptic homeostasis. It strengthens the connections you used a lot during the day (learning guitar) and prunes away weak, unused connections (where you parked 3 months ago).

## THE CHEMICAL REFILL: NEUROTRANSMITTER RESTOCKING

Your brain runs on chemicals: dopamine (motivation), serotonin (mood), acetylcholine (learning).

During wakefulness, you burn through these neurotransmitters. During sleep, your brain's reuptake systems recapture, recycle, and rebuild your chemical stockpile. The result: Waking up with a "full tank" of focus, willpower, and happiness.

Sleep deprivation = running on fumes.



## THE STAGES OF SLEEP CYCLE

Your brain follows a 90-minute cycle, repeating 4-6 times a night.

- NREM 1 (Light) Drops body temp, heart rate slows. Hypnic jerks happen here. Theta 5-10 min

- NREM 2 (Deeper) Memory filing begins. Sleep spindles (bursts of activity) lock in facts. Theta + Spindles 20 min

- NREM 3 (Deep/Slow Wave) The CLEANING SHIFT. Glymphatic system flushes waste. Growth hormone released. Delta 30-40 min

- REM (Dreaming) Emotional repair + creativity. Brain is as active as awake. Muscles paralyzed. Beta (awake-like) 10-60 min (longer toward morning)

The first half of your night is dominated by deep NREM sleep—that's when your brain does its heavy cleaning. The second half (early morning) is mostly REM sleep—that's when emotional repair happens. Cut your night short, and you lose cleaning. Wake up too early, and you lose emotional balance.

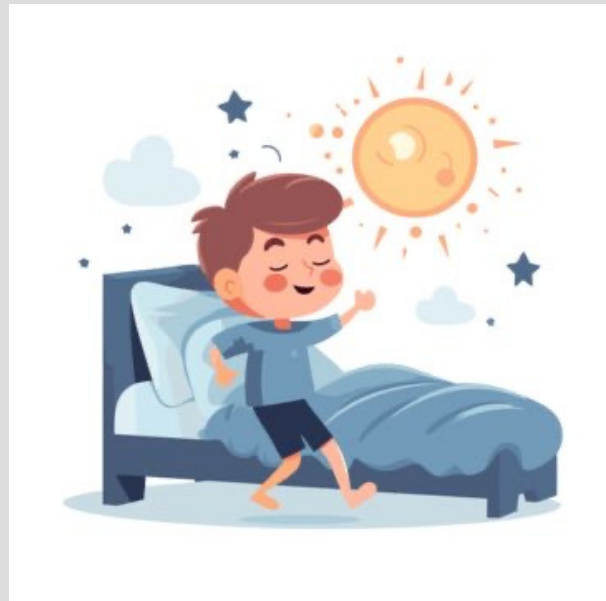


## WHY THIS HAS BECOME SO IMPORTANT (MEDICAL SHIFT)

Doctors used to think sleep was passive. Now they know:

- Staying awake for just 19 hours straight slows your reaction times and impairs your motor skills to the exact level of someone with a 0.08% blood alcohol concentration.
- Sleeping less than 6 hours a night for just one week changes the activity of over 700 genes. These include genes that control your immune system, stress response, and even your risk of cancer.”
- One night of partial sleep deprivation (just 4 hours) increases inflammatory markers like IL-6 and TNF-alpha by triggering the transcription factor NF-kB.
- Chronic <6 hours increases Alzheimer’s risk by 30-40% (directly from beta-amyloid buildup).
- One bad night raises cortisol (stress) and drops testosterone as if you aged 10-15 years.
- The WHO classified shift work as a “probable carcinogen” because disrupted sleep breaks DNA repair cycles.

While you sleep, your brain power-washes toxic waste, files memories at high speed, and cools down your emotions. Deep NREM cleans. REM heals. So you cannot skip the cleaning crew.



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Let's be real: there's a certain, soul-sucking point in med school where the amount of information is just too much. For me, it hit when one week of pharmacology lectures felt bigger than my whole undergrad organic chemistry classes. You quickly realise that passive reading, sitting with a highlighter, waiting for the information to diffuse into your brain, is an academic death sentence. If you want to survive without going crazy you need a system that actually works. I've stress-tested the biggest study trends after years of trial, error and a whole lot of academic panic. This is my raw guide to going digital vs analogue, the exact Anki tweaks that saved my grades, and how to use active recall without wanting to throw your laptop out the window.

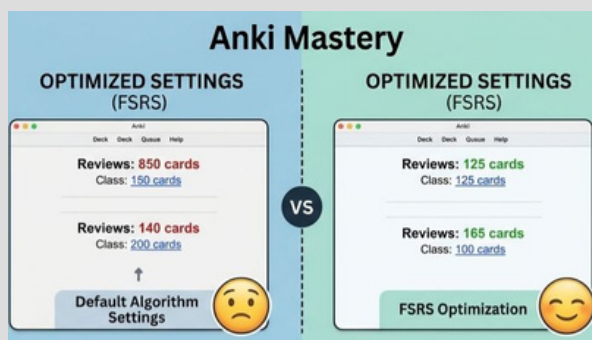
CLASS OF 2028

If you don't change anything, you'll end up in "Ease Hell", a horrible place where cards you miss a couple of times get stuck in a brutal loop, hitting you with hundreds of soul-crushing daily reviews.

### Two Add-Ons That Change Everything

First, use AnKing Note Types to keep your cards clean, organised and able to hide/reveal hints.

Second, if you have a modern version of Anki, enable FSRS (Free Spaced Repetition Scheduler). It uses an algorithm to predict your own forgetting curve.



### PRE-CLINICAL VS. CLINICAL SCHEDULES: A REQUIRED PIVOT

One of the biggest mistakes students make is to try and use their pre-clinical study habits on clinical rotations. It just doesn't work and it leads right to bad burnout.

#### Pre-Clinical Years: Guarding Your Time

Preclinical life, it's very predictable. Your environment, your desk, your clock—you control.

This is what a solid structure looks like:

07:00 AM: While your brain is still completely fresh, do yesterday's Anki reviews.

09:00 AM: Watch conceptual content

01:00 PM: Open or create the corresponding Anki cards.

3:00 PM: Endure a block of practice questions.

#### Clinical Years: Surviving the Chaos

Your schedule is your attending, your residents and your patients on the wards. You may be on your feet for eight hours in the OR or waiting for hours during unstructured rounds. You have to switch to Micro-Studying.

**The In-Between Moments:** Do 5-10 Anki reviews on your phone while walking between wards or riding the elevator.

**The Real Time Look-Up:** If a resident mentions a drug during rounds, look up its mechanism of action on your phone right then. Attaching a fact to a real patient makes it stick forever.

**The Evening Post:** Forget trying to watch long lectures in the evening. When you get home, protect your time and do 20-40 high quality question bank vignettes. Clinical years are driven by shelf exams and the best way to prepare is exposure to practice questions.



### ACTIVE RECALL WITHOUT THE FLASHCARD BURN OUT ANKI FATIGUE IS A THING.

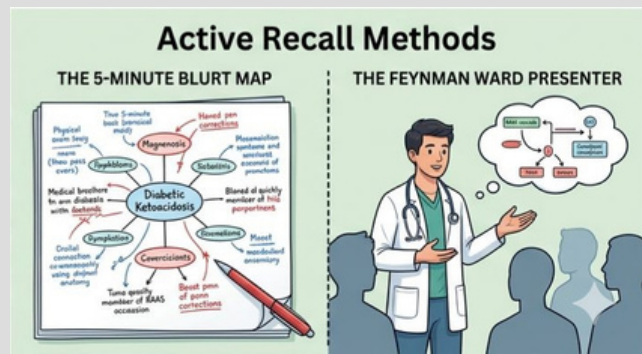
When 800 pending reviews make you want to close your laptop and stare at the ceiling, stop forcing it. You can use active recall without ever turning over a single flashcard.

**Method A: The 5-minute blurt map** Take a completely blank sheet of paper or clean digital page. A big concept in the middle (e.g., Diabetic Ketoacidosis) Set a 5 minute timer and "blurt" out everything you can think of – pathophysiology, symptoms, lab values, treatment steps. Link them up with messy arrows. When the timer sounds, open your resources.. Use a red pen to mark up anything you missed or got wrong. The mental effort of realising you forgot to do something creates a huge memory spike.

Method B: The “Feynman” Ward Presenter If you can't explain the disease to a 5-year-old, you don't understand it. Look for an empty study room or a classmate or even speak to an empty wall. Pretend you're explaining a condition to a patient, or presenting a tough case to an attending. Walk yourself through the whole mechanism, out loud, in plain English. The moment you stumble, use a filler word or can't explain. When you ask 'why' something happens, you have identified the exact thing that you do not yet understand.

## CONCLUSION

The key to surviving medical school isn't working harder than anyone else – it's protecting your mental bandwidth and making the most of the hours you do have.



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# FROM DOOMSCROLLING TO DISCIPLINE: UNDERSTANDING LOCK IN CULTURE

From Doomscrolling to Discipline: Understanding Lock-in Culture, explores the rise of productivity culture in Gen Z, specifically the constant need to be "locked in," the romanticization of grind culture, and the trend of complete social cutoff.

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"I have exams in a week, I need to lock in."  
"My professor gave me a 2, I need to lock in."  
Sentences like these have become the background noise of students' daily lives. But when did this seemingly innocent slang term evolve into a generation-wide psychosocial shift?

Since the start of the century, the rise of the internet birthed hundreds of life optimization blogs and progress-tracking communities. However, the actual shift from useful productivity hacks to relentless grind culture started in the last decade. Silicon Valley entrepreneurs popularized the "rise and grind" routine, constantly emphasizing how side hustles and nonstop work were necessities if you wanted to be successful. As the job market became more competitive due to inflation, economic instability, and the aftermath of the pandemic, hustle culture slowly became the norm.

Online Studytube and Studygram communities only accelerated this further. Video after video promoted increasingly extreme routines: waking up at 4 AM, surviving on caffeine, pulling 18-hour workdays, and streaming ten-hour-long "study with me" sessions. Academic success became synonymous with exhaustion, social isolation, and chronic burnout. Breaks became laziness, and rest was demonized. And thus, productivity culture was born.



At this point, you might wonder: what's so bad about working hard for your goals?

And honestly, nothing. Discipline is important. Ambition is important. The problem begins when productivity becomes your entire personality.

Forget the physical toll (sleep deprivation, brain fog, chronic fatigue, and long-term health issues) for a second, the way toxic productivity messes with our minds is worse. Just look at the massive wave of 'dopamine detox' culture taking over our feeds.

Originally, dopamine detoxes were meant to help chronically online people reduce their screen addiction and regain focus. But, like most things on the internet, the idea slowly spiraled into something extreme. The rules were: for weeks at a time, completely give up social media, games, entertainment, hobbies, and basically anything that brought you joy unless it was considered "productive." Wake up early, work constantly, spend breaks doing chores or exercising, and optimize every second of your day.



Ideally, this was supposed to make people more disciplined and help them “get their lives together.” However, for many people, the exact opposite happened.

Dopamine is often misunderstood as a “reward chemical,” when in reality, it is more closely tied to anticipation and motivation. It is what pushes people toward completing tasks because of the expectation of satisfaction afterward. So when thousands of people online suddenly tried forcing themselves into extreme routines without actually understanding how motivation works, the results became predictable.

A concerning number of people reported the exact same experience. For the first few days, they felt amazing. They woke up early, followed perfect routines, and felt productive for the first time in months. But eventually, the routine became impossible to maintain. They would miss one task, break one rule, or fail one habit, and everything would collapse.

What followed was usually a spiral of doomscrolling, isolation, and self-hatred. After years of depending on their phones for stimulation, trying to suddenly quit everything “cold turkey” rarely worked. Instead, people bounced between extremes: hyper-productivity followed by complete burnout.



Another similarly concerning trend was “monk mode.” The concept was simple: isolate yourself socially for months and dedicate your entire life toward self-improvement. No friends, no social events, no distractions, just work, exercise, meditation, and discipline.

Now, individually, none of these habits are bad things. Exercise and meditation are extremely healthy habits. But monk mode promoted the idea that your entire worth as a person should revolve around productivity and achievement. There was no balance, no emotional support system, and no space to simply exist as a human being outside of work.

As a result, many people who attempted these challenges ended up feeling completely isolated from friends and family. Instead of becoming “better versions” of themselves, they experienced loneliness, fear of missing out, emotional exhaustion, and worsening mental health.

Social media creators never show this side of the experience. What we see online is usually the aesthetic version of productivity: clean desks, color-coded schedules and perfectly edited routines. What we do not see are the breakdowns, the exhaustion, the loneliness, or the burnout happening behind the scenes.

This leads directly into what I think is the most dangerous part of toxic productivity culture: the burnout cycle.

We’ve all tried this routine: You wake up every day at 5 AM. You meditate, clean your room, organize your schedule, go to university or work for six to seven hours, come back home, cook dinner, and immediately continue studying until late at night. At first, it feels amazing. You feel disciplined, motivated, and in control of your life.

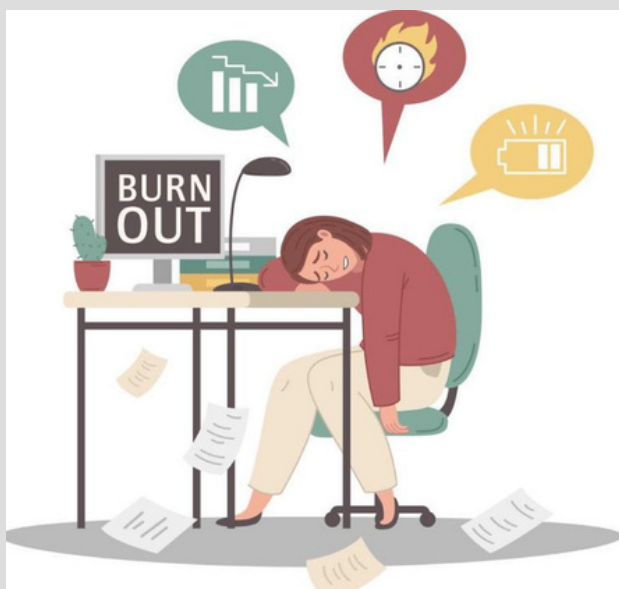
You keep the routine going for a few weeks. But eventually, exhaustion sets in. When ignored, it turns into burnout.

Burnout syndrome isn't just being tired and lazy, it's overwhelming exhaustion, emotional detachment, cynicism, and extremely low motivation. This is where the "bedrot" phase begins. Suddenly, you spend all day in bed scrolling through social media, unable to even gather the energy to get up. Your academics stagnate, your relationships weaken, your family becomes concerned, and the guilt becomes unbearable.

Then, while doomscrolling Instagram, you come across another reel of someone studying eight hours a day while following a perfect routine. And immediately, you think: THIS. This is what's wrong with me: I'm just not disciplined enough!

And so the cycle starts all over again.

We overwork ourselves until we burn out, crash completely, recover just enough to feel guilty again, and then repeat the process over and over until our mental, emotional, and social health are destroyed.



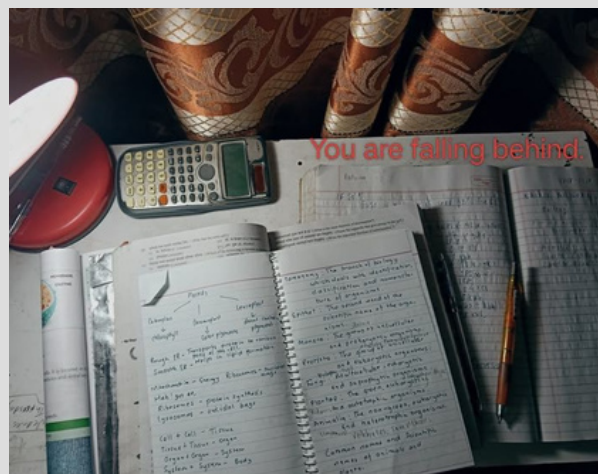
The solution to this problem is pretty simple: Live a slower life.

Living slowly doesn't mean abandoning your goals and moving into the mountains. Let's be real, most of us are still students with bills, deadlines, and parents to answer to. Living slowly simply means allowing yourself to exist outside of your achievements.

It means taking walks without turning them into "self-improvement habits", talking to your friends without feeling guilty for wasting time, reading books, watching long-form videos, playing games, spending time with family, or simply resting without needing to earn it first.

Yes, academics and careers and success matter. But so do friendships, emotions, and hobbies. Having free time just to laze around is just as necessary as doing your daily affirmations!!

Being productive is important, but so is being human.



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| 7           | Fathimath Naufa (Oct-Dec, 2023)                  |    |                                                 |
| 8           | Aroosha Ibrahim (Jan-Mar, 2024)                  |    |                                                 |
| 9           | Mitchell Martha Arufinu (Jan-Mar, 2024)          |    |                                                 |
| 10          | Poorna Gayan Wattaladeniya (Apr-Jun, 2024)       |    |                                                 |
| 11          | Bhalala Priyank Batukbhai (Apr-Jun, 2024)        |    |                                                 |
| 12          | Fathimath Jazla Hassan (Jul-Sep, 2024)           |    |                                                 |
| 13          | Grishma Rajendrakumar Patel (Jul-Sep, 2024)      |    |                                                 |
| 14          | L.R. Sathisha Deshan Liyanage (Oct-Dec, 2024)    |    |                                                 |
| 15          | Maryam Anoosha (Oct-Dec, 2024)                   |    |                                                 |
| 16          | Divya Dilshara (Jan-Mar, 2025)                   |    |                                                 |
| 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)           |    |                                                 |

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