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Hypermobile Ehlers-Danlos Syndrome (hEDS)

hEDS & Connective Tissue Disorders

THE IMMUNE CONNECTION

Most hEDS patients have immune co-conditions — MCAS, autoimmunity, or dysautonomia. Treating hEDS without addressing the immune system leaves most of the disease untouched.

WHAT IS THIS CONDITION?

hEDS is a heritable collagen disorder that makes connective tissue too lax, causing joint hypermobility and wide-ranging systemic effects. It is the most common EDS subtype and is diagnosed clinically. At Veros, we approach hEDS as part of a larger immune and connective tissue picture — frequently co-managed with MCAS and POTS under the same roof.

COMMON SYMPTOMS

- Joints that dislocate or sublux easily
- Chronic widespread joint and muscle pain
- Fatigue and unrefreshing sleep
- Fragile or stretchy skin, easy bruising
- GI problems (gastroparesis, IBS-like symptoms)
- Lightheadedness, fainting, or POTS symptoms

IMMUNE CELL



Immune activation drives inflammation and pain in hEDS patients.

HOW WE TREAT IT AT VEROS

We begin with a full immune and inflammatory evaluation — MCAS and autoimmune overlap are common and treatable. For patients with identified autoimmune or inflammatory drivers, biologic therapies can meaningfully reduce pain and systemic inflammation. We coordinate pain management, dysautonomia treatment, and referrals to physical therapists specializing in hypermobility — all within the Veros network.

WHY VEROS HEALTH?

- ✓ We evaluate and treat the MCAS, POTS, and autoimmune overlap that most clinics miss
- ✓ Biologic therapy for inflammatory and autoimmune drivers of hEDS symptoms
- ✓ Multi-specialty care — allergy, immunology, neurology, rheumatology in one practice