SO LONG COVID

Episode 4: One, Two, Three

Reading version of the English subtitles

You're listening to the podcast "SO LONG COVID." This is the fourth of six episodes. The six episodes build upon each other. If you haven't listened to the first one yet, it's best to start there. A note for those sensitive to noise: We have a podcast version without music. You can find it on our website solongcovid.ch. Just click the link below the episodes.

And now, let's begin with the fourth episode. There is pain that doesn't arise from a physical injury. And yet it's just as real. It's incredible when someone suddenly tells you: hey, it's not easy, but you can unlearn it. You have the power to unlearn it. The hope is not an illusion, it is not wishful thinking. It is actually founded and grounded in what we know from science and empirical evidence. And for me, it started with knowledge, with understanding. And then I began to explore these approaches. And I would truly say that's where everything changed.

Jann, Jasna, Marlen, and Patricia tried out a lot of things. Pacing, energy management, supplements, and so on. Nothing worked. On the contrary, it got worse. By chance, the four learn about people who have recovered from Long Covid or chronic fatigue syndrome. And not just by chance, but thanks to a new understanding of illness.

I didn't know if it was true. I knew it was also a risk. Patricia Purtschert, the university professor. It was also a decision. I also decided: I'm going to put 100% into this. Because I had been relying on the other approach On pacing, on energy management. That really didn't work. And then I decided to try this. I had nothing to lose.

If nothing is found during the examinations, meaning no structural damage, then it's quite possible that the symptoms of patients with Long Covid are neuroplastic. that is, learned by the brain. We heard this from international experts in the last episode. It was the first explanation that really made sense. That the symptoms persist for so long, that there are so many, that they keep changing.

That's what Jann says. He experienced his drastic illness, but also his recovery, firsthand. The fact that his light sensitivity and cognitive impairments, the brain fog, have a neuroplastic origin immediately made sense to Jann. And he was also interested in the scientific basis. Fun fact: he almost did his doctorate in neurophysiology, but ultimately opted for theoretical physics. In any case, as an analytically minded person, he had an affinity for this explanation.

The brain interprets signals as threatening that aren't actually threatening at all. In the case of light sensitivity, for example, light is mistakenly interpreted as a danger. The reactions are pain, essentially with the message, "Protect your body from harmful light." Over time, the neural pathways become entrenched so that light signals trigger headaches. Light becomes a trigger. This is called classical conditioning. And it's one of the mechanisms that makes the symptoms chronic.

Neuroplastic symptoms are essentially a chronic false alarm, but one that you can unlearn. And in theory, of course, that sounded very coherent and also very promising, but it's something quite different to actually apply it in the moment when your body is ringing the loudest alarm bells: better not move now! Behaving differently at that moment definitely took a lot of courage. And it wasn't just his body telling Jann: hey, you'd better not move now.

So, I essentially went against the clinic's recommendations and did the exact opposite of what the senior physician had advised. Patricia also realised she had to do things differently than what was recommended to her. Sometimes it was difficult to just endure that. For example, when the physiotherapist, whom I really valued, was constantly worried that I was doing too much and would crash, because she was used to this different system and, from her perspective, had very good reasons to fear I was overexerting myself and misjudging my abilities.

It's becoming increasingly clear to Jann and Patricia that we have to find our own way. They're trying to distance themselves from the hopeless prognosis and the worries of others. They're trying to simply pick and choose what they find helpful from the therapies they're doing. And everything else I'm doing on my own, and especially with

the internet. So, fortunately, I had that access, and fortunately, I speak English. Otherwise it would have been very difficult.

When Jann learns about the neuroplastic approach, he's in rehab. It's a terrible path. He can barely talk on the phone for five minutes. He eats in his hospital room and is wheeled to his therapy sessions. The symptoms dictate his entire day. They hold the reins. And I remember that one moment when I had actually planned to take a shower in the afternoon.

But the symptoms weighed him down. As had happened a thousand times before after too much exercise, he felt a great heaviness throughout his body. As if he were carrying a weighted blanket. A shower? Practically impossible. If he showered now anyway, he would collapse. Up until now, whenever I had done something despite the symptoms, it only made things worse. But I thought, I'm not going to listen to them anymore, and I'm going to shower now.

According to the new understanding of his illness, it doesn't necessarily mean he'll feel worse afterward. He mustered all his courage. Okay, I'm just going to try this. If he goes for a shower now anyway, he will crash. yes, how I really enjoyed the warm water and how I consciously acted of no longer simply listening to these symptoms, but being able to take control, even if it was something very small.

For Jann, it almost feels like a tiny act of rebellion. So now I'll just try this out... He goes to take a shower, even though his body is sending out the biggest warning signal: don't. And then it really happened: instead of getting worse, the symptoms eased a little over the course of the afternoon. And Jann has a first small piece of evidence that this neuroplastic approach might be true.

A first small corrective experience, as they say in medicine. And that was like a liberating breakthrough. From then on, I felt a bit more in control again. Yes, it was a very... pivotal moment, to feel this new freedom. I'm Zita Bauer, and this is the podcast SO LONG COVID, one, two, three, the fourth episode. Episode four. We've heard that it's possible for the brain to produce symptoms even when there's no structural damage, or nothing is damaged anymore.

And that it's also possible to unlearn the chronic symptoms. How exactly that's supposed to work, we'll look at in this episode. We'll start with a small experiment to illustrate. So... It's so cold. This is January 2026. Act 2: A construct of techniques We're standing on a raft at the harbor. There's also a sauna there. It's three o'clock in the afternoon and the sun has already set behind the mountains.

We're standing here in our swimming trunks, outside on the ice. My feet are already starting to freeze. How cold is it? Minus 5, minus 10. Something like that. I don't know how cold the water is. But it's definitely cold. And, um... I'm going ice swimming now. Going ice swimming, then. Okay. One. Don't drop my phone in the water. Is that okay? Okay.

I'll try it. One, two, three. Oh my God. That's the only thing I managed to say. If you're not used to it, like me, then going into ice-cold water is really unpleasant. I know that as a healthy person, it's actually not harmful to me. On the contrary. It's supposed to be healthy. But the body reacts immediately with an alarm signal. it takes my breath away, my muscles tense up, The cold water is perceived as a danger.

My body tells me: Get out. This reaction happens automatically. Unconsciously. Over time, with a lot of training, I can influence these unconscious alarm signals. I can teach my body that this ice-cold water isn't a danger. You can continue breathing calmly. Just like the many ice swimmers up north do. They probably started training as babies. It works similarly with neuroplastic symptoms. And of course, it's something different.

Ice bathing is a conscious choice. They aren't ill. And yet, I believe this example can help to better understand how one can unlearn neuroplastic symptoms. How one can reprogram the brain. We really talk about brain reprogramming, which is a very computerized language, but in a sense, it works in terms of what we're actually doing. This is Silje Endresen Reme, a pain psychologist and professor of health psychology at the University of Oslo.

She's perhaps more accustomed to ice bathing. She speaks of brain reprogramming. While it does sound a bit like computer terminology, it fits well with what they do. Because what we're doing is trying to influence and to

help the brain reinterpret the symptoms and the inner states of the body as healthy and not threatening, not dangerous. It's about reinterpreting the symptoms as non-threatening or non-dangerous.

And we do that through various exercises, but first and foremost by providing a good explanation of why the symptoms have persisted and why the patient is so disabled and feeling so sick as they all do. As we mentioned in the last episode, the first step is to understand the neurobiological connections behind the symptoms. In medicine, this is called "Pain Neuroscience Education, or in German: pain education.

There isn't simply a miracle cure that you can apply and then you'll get better. It's more like a whole construct of techniques. For me, it started with knowledge - a real understanding of how these illnesses work - and having confidence in that knowledge - feeling within myself that it really is true. Building on this knowledge, there are then various techniques that can be applied.

Broadly speaking, the goal for all of them is to replace the symptom-triggering neural connections with new, healthy ones. If you're seriously ill and can barely move, like Jann and Patricia, you can, for example, start with visualisations. This has been used in mental training in elite sports for quite some time. And now the potential of visualisation has also been discovered in pain therapy.

You sit or lie down, close your eyes, and recall a specific situation in which your body was healthy, in which it moved and felt good. Sometimes this also involves visualizing what you want to do again. For example, I always imagined I wanted to swim in the Aare River again. And you do this completely, with your whole being. You try to imagine what it feels like on your skin and in the movement itself.

Where possible, Patricia tries not only to imagine it, but actually to do it again the way she used to. For example, when showering, I no longer sat down or showered very slowly, but instead resumed those... movements. I showered the way I used to. The idea was that this would trigger a certain memory in the body, which would then receive the signal that it's okay again.

It's... I can go back to everyday life. I found that helpful. What I also did was essentially trick the nervous system and get into the movement, but in a completely different context. For example, instead of just continuing to walk, I would dance a little to the music. Walking triggered severe symptoms for Jann. That's why he tried to get into a similar movement in a different way.

So instead of training to walk, he started dancing in his hospital room. Instead of strength training, he surfs on a Pilates roller. With visualisations of pleasant experiences and a new way of dealing with the triggers, more joy and confidence returned to his life. Every tiny thing Jann was able to do again, like brushing his teeth while standing, we celebrated together. It's important to note that we can't go into detail about all the therapy methods and their applications here.

And they also work differently for each person. On our website, we've compiled a selection of resources from specialists. However, there's one technique that has proven particularly effective, according to the experts and those affected I've spoken with. That's Somatic Tracking. Somatic Tracking is about not trying to suppress or control the sensations - the pain, the symptoms, and the emotions that arise. It's about not meeting them with fear or avoidance, but with an open and curious attitude.

There is a selection of resources from specialists. that the brain has produced. And if you do this repeatedly over a longer period, you can change the neural connections that trigger the symptoms. Reinterpreting symptoms was also a big part of Jann's recovery. One symptom he experienced repeatedly was a great deal of restlessness in his body. An internal fluttering, shimmering, and bubbling sensation. And I actually imagined these symptoms as if I were sitting in a whirlpool.

Instead of thinking of it as something annoying that would just go away, I found it almost interesting to observe. And how fascinating it is that the brain can actually generate such things. As soon as you can detach yourself from the idea that it means something bad, that it means the body is structurally broken, inner restlessness in his body - an internal fluttering, flickering and bubbling.

Somatic tracking is a technique from Pain Reprocessing Therapy. It was developed, among others, by Howard Schubiner. but something I could watch with interest. Originally, Pain Reprocessing Therapy is a method for treating chronic pain. A randomized controlled trial on chronic back pain showed that this method is significantly

more effective compared to placebo and the currently standard treatment. And what's particularly exciting is that the researchers also accompanied this therapy with functional MRI, i.e., scans of the brain.

They were able to demonstrate that these therapies also alter neuronal pain processing. Somatic tracking can be done independently, as Jann demonstrated in the whirlpool example. It can also be done with guidance via a podcast or YouTube video, or live during a therapy session. For example, with Andreas Immel in the Länggasse district of Bern. He is a certified massage therapist and coach for Pain Reprocessing Therapy.

We were given the opportunity to observe Andreas Immel during an exercise session with a patient. We'll go into a bit of relaxation now. And to help you feel even more safe and relaxed, feel free to imagine something you really enjoyed in the last few days. The patient agrees to be heard. She has chronic fatigue syndrome and is here today primarily because of her severe headaches.

First, Andreas Immel led a relaxation exercise. And now we're moving on to the actual somatic tracking. Now we'll observe, like in a museum, these feelings you have in your head, completely open-minded and curious. We're not trying to change them in any way. They can do what they want. They can become stronger, weaker, change in any direction, or stay the same. And then you can describe how that feels.

It feels kind of concentrated, intense. Like pressure, right? Yes, pressure, but it radiates outwards to the left and right and like a slight electrical discharge. If this were an art object, what would it look like? It would be like a sphere with spikes. Andreas Immel guides the patient in observing the symptoms with curiosity and an open mind, almost as if they were irrelevant.

Then you can just take another look at it, as if it were not important at all, as if it were simply is just sitting there like in a museum, or simply moving inside you. Yes, it's like a point you can play with. Aha. How is the intensity? It's decreased significantly. After about 15 minutes, the exercise is finished. Then you can slowly arrive back in the room.

Yes. That's it. Nothing spectacular. Exactly, no exorcism or anything. Jann did somatic tracking several times a day. Guided by an app, essentially as self-therapy. Over time and with a lot of repetition, he internalized this curious, interested, and open-minded attitude, so that it was automatically present when he had symptoms. With Jann's knowledge of neuroplastic symptoms and techniques like somatic tracking, his light sensitivity disappeared after about three weeks and hasn't returned.

It can happen quickly. With other symptoms, however, it took several months until they were completely unlearned. Reinterpreting symptoms requires perseverance. I noticed that as a family member, too. I myself sometimes became impatient. At the very beginning, I didn't really understand it either. I remember thinking: ah, okay, now Jann knows that symptoms of the nervous system are learned, that nothing is structurally damaged.

So he can just put that into practice now. Just lose his fear and walk up the stairs again. But that's wrong. Symptoms are triggered by neural pathways that you can't simply control. And once these pathways are established, then these severe pains and the crushing fatigue will be triggered again and again. Even with a diagnosis of neuroplastic syndrome, you're still seriously ill. But it does change something to know that symptoms in themselves don't indicate irreparable damage.

You can then react to them differently and realise that they don't always behave the same way. that the symptoms themselves do not point to irreversible damage. And to understand that, it helped me to connect it to something I know myself. Ice swimming, for example. Let's get back to my little experiment. My feet are already freezing. I'm standing on the top step of the ladder leading into the icy water.

There's a construction site nearby. There's a humming sound in the background. Okay, nothing can stop me now. And what I'm trying to do is tell myself that the water isn't harming me. On the contrary, they say it's healthy to do it. What I'm trying now is Somatic Tracking: with a curious attitude, noticing what these sensations are. How does it feel? And I try to calm myself and tell myself: this water will not harm me; it may even be good for me.

And it's even interesting. And it's even interesting. That's what I'm trying now. So, I'm trying now... It's quite interesting. It's so freezing cold. How long did I last? I didn't last half a minute. It's so cold. Even though I knew that the cold water wouldn't harm me. Even though I knew the cold water would not harm me, I tried to notice with curiosity how it felt in the water.

Maybe that helped me last at least a few seconds longer. It is similar with pain and symptoms. The neural connections that unconsciously make you ill are like deep tyre tracks in mud. Creating new tracks and unlearning symptoms takes time and repetition. But it's possible. Just as it's possible that by doing it again and again, I can stay in the icy water longer.

Like the people who swim laps in the freezing seawater here in the Norwegian winter, completely relaxed. This somatic tracking technique works best when I truly trust that, for example, ice swimming won't harm me. To unlearn neuroplastic symptoms, it's important to know and trust that the body itself isn't broken. And also with a certain amount of conviction. You might not have this conviction from the start.

But you can grow into it. That's what Patricia talks about. I need to get into a state - or I want to get into a state - in which I am no longer afraid or desperate, and no longer frantically trying to stick to plans and set pacing alarms so that I stop talking after exactly ten minutes and then rest for another ten.

All of that is itself a stress system. And this may sound a little strange, but I told myself: I simply am not going to be afraid or desperate anymore. And by 'told myself' I do not mean punishing myself if it does not work - because that is exactly what does not work. I had to do this work, or find a way. And that was incredibly difficult.

It was unbelievably difficult because it cannot be forced. It does not work through willpower, but through other channels. Essentially, everything inside me that has trust, or even the last vestiges of memory of a healthy body, I have to bring to the surface and mobilise, and simply rely on it completely. My experiment with ice bathing gave me a glimpse of just how difficult this recovery work is that Jann, Jasna, Marlen, and Patricia did.

I found it an incredibly difficult task. If you want to describe it that way, it's about teaching the nervous system that it can slow down again, that it can find peace again. That was one of the hardest things I've ever done in my life. It doesn't happen overnight, and it's certainly not easy. And I don't know if it always works. I wouldn't generalize and say everyone should do it.

But for me, it was the key, and I know that's true for many others as well. That's why I think it's so important to know about it and to spread the word, because for some people, it really is the way out. The task of reinterpreting and unlearning neuroplastic symptoms is individual and complex. And like any therapy, it has its limitations. Silje Endresen Reme, Professor of Health Psychology and Clinical Pain Therapist from Oslo, What are the limits of your approach and program?

I think there are always limits. There is never a treatment that helps everyone. I think that's important to acknowledge. Even antibiotics don't help everyone. None work for absolutely everyone, not even antibiotics. Compared with many medications, therapies based on the neuroplastic approach have one crucial advantage. They have no side effects and no documented risks. The worst thing that can happen is that you don't respond very well.

There is no documented risk with these approaches. The worst that can happen is that you don't respond well. You have nothing to lose. From our own experience, we know that you try so many things, you constantly get tips on what else you could do. But trying something new always means committing to something to invest energy and time. And you risk disappointment. That takes courage.

But our experience also shows that courage can be rewarded. It can work. For some it happens quite fast. I've seen some of those cases. Whilst in others, it could take longer, because there could be other obstacles and other things that need to be sorted out - socially, emotionally or in other ways. Every path is unique. For some, recovery is quite rapid. For others, it takes a little longer.

To reiterate: Knowledge about neuroplastic symptoms is the foundation. And then it's about reinterpreting the symptoms using various techniques, such as somatic tracking. And that doesn't work with sheer willpower, control, or pressure. Jasna: I'm someone who is always a bit impatient, and I want to do it well. It is mentioned again and again that many people do too much, push themselves too hard, or want it too much.

And I am definitely that kind of person. This process requires patience, trust, a certain calmness and self-compassion as a basic attitude. And in addition to reinterpreting the symptoms, sometimes more is needed. A confrontation with how to deal with emotions. Or a major life change, like changing jobs, for example. Every recovery path is individual. Minor and major relapses are part of the process for almost everyone.

And in those moments, it is very, very difficult to believe in it. What I've also noticed is that I still have doubts now and then. The doubt is often there. And what really helped me then were recovery stories, reading them. That gives me so much more confidence. And then I immediately feel better. So many people think they're doing it wrong. It works for everyone else, but not for them.

Antje Kallweit, pain therapist from Hamburg. One of my main points is: Be patient. It takes time. Your brain has protected you for a very, very long time with these mechanisms. It doesn't really want to change. Our brains don't like to change. They like to hold on to what they've learned to do well. And it needs time. And symptoms go at the end.

All of this requires trust. And that's why it's important to have someone there who says that every now and then. It helps to have a professional by your side. When Jann was sick in the spring of '24, we didn't know of anyone in Switzerland who did this kind of work. I read the report about your Jann. Jann's recovery story. I got goosebumps the moment when he said: I'm just going to do this now.

Whatever, I'm going to take a shower now. That's incredibly brave. And I wish someone would support that kind of courage. As far as I understood, he had that support only from books. From what he'd read. And then he said: so what, whatever. And now it begins. That support is what I would have wished for him. Someone who offers him a bit of a handrail.

So he doesn't have to throw himself ten metres into deep water completely alone. You basically taught yourself everything. You watched videos. You listened to podcasts. Yes. Fortunately, research into chronic pain is already quite advanced, and there is already a lot of material online that you can use to learn about it yourself. The Curable app, which helped me a great deal, is one example.

Curable is an app with several exercises that we discuss in this episode. You can find Jann's written recovery report, the link to the app, and other resources on our website. And of course, the exchange with you was wonderful. Having someone who brought it to my attention. And then we sort of discovered this world together. When Jann started with the neuroplastic approach, we only knew about the English-language apps and books.

And we only knew about therapists abroad. I was on my own for months, working on things at home. In Switzerland, this isn't something people offer. And now, it turns out I kept something from you. The patient that therapist Andreas Immel treated, the one with the headache that feels like a ball with spikes - you might have already noticed. That's Jasna. When Jasna started working with the neuroplastic approach, more professionals in Switzerland were already familiar with it.

But her meeting Andreas Immel was yet another stroke of luck. Suddenly, you're like in a movie, with the feeling that one coincidence after another is happening. A little over a year ago, in early 2025, she booked a massage appointment because of her severe headache. When the masseur asked how she was doing, she told him about her latest discovery: the neuroplastic approach. She mentioned a book she was currently reading: "The Way Out" by Alan Gordon, psychotherapist and co-founder of Pain Reprocessing Therapy.

Then he said: ah, do you mean this book here? Then I looked to my right and saw exactly the book I was reading. And I thought to myself, this can't be a coincidence! Then he said, And then he said: yes, I'm also a coach for this. He had completed training in it. actually touched on it a bit that day. And I realised right then that it was doing me a world of good.

I felt so much better afterward. All the symptoms came back, as is typical in this therapy. But it was like this: I can feel good. And that really is... a coincidence... Or what do you say? Coincidence, fate, whatever. Fate, yes, fate. Andreas Immel didn't offer his therapy specifically for Long Covid. As we've already heard, Pain Reprocessing Therapy was developed for chronic pain patients.

Over time, however, more and more Long Covid patients contacted him. They had heard that this method could also help with their symptoms. And because the research is constantly improving and supporting the idea that people can be helped, I said: we can certainly try it. But if I can't help you, I'll tell you. Andreas Immel says that reporting on Long Covid is sometimes undifferentiated.

This is also where his motivation to work with people affected by Long Covid comes in. Because I also find it quite irresponsible how some doctors on public television, for example simply say that it is incurable. What I find

very bad about saying it like that, even if you believe it and perhaps have good reasons to believe it. You can say, "According to my current knowledge, it's incurable."

I have absolutely no problem with that. But if you just say it is incurable, you act as if it's been definitively settled. There's an SRF article from 2023 that several of the affected people I spoke to mentioned. What stayed with them was the title: Anyone who still has symptoms after six months won't recover." For those affected, that's a devastating blow. After six months, their fate is sealed.

Jann says it sounded similar at the rehab clinic. I was told there that it didn't matter whether I now stayed in the clinic for another two weeks. Because in such a severe case, they're actually talking about years. Small aside: The Gais rehab clinic did not want to comment on this or any other quote in the podcast. You shouldn't overexert yourself. Because that leads to a worsening of symptoms, to these crashes.

And these crashes are harmful in the long term, irreversible. That's the common view conveyed by many therapists, doctors, and patient advocacy groups. Long Covid is also explained this way in many media reports. And according to my theory, this very mindset is what can exacerbate the symptoms or even prolong them. And then it can happen that patients give up and their despair grows even greater.

And the doctors, well, they know this. At least hopefully they do, that people are really suffering terribly. And you have to be very careful with statements such as: it is incurable. But also with statements like: hey, I can help you. 100 percent. It's been researched that one's own expectations can influence the course of an illness. Both positively and negatively. You've surely heard of the placebo effect.

It's scientifically proven that a positive expectation can significantly influence the effectiveness of a therapy. There's even a study that shows patients with positive expectations have better surgical outcomes. But there's also the negative counterpart to the placebo effect: the nocebo effect. Nocebo means "I will harm" in Latin, and that's exactly what the nocebo effect means. Negative expectations can negatively influence the course of an illness.

This, too, is scientifically proven. Jann is convinced that the negative stories about Long Covid that he kept hearing influenced the course of his illness. They even made me sick. That it got so bad was because of the narrative. That the overexertion was so severe that you should avoid it as much as possible And above all, the prediction that if you have it for too long, it will become chronic and then never go away.

This perspective contributed significantly to it actually getting so bad. I'm convinced of that. The assumption that symptoms pose a great danger, the assumption that crashes leave structural damage in the body, maintains the nervous system's state of alarm. Accordingly, Jann adapted his behaviour. He focused on every deterioration, took it easy as much as possible, and avoided exertion. From a neuroplastic perspective, this behaviour further reinforces the disease-causing neural pathways.

A vicious cycle. In this sense, the chronicity of the symptoms is a learning process of the brain and nervous system. However, as we now know, neuroplastic symptoms can also be unlearned through the reverse process. This is how Patricia, Jann, Jasna and Marlen Reusser and many others ultimately recovered. Something is important to me at this point. This must not be misunderstood. The neuroplastic understanding of Long Covid symptoms and how those affected were able to unlearn them has nothing to do with a mere nocebo or placebo effect.

Recovery from neuroplastic symptoms is far from "just thinking positively" or "simply changing your mindset quickly." Or, as Patricia says: It is a terrible illness, and it is not about saying that you are imagining it, and once you realise you imagined it, you can un-imagine it again, and that's that. Rather, the symptoms are real, the pain is real, the limitations are real and they are terrible.

It's about creating new neural connections. With a lot of repetition, time, and attention. Patricia, Jann, Marlen, and Jasna had to do this pretty much on their own. I mean, I'm very privileged in that respect, I have to say, because I got the tips from Jann. I was able to read the books, many of which are in English. Not everyone has this opportunity.

And I'm very grateful that I was able to do it that way. I was able to change my perspective. In the clinic, and also in the Long Covid consultation where Jann was, these neurobiological findings and the treatment techniques

based on them were never mentioned. Nor was the realistic possibility of recovery. Today, two years later, things are different. We communicate, whenever possible, very, very early in the process, that recovery is possible.

Researching and disseminating new knowledge takes time. But things are starting to move. In Switzerland, too. As part of my research, I contacted the University Hospital of Basel. They are part of a large-scale European study on Long Covid. Inquiry for SO LONG COVID... I wanted to know what their current study results are. And what role does neuroplasticity play? I believe that the approaches of neuroplasticity, neuroplastic symptoms, have great potential to bring innovation and open new pathways, so that as many patients as possible have a chance to experience recovery.

More on that in the next episode. On Sunday, April 5, 2026. "SO LONG COVID" is an independent podcast series by Jann Zosso and me, Zita Bauer. One, two, three. Episode four. You can find all the information and resources mentioned on our website solongcovid.ch. Original music: Janos Mijnssen and Moritz Widrig. Mastering, mixing and sound design: Christina Baron. Dramaturgical consulting: Franziska Engelhardt. Editorial support: Stella Bollinger.

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