

Long COVID-19 and an effective lightning process intervention: A case study

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Abstract

Early treatment using mind-body interventions may be indicated for patients with Long Covid-19. It helps if the patient is open to it being a mind-body condition that can get better.

Case presentation: 53-year-old European woman who was COVID-19 positive on a RAT test for 13 days; solo parent and breadwinner for family; physically very fit. The main symptoms of the patient: are brain fog, extreme fatigue, breathlessness and shaky when standing or moving, even minimally.

The main clinical findings: Normal physical examination.

The main diagnoses and interventions: The diagnosis was probable Long Covid-19 and the intervention was the three half-day Lightning Process sessions via Zoom.

The main outcomes: Many of her viral symptoms disappeared, as did the brain fog, and she was able to start riding her push bike, exercising and driving within a few days of therapy.

Conclusion: For many patients, this case raises the issue that so-called Long Covid-19 is likely to be a mind-body condition. The process of how the symptoms of acute Covid transform to become Long COVID-19 is assessed using the Bayesian Predictive Coding Model (BPCM). In this case, the Lightning Process showed benefits from the first day of intervention. Early intervention, as in this case, may prevent deconditioning when symptoms persist and complicate the clinical picture.

keywords: Long covid; Lightning process intervention; Rapid recovery.

Introduction

The mind and the body can be perceived as two separate but interacting entities, and there is a renewed focus on the effectiveness of mind-body interventions as primary or adjunctive therapies [1]. There is growing interest in the clinical conditions where people develop chronic post-viral fatigue. The most well-known one is Chronic Fatigue Syndrome/Myalgic Encephalomyelitis [2,3]. The Oslo Consortium uses the label «real illnesses people can recover from.» The latest in these post-viral fatigue syndromes is Long Covid-19 or post-covid condition [4]. So far, the effective intervention (as demonstrated by randomised controlled trials) for Long Covid-19 or post-covid-19 is CBT [5]. We have heard anecdotally from Lightning Process (LP) therapists in the UK and New Zealand that they are getting good results from their intervention with these patients. A colleague approached one of the authors, a GP, to inquire about interventions for his adult daughter who had Long Covid-19 and was struggling to do her work. He was aware that LP was effective for CFS in adolescents [6], and with the anecdotal information from an LP therapist he suggested she may wish to try this.

Patient Information

The patient is 53 years old, female, of European descent. She is a solo parent of a teenager and works full-time as a communications manager at a tertiary institution in New Zealand.

Main symptoms of long covid: During the time of being COVID-19 positive (14th-27th October 2023), the patient experienced full-body aches, deep nasal congestion, extensive coughing with expectorate (particularly at night), and extreme fatigue. Towards the latter half of the positive period, the patient describes the onset of intense «brain fog». She describes her head as feeling «full of smog and dirt,» and she was unable to engage in any cognitive processing, including computer work, video calls, watching TV, or reading. She also felt unable to drive safely. In late October, her GP wrote her a medical note explaining she could not fly to San Francisco to visit her sister. She could not attend various events and activities she had planned. The patient describes how the feeling of «goop» inside her head aligned with profound physical exhaustion. She describes days on end in bed, feeling unable to move, or needing to return to bed immediately after moving around the house. She felt breathless and shaky when walking outside for more than a few metres. She kept the curtains in her bedroom drawn to keep the light low. The patient purchased a 7 kg weighted blanket, but she remained unable to sleep through the night; she took 3.75-7.5 mg of zopiclone to enable her to sleep. She also took 1000-2000 mg of Vitamin C daily and various naturopathic tonics. She reports feeling sad, frustrated, and scared and describes asking her family in tears, «What if I can never think again?» She did not feel depressed. Her appetite remained good.

Medical, family, and psychosocial history: The patient is fit, healthy, and active. She bikes 25-50 km a week, swims 3-4 km a week, and does daily stretching and strengthening exercises. She has a balanced, omnivorous diet and is a minimal-moderate drinker. She does not smoke or take drugs. She is post-menopausal after a relatively easy period of peri-menopause in her early 50s.

Clinical: The patient visited her GP twice in the aftermath of having Covid and was given medical leave for «ongoing significant fatigue» (25 October) and «prolonged illness related to COVID» (20 November).

Timeline: The patient tested positive (for the first time) for Covid-19 via a RAT test on Saturday, 14 October 2023. The patient remained positive for 13 days and tested negative on 27 October. Between 16 October and 8 December, she took 15 days of sick leave.

Diagnostic: Other than the positive RAT tests, there were two rounds of blood testing, which was all normal.

Therapeutic interventions: On Wednesday, 6 December 2023, following separate recommendations from two medical professionals, the patient undertook the first of three two-hour, one-on-one Zoom sessions to learn about the Lightning Process (LP). During the first session, the patient sat in bed under her weighted blanket and passively watched the facilitator on her iPad. The facilitator explained the theories and evidence that support LP, including neuroplasticity and neurolinguistic programming. At the end of the session, led by the facilitator, the patient undertook Lightning Process Actions (LPA) for the first time. The one-three-minute process involved body movements, vocalisation, visualisation, similes, and coaching dialogues with herself. That night, the patient coughed through the night and took 3.75 mg of zopiclone. During the next morning's session, the patient sat at her desk, took notes, and actively engaged with the facilitator about LP's theories, evidence, and practices.

The session also involved completing several LPAs that focused on what the patient felt she wanted to achieve: Physical energy, mental clarity, and restorative sleep. Towards the end of the session, the patient physically «rehearsed» the act of getting on and riding her bike and visualising with colour and similes the experience and joy of biking again. An hour after the session ended, the patient did her first «solo» LPA for energy. Immediately, «without overthinking,» she rode her bike for approximately 1 km around a local park and up a short steep hill. The patient reported feeling «scared» about her heart racing and leg muscles engaging after such a long period of being sedentary. She did an LPA for «calm» after the ride, lying down and visualising a «cool, clear, calm estuary». She also reported feeling «overjoyed» at the achievement of riding her bike again. That night before bed, the patient removed all the visual cues associated with her experience of ill-health, including the weighted blanket, sleeping pills, eye mask, noise-cancelling headphones, ear plugs, and cough drops. She also changed the bedding. The patient then did an LPA for «deep, restorative sleep, like a big brown bear hibernating in the Alaskan winter». The patient slept through the night without coughing or taking a sleep aid. She reports feeling restored from her sleep. The next day, during the final LP session, the patient reported feeling «amazing» and «clear in the head» with a renewed confidence that she could «think and live again». The patient did several LPAs for energy and clarity and did a «brain rehearsal» to prepare for and boost her confidence about a social event she attended that evening. The event lasted 10 hours, during which time the patient privately (out of sight) did several LPAs for «sustained energy». The event gave the patient confidence in her ability to be socially engaged after a long period without such stimulation. Once again, she slept soundly and without sleep aids.

Clinician and patient-assessed outcomes

The clinician was delighted and relieved that the patient had improved so rapidly as he had taken a risk with a colleague's daughter, who had also incurred the cost of about £UK 900. The fee covers the three half-day course and follow discussions over six months. One model for Long Covid-19 is that symptoms are genuinely experienced but are functional and potentially reversible [7]. The model is known as the Bayesian Predictive Coding Model (BPCM), where abnormal prior expectations cause the somatic symptom disorder [7]. The brain and body are entities that signal to each other continuously and depend on moderators such as the constant messaging about acute disabling symptoms (i.e., fatigue during Covid -19 pandemic) and concurrent life stress issues. This can create «the very self-fulfilling prophecy by inducing the very predisposing, precipitating and perpetuating factors for the syndrome [7]. They go on to say that «it is time to break taboos based on a dualistic understanding of physical versus mental illness and bring in existing knowledge about functional somatic symptoms to provide improved explanations and treatments [7]». They suggest using patient explanations saying this is not a hardware problem but a software problem. Fortunately, the patient was accepting of the mind-body nature of her symptoms and was willing to participate in an intervention that deals with the mind initially.

Patient perspective

By the end of the second session, the patient reported her brain fog lifted, and her energy rapidly returned. Supported by LPAs throughout the day (at home or discreetly while out in public), the patient reports an almost immediate «return to life» following the LP intervention. For example, she resumed driving; she took bike rides and walks of increasing duration; she read books, flew to Hawaii, and actively participated in a family reunion. The trip had felt in jeopardy before the LP sessions. In the one month since completing the LP sessions, the patient reports being fully engaged in all aspects of life (without any pharmaceutical or naturopathic support): she is exercising (walking, swimming, and biking), socialising, working full-time, driving; actively parenting her teenage son; and thinking again. She does LPAs throughout the day as needed and notes that the process applies to aspects of life beyond the physical impacts of Covid (including emotional issues and times of stress). The patient feels sure that without the LP intervention, she would still be suffering from brain fog and physical fatigue and would still be experiencing the «one step forward, three steps back» rollercoaster of post-COVID symptoms. She fully credits the LP intervention for «disrupting the comfortable place of ill-health «that her» brain had fallen into». By engaging with LP at an acute phase of her illness, the patient believes she has been able to veer off the «long, discouraging, and debilitating pathway of chronic post-covid symptoms». The patient says she is «incredibly grateful to LP for giving me back my life».

Discussion

The LP is effective in other post-viral fatigue conditions, and CBT is effective for Long Covid-19. While the whole response could be a placebo response, the more likely explanation is that Long Covid-19 is a condition that can be helped with mind-body interventions. LP is often criticised as being «commercial»,

and it would be good if it could be publically funded. The loss of earnings for chronic post-viral conditions when months to years are spent in ill health needs to be balanced with the cost of the intervention.

Take home message: From this case and numerous other reports of benefits from the lightning process, it is hard to know when acute COVID-19 becomes long Covid-19. The early use of mind-body interventions such as the lightning process has the potential to curb the long-term consequences of post-viral fatigue conditions. This has the potential to reduce financially crippling loss of employment and long periods of disabling fatigue and other chronic symptoms and the social harms that accompany such situations.

Informed consent: The patient is the first author AO.

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