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Emma Lyra, 27, suffered from long COVID so severe that she had to be assisted to the bathroom in a wheelchair. Now, Lyra has recovered through therapy methods based on neuroplasticity.

Sanna-Kaisa Hongisto

Emma Lyra, 27, from Helsinki, fell ill with severe COVID-19 in March 2020, when the disease had just arrived in Finland. As an asthmatic, Lyra experienced such severe breathing difficulties from the virus that she felt like she was suffocating. She was taken to the hospital by ambulance.

"I wasn't admitted. They didn't believe I had COVID because I hadn't been to Italy."

Later, the COVID-19 diagnosis was confirmed based on Lyra's symptoms. HS has seen Lyra's diagnostic records.

In March 2020, however, Lyra lay in her studio apartment with a fever, struggling to breathe. She was plagued by heart palpitations and paralyzing fatigue. Lyra's family belonged to a high-risk group for COVID-19, so the only help she received was grocery deliveries left outside her door.

"I was so exhausted that I crawled to the door and dragged the grocery bag toward the fridge half a meter at a time, resting in between," Lyra describes.

She was terrified by her weakened condition and shocked at not receiving medical care.

"I was on the brink of death," Lyra says.

At the two-week mark, the symptoms changed. Breathing became easier, and the flu-like feeling receded. According to Lyra, what remained was a bottomless fatigue and a host of other symptoms: heart palpitations, paleness, low-grade fever, pain in her joints and across her body, electric shock-like tingling, and the occasional loss of short-term memory and the ability to speak.

Lyra had to pause her studies at the Sibelius Academy.

About three months after falling ill, in the summer of 2020, Lyra (then Myllynen) shared her experiences with long COVID in a Helsingin Sanomat article. In the article's photo, Lyra sits in a wheelchair because she feared she wouldn't have the strength to get back home on her own.

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Now, six years later, Lyra has recovered—but time alone did not heal her. Over time, her condition only worsened. Most of the time, Lyra didn't even have the energy to sit up. This continued for several years.

"During good periods, I was able to microwave food for myself and lie in my apartment. During bad periods, I had to stay with my parents, where I needed to be fed and helped to the bathroom in a wheelchair."

In the healthcare system, Lyra was bounced from one specialist to another. After being bedridden for two and a half years, she began losing hope. Lyra says she even looked into the possibility of euthanasia.

Then, Lyra received an interesting message. She had occasionally been able to use her phone and write in social media groups related to COVID-19. From there, someone recommended a UK-based Mind Body Reconnect neural therapist.

"I was so desperate that I was ready to try anything."

Unexpectedly, this marked the beginning of her recovery.

Long COVID has been a medical mystery, and there is still no full consensus on its mechanism.

Long COVID differs from an acute COVID-19 infection. While triggered by the coronavirus, not everyone suffering from long COVID experienced a severe initial infection.

Common symptoms of long COVID include profound fatigue, various types of pain, sensory hypersensitivity, and brain fog. Studies have documented over 200 different symptoms. The illness has been a medical mystery, and there is still no full consensus on its underlying mechanism.

According to Hélène Rotkirch Virrantaus, a senior physician at HUS's Long COVID Rehabilitation Unit, most doctors accept the definition of long COVID as a "multifactorial syndrome involving functional mechanisms."

Rotkirch Virrantaus explains that the symptoms stem from a central nervous system protective reaction—a type of false alarm that causes the body to present physical symptoms without structural damage or disease.

How can physical symptoms indicate something other than damage in the body?

Rotkirch Virrantaus explains: A central nervous system false alarm can be triggered by any physical or psychological threat, such as a virus or a traumatic life event. When this happens, the nervous system's biological mechanism reacts automatically, bypassing conscious thought. The reaction is as automatic as pulling one's hand away from a hot stove.

Sometimes a vicious cycle forms where symptoms provoke more fear, which in turn heightens the alarm state and amplifies the symptoms.

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"If a person is exhausted, for example, the central nervous system easily interprets physical effort as a threat. The brain begins to anticipate: if I do that, won't I get exhausted again?" says Rotkirch Virrantaus.

Long COVID is essentially an extreme state of hyperarousal, which is nevertheless fully treatable. This observation is supported by a recent study from the University of Turku, where brain imaging revealed that long COVID does not cause widespread brain inflammation. Instead, the emotional regulation areas of the brain are running on overdrive.

The same mechanism is thought to drive conditions such as fibromyalgia, environmental sensitivities, and chronic fatigue syndrome (ME/CFS).

Rehabilitation guides patients to view symptoms with curiosity rather than fear

Emma Lyra does not worry about her remaining symptoms; instead, she celebrates how well she has recovered. Photo: Kalle Koponen / HS

In Finland, functional disorders originating in the central nervous system are treated at HUS's Long COVID Rehabilitation Unit. The unit aims to rehabilitate patients by changing behaviors and reinforcing a sense of safety. Patients are guided to approach symptoms with curiosity rather than fear and to respond to the false alarm in a new way. The goal is to unlearn the conditioned response to symptoms.

"If you lie down immediately upon feeling a symptom, you signal to the brain that the symptom was an appropriate reaction to the situation. Instead, you can try thinking: 'How interesting and funny that my nervous system is reacting so strongly right now.' Then, continue what you were doing. Changing your behavior creates changes in the brain."

According to Rotkirch Virrantaus, HUS's treatment approach is grounded in recent scientific evidence and WHO recommendations for long COVID care.

However, HUS's methods have also faced criticism. Some patients feel that HUS implies they are causing their own symptoms through incorrect thinking. Others have experienced a worsening of symptoms during treatment.

"When you start responding to symptoms in a new way, they often intensify initially before the false alarm can be reset to a resting state and symptoms begin to ease," says Rotkirch Virrantaus.

She notes that due to the intensity of the symptoms, it can be difficult for patients to accept that a central nervous system alarm is responsible. Patients often carry deep concerns that their symptoms stem from a physical defect requiring medical intervention.

Others simply lack the physical and mental capacity to engage in rehabilitation.

According to Rotkirch Virrantaus, however, the majority of patients have benefited from the treatment. Official figures regarding treatment prognosis will be published soon.

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"When I explain how these symptoms develop, I can sometimes see it click in a person's expression—and that's where recovery begins."

Emma Lyra's recovery started with video calls with the British neural therapist. His methods were similarly based on the idea that the physical symptoms stemmed from a nervous system stuck in overdrive.

After just the first month and a half, Lyra was able to walk a kilometer.

According to Lyra, a key element of neural therapy was viewing herself as healthy, but her nervous system as overloaded. Her brain was stuck in emergency mode, even though the actual threat was gone. Therefore, the approach was to gradually engage in normal activities she wanted to do.

"If someone had simply told me I could act like I used to, I never would have believed it. Fortunately, the therapist explained how the brain's threat system works. He was also able to validate that there was a physical issue in a sense, because my nervous system was on overdrive and thus in a disease-like state."

The therapist also helped Lyra recognize how memories of traumatic experiences contributed to her symptoms worsening. Lyra has food allergies and had previously suffered multiple anaphylactic shocks.

Once her condition improved, Lyra was able to undergo rehabilitation through HUS as well.

"The staff told me the same things I had already learned in neural therapy. Because of that, my despair began to lift. I felt a sense of security knowing the system was supporting me."

Lyra has gradually returned to her studies, majoring in voice and composition. Initially, she could only visit the university campus once a week, as doing so triggered fears of her symptoms flaring up.

"I was afraid of so many things, including letting go of the wheelchair. I also believed I could only handle one or two tasks a day."

Her doctor advised that after completing a chore—like cooking or filling out a form—it was essential to do something enjoyable. Lyra listened to music, studied French, or called her mother.

Lyra still doesn't study at the same pace as others.

"I need three days a week just to recover—going out into nature or seeing friends."

Otherwise, deep exhaustion begins to set in. However, she believes she will eventually overcome this remaining symptom too. Lyra doesn't dwell on what remains; she rejoices in having her life back. She has already seen her health improve with the right treatment.

"I know the symptoms will eventually disappear completely."

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