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Expensive blood washing against Long Covid - profiteering or curative therapy?

Desperate sufferers grasp at any straw. Many doctors do not want to recommend new therapies until clinical trial data are available. But these do not yet exist - due to lack of money or even lack of interest.

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In any form of blood washing, blood is taken from the vein in the arm, purified outside the body and then returned.

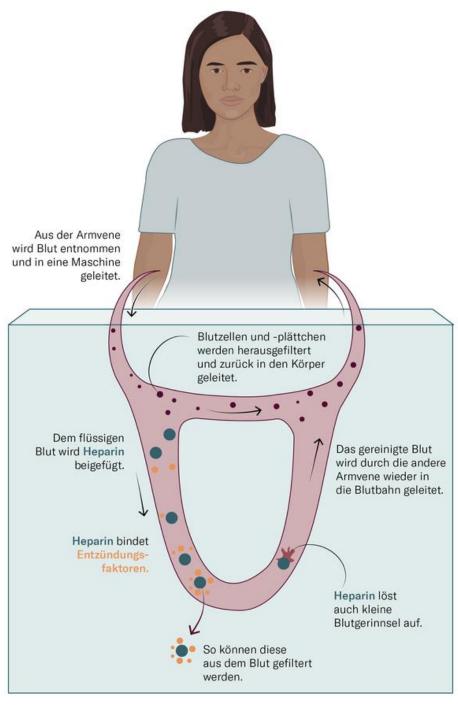
A young woman lay in bed for most of the day for weeks after her Corona infection. Every time she got up, she had fever and muscle pain. Now she is making trips to the lake again.

Another Long Covid patient was dependent on a wheelchair for months. Now she can walk on her own again.

Such reports sound like miracle cures and make one think of the biblical Lazarus story, the raising of a dead man by Jesus. In the examples mentioned above, however, no divine power intervened. Instead, the persons have undergone a so-called help apheresis. This is a special form of blood washing.

New application of a proven method

Help apheresis has been used for more than thirty years to treat severely elevated blood lipid levels. It also improves blood circulation and the functioning of the cells in the blood vessels and reduces inflammation. In the process, blood is taken from a vein in the patient's arm and various components are then filtered out outside the body. The "washed" blood is then pumped back into the vein of the other arm. There may be small haematomas at the puncture site, a drop in blood pressure and an increased tendency to bleed.



Source: dialysefrankfurt.de

For many Long Covid patients, this help apheresis now seems to be the only and last chance. There are no effective medicines for this complex condition, but case reports are increasingly circulating about the positive effects and even recovery after this special blood washing. Recently, a film by the doctor and journalist Eckart von Hirschhausen, broadcast on German television, has once again fuelled the hype.

"At the moment we don't have any data from controlled clinical studies on the effectiveness of help apheresis for post-Covid syndrome," Renata Linkesch emphasises in conversation. The nephrologist has been treating Long Covid patients with Help apheresis at the Zurich Oerlikon Nephrology and Dialysis Centre since February 2022.

"But for me, the experience so far speaks a clear language: Help apheresis can help," she says. Nine out of ten of those treated with Help Apheresis feel better afterwards. However, the extent of the improvement varies. And some people need a single blood wash, others six or more blood wash cycles. It is not yet possible to say which patients actually benefit and how many cycles are needed.

In Oerlikon, more than 60 patients with post-Covid syndrome have been treated so far. In addition, some vaccinated patients with a so-called post-vac syndrome as well as ME/CFS patients have been treated. The latter disease has been known for a long time, it occurs after a viral infection and is very similar to post-Covid syndrome.

Dissolve blood clots, reduce inflammation

The idea of using Help apheresis to combat post-Covid syndrome came from the German doctor Beate Jäger from Mülheim last year. There, several hundred post-Covid sufferers have already been treated with Help apheresis.

The treatments carried out in Mülheim or Oerlikon target the pathological changes in post-Covid syndrome that are now known. In some patients, the walls of the blood vessels are permanently inflamed. In addition, so-called micro-clots, i.e. very small blood clots, have been detected in the blood.

Linkesch explains that Help apheresis can treat precisely these disorders. Firstly, it removes factors that are present in the blood and stimulate inflammation. Secondly, the micro-clots are dissolved. This leads to an overall improvement in blood flow, especially in small vessels. Inflammation is reduced and the supply of oxygen and nutrients to the tissues is improved.

No clinical evidence yet

"All of this sounds plausible, but at the moment there is a lack of data on what role the micro-clots or the inflammations really play in the post-Covid process," Carmen Scheibenbogen points out in conversation. It is currently not known to what extent Help apheresis reduces the micro-clots. Scheibenbogen is head of the ME/CFS consultation at the Charité in Berlin. She has been researching this disease for years, and since the Corona pandemic she has been intensively involved with Covid and Long Covid.

"As a doctor, I know the hopeless situation of many people with post-Covid syndrome or ME/CFS. I also want to help them at all costs. But as a scientist, I am reluctant to offer something that has not been seriously and solidly proven to be effective. I don't want to fuel hope that will drive people into experimental treatments."

Other doctors are also critical of the use of Help apheresis. For example, Gregory Fretz, who heads the Long Covid consultation at the cantonal hospital in Chur, would only recommend the procedure to his patients in the context of a serious clinical study. He knows a few patients who have had Help apheresis done at their own risk. When asked, he reports that the feedback has been mixed. Some people have benefited, but mostly temporarily, others not at all, and in some cases there has been a deterioration. Those affected say that a new disease always requires courageous doctors and patients who are willing to experiment, because otherwise there is no new therapy at all.

Frustrating wait for clinical trials

Medical <u>societies</u> currently do not recommend help apheresis as a treatment for post-Covid syndrome because of the lack of data on its effectiveness. In addition, the fear is repeatedly expressed that in future some dubious centres without medical expertise and without experience with apheresis will offer it to desperate patients in order to earn good money. After all, a single treatment costs 2,000 Swiss francs or up to 3,000 euros, and neither in Switzerland nor in Germany are the costs covered by any health insurance.

But many experts do see the potential of blood purification. Scheibenbogen, however, considers so-called immune adsorption to be the more promising approach. In this process, antibodies are removed from the blood - even outside the body, as in help apheresis. There are now several indications that certain autoantibodies are present in greater numbers in ME/CFS and also in post-Covid syndrome and can trigger disturbances in blood circulation. In the coming weeks, Scheibenbogen will carry out an immune adsorption in people with post-Covid syndrome as part of a pilot study. This is because there is also a lack of clinical data on the effectiveness of immunoadsorption in long covid syndrome.

There is absolute agreement that it is a disaster not only for those affected that there is so little knowledge about post-Covid syndrome even in the third year of the pandemic. After all, it must be assumed that more than two million people in Germany alone and more than one hundred thousand in Switzerland suffer from it. Therefore, there is a unanimous call for clinical studies. According to her colleague from Oerlikon, Jäger, a doctor from Mülheim, has submitted a publication to specialist journals. Linkesch herself is also preparing a publication on her own patients.

'However, a controlled clinical study is much more complex and involves more than collecting patient data. Such a study costs a lot of money and requires many hours of work and manpower. A single centre cannot even do that. A serious clinical study must also include a very large number of people affected and characterise them in medical detail. After all, there are a multitude of Long Covid symptoms and individually different courses of the disease. However, experts and patients alike say that there is currently a lack of money and apparently also a lack of will for such studies. They hope that the debate about help apheresis will now at least get a clinical study underway.