

Daith Piercing for Migraines

A guide for pupils, parents and schools

www.london-migraine-clinic.co.uk

Schools are invited to send feedback to the email at the end of this document

What are migraines

Migraines are common. A person who suffers from migraines is called a migraineur. Approximately 1 in 10 adult women suffer from migraines. Everyone's migraines are different, and headache is only one of the problems. Other symptoms include nausea and sometimes vomiting, a dislike of bright lights, flashing lights and strong patterns, particularly of black and white lines.

Migraines are usually hereditary and most commonly start in teens or 20s but they can start in early childhood. Fortunately, many migraineurs find their attacks are not too frequent or severe, and can be managed by painkillers such as paracetamol or ibuprofen. However they can be debilitating enough (even in young children) to need further specialist treatment

In early childhood they can present as tummy aches and vomiting rather than headaches. It is important to recognise migraines because having them can seriously affect a child's education through missed school or an inability to concentrate during attacks because of the 'brain fog'.

The aim is to find a treatment that will control the frequency and severity of the migraines, and to give effective support for any migraine that still breaks through. Fortunately the attacks are generally shorter in children, and can often be managed by rest in a quiet place with low lighting for 30 mins or so. This will enable the child to return to the classroom and enjoy the class.

Treating migraines with a Daith Piercing

The aim in treating migraines is to reduce their frequency and severity so that they do not dominate your life. If painkillers are not sufficient then they will require other treatments. Doctors can prescribe preventative drugs which can be very effective, but they may have side effects that make them impossible to use

Daith Ear Piercing (DP) is a new treatment that went viral on the internet about 4 years ago. It was invented in 1992 as a cosmetic piercing, but people began to say that their migraines had gone. At the London Migraine Clinic, we believed that doctors should have an opinion based on reliable information and so we have been the first medical clinic in the world to do the research needed.

We have followed the migraineurs we have treated with DP, and our research reports that 50% say that the effect on their migraines isn't wearing off at 12 months and 10% say that their migraines have stopped completely. Many people report that they can reduce or stop the drug treatment from their doctors, and thus avoid the drug side-effects. Unfortunately, it doesn't work for everybody - about 20% say it never had an effect, and others any effect wears off after a short time. For those who have a good response, the effect does wear off after a variable period and will need to be repeated. It appears to work best for migraineurs who have visual symptoms with their migraines, such as a dislike of strong patterns or flashing lights

There is still a lot more research to do. We are only at the beginning of the research journey. Because there was no medical research, doctors said there was no evidence, confusing 'absence of evidence' with 'evidence of absence'. Specialist headache doctors are now beginning to accept that it may reduce migraines, and agree that more research needs to be done. It can be very effective in teenagers as well as adults, and many parents are wanting to learn more

Finding a professional clinic for Daith Piercing

A DP is not an easy piercing to do and the piercer needs to be experienced. A firm understanding of migraines is also needed because it is important where the piercing is positioned.

At the moment we are the only specialist medical clinic offering diagnosis and treatment with a DP. If you are too far away from us, an experienced cosmetic piercer should be able to position a cosmetic daith correctly, and this may help your migraines.

Unfortunately body piercing is unregulated, and some piercers are better than others. Also piercers are not qualified to give medical advice, and there is not yet a qualification for piercers to fit a medical DP for migraines, so you will have to choose your piercer carefully!

Rights and obligations for migraineurs at school

As a parent or student, you have a right to ask a school to make reasonable adjustments to school rules when having a DP for migraines, but these rights are balanced by obligations.

Schools have an obligation to make reasonable adjustments to school rules for a medical treatment, but they have a right to reasonably apply school rules, particularly around wearing jewellery. The difficulty is that DP is not yet universally recognised by doctors as a treatment option for migraines and you may find that your GP does not feel able to write a letter to the school.

First and foremost, it should be recognised that the reason for the pupil to have a DP is to improve their migraines. The aim is to enable them to have a better attendance record and a more fulfilling educational experience without migraines

Advice for Parents

Schools vary a lot in their rules on jewellery (and on their attitude to a DP), and parents are sometimes having difficulties getting a school to accept that a DP is a medical treatment for migraines. Here is a guide:-

1. Talk to the school before getting a piercing. It is far better to avoid potential problems by prior agreement!
2. A school is entitled to ask that a doctor provides a letter that
 - i. the student has migraines
 - ii. that a DP would be a suitable medical treatment
3. Some schools will be happy just to have a letter from a doctor saying that the pupil has migraines; others will need a letter saying a DP is required. Perhaps the school already knows that the pupil has migraines, possibly confirmed by a school nurse, in which case this part will be easier.
 - i. If your GP can write that their patient has migraines and they are prepared to endorse Daith Piercing as a treatment then the school will have to accept this, and most will do this willingly.
 - ii. If your GP is happy to diagnose the migraines, but does not feel they have the experience to endorse a DP as a treatment, then some schools will accept this as enough evidence to allow a piercing
 - iii. If your school will only allow a piercing if a doctor has agreed it would be a suitable medical treatment, but your GP feels unable to endorse it as a medical treatment, then you will need to get a full medical assessment of the migraines at a clinic that has the experience to prescribe a piercing for migraines
4. You do not have the right to get a piercing and demand that the school accepts it without a professional assessment of your child's migraines

Advice for Schools

A school has a right to make reasonable rules concerning jewellery, but this is matched by an obligation to make reasonable adjustments to any rules or policies where the health of the pupil is concerned. If a doctor has ordered a particular treatment then this obligation is clear-cut.

Here are some suggestions on how to approach the apparent contradiction between a jewellery policy and an obligation to make reasonable adjustments to it for someone who wishes to have a DP for their migraines. The most sensible approach is to make the school's requirements clear in the school rules.

See Point 4 below

1. Does the pupil have migraines? In many cases the school will be aware of pupils who have severe migraines. If a pupil says they have severe migraines and you have no record of it then you can ask the parent/pupil to get a letter from the GP to confirm this (for which the parent may sometimes have to pay a fee).
2. Are they severe? Migraines can be either intense or frequent or both, and a guide to this would be how often the GP has needed to see the pupil. This is only a guide since many migraineurs suffer in silence. However, the GP may well be in a position to cast light on the severity and frequency of the migraines. If the GP cannot give this information you have a right to request a separate medical assessment of both the diagnosis and the severity of the migraines.
3. Are they severe enough to justify wearing a Daith Piercing? This is more difficult to advise on. DP is an emerging treatment for migraines. If the GP is happy to advise the pupil to try a DP then it is difficult to see how the school would be in a position to deny the request to have one. However, the GP may not have the specific experience to advise DP as a treatment. In this case then a nuanced approach is suggested. If the GP cannot give this information, but it is clear that the pupil has migraines, it might be sensible not to insist on a separate medical assessment of both the diagnosis and the severity of the migraines and the need for a DP.
4. Has the pupil arrived at school with a Daith Piercing but without asking for prior permission? This is perhaps the most challenging situation and can generally be avoided by having a clear policy within the school rules on Jewellery that permission to have a piercing for medical reasons must be obtained beforehand

An example of the wording for a school rule might be - "Jewellery [details of rule] In the case where an ear piercing may be required for a medical condition, the pupil must obtain permission [from the xxx department] before the piercing is made. The school may require medical evidence of the medical need for the piercing before permission is granted."
5. What about Health & Safety considerations in relation to contact sports such as PE and football?
These are reasonable concerns, but a practical and pragmatic approach is all that is required.
 - i. The DP passes through the cartilage of the ear, and it is important that it is not knocked before the initial healing settles, or the likelihood of infection that requires the removal of the piercing is higher.
 - ii. There appears no reason why non-contact PE exercise needs to be limited. Minimal contact sport, such as somersaults etc in PE are probably not going to be a problem, especially if the ear is sensibly protected by a headband. Full contact sports such as football may require special consideration
 - iii. The school will have to make their own assessment they feel happy with
6. Can the school require that the DP is hidden (eg by Elastoplast)? A DP heals slowly and must remain uncovered to allow air to the area and reduce the chance of infection. A policy of requiring the piercing to remain permanently covered is not an option.

Please feel free to send any observations on how this advice can be improved to:-

consultation@london-migraine-clinic.co.uk