Targeted ear piercing could help ease pain of migraine sufferers

Kat Lav Health Editor

A simple ear piercing could offer relief for sufferers of debilitating migraines by stimulating a crucial nerve in the head, doctors believe.

A trial hopes to show that piercing the daith, the innermost cartilage fold. is effective enough to be offered by GPs.

A migraine is usually a severe headache felt as a throbbing pain on one side of the head, often accompanied by nausea, vomiting and increased sensitivity to light or sound. About one in five women and one in fifteen men in the UK suffer the attacks, usually beginning in early adult-

hood. The condition results in three million sick days a year.

People susceptible to migraines who had a daith piercing because they liked how it looked have been reporting its positive effect on their health for several years. Doctors believe that it stimulates the

vagus nerve behind the ear. Electrical stimulation of the nerve has been shown to help severe headaches.

Dr Chris Blatchley, who runs the London Migraine Clinic, said he was "very sceptical" when he first saw reports of the benefits of piercings. "But when I investigated the data behind an amateur online survey of around 300 people with a daith for their migraines. I was able to drill down into the data and saw patterns of response that were not obviously linked," he said. "My previous thoughts that it could all be pure Case study

an Howells, 54. from south Wales, had been plagued by migraines and severe headaches since the age of 11 (Kat Lay writes). She twice needed hospital treatment and was prescribed triptans, a class of painkiller, to try to relieve

symptoms. Flare-ups this year had left her desperate. she said, and she had a medical daith piercing four months ago. The effects, she

said, were

extraordinary. She went to Blue Banana in Cardiff, H was uncomfortable. she said. "There is quite an audible sortof gentle pop sound, like a rice crispy, as it goes through." She noticed a "looser" feeling in her head straight away.

She said that after several days without migraines or headaches: "I started trying to persuade myself that in fact, it hadn't worked and it was just a coincidence.

"So I shovelled down a lovely cheesy meal, knowing that

that was one of my triggers. And nothing happened at all." She has been "doing all the wrong things trying to prove actually that it was a load of rubbish and hadn't worked. But it has." Before the piercing Howells would have a "debilitating" migraine two or three times a month, and headaches more frequently still.

Now, she said, she was able to eat what she wanted and to try coffee for the first time. "I can go about not worrying," she said. "It's liberating."

thetically doesn't serve its purpose medically," he said. Piercers use a meter to find the position of the nerve behind the skin before marking the spot. The piercing is not deep enough to touch the nerve but close enough to stimulate it.

Blatchley said: "Many of our patients have had severe migraines for years and had already failed on other medical treatments. Although a medical daith does not work for everyone, our experience suggests that it may be more effective than the routine drugs from GPs."

A larger trial aims to follow a large number of sufferers for at least a year to measure the response over time.

Questions are likely to remain over how much of the findings can be explained by the placebo effect.

Blatchley hopes it will increase understanding of the benefits. He added: "Potentially, it could join standard treatments already used by GPs."

In the past two years new treatments have been approved on the NHS, taken as monthly injections to prevent migraines and relieve symptoms.

"Patients have been asking about daith [piercings] for migraines for several years. So far there has been no medical research, so I will be interested to learn what the research shows," said Dr Anna Andreou, director of headache research at Guy's and St Thomas' and King's College hospitals.

Fayyaz Ahmed, consultant neurologist and professor at Hull York Medical School and a former trustee of Migraine Trust, added: "Any treatment that could ease their symptoms and disability will add to the existing options. The more options we have, the better we can ease the sufferings of this highly prevalent headache disorder."

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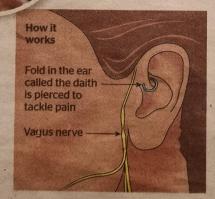
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placebo no longer fitted the evidence." Blatchley has undertaken small studies that show patients' symptoms improving after piercing, or when temporary needles are used to stimulate the spot.

He has created the "medi-daith" protocol, teaching piercers to find the best location to stimulate the vagus nerve. It is offered at his clinic and through Blue Banana piercing studios elsewhere.

Stephen Stratton, who carries out piercing at the clinic, is also a trained nurse and medical anthropologist. He said that the placement of a piercing for migraine was vital. "Just placing it aes-