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Headache Education for Medical Students: Wolff's Postulates – Further Communication

Dr. Young's reply to my original letter in the April edition of *Headache* does not address the central issue.¹ The sole object of my letter was to bring to the attention of the readers of *Headache* the fact that Wolff's hard scientific evidence showing the involvement of the extracranial branches of the external carotid artery in the pain of migraine has been specifically and inexplicably excluded from the curriculum for medical students by the Education Committee and the Executive Committee of the American Headache Society.

Harold Wolff was a consummate scientist, who conducted a series of rigorous and elegant scientific studies on the extracranial vasculature.²⁻⁸ He and his co-workers showed that vasodilatation of the extracranial arteries is most certainly linked not only to migraine pain but to the timing of migraine pain, a scientific fact which has been confirmed over and over again!⁹ The occurrence of extracranial vascular dilatation does not preclude the presence of other pain mechanisms and pre-headache phenomena. Wolff actually agreed that vasodilatation alone was not sufficient to cause migraine pain. He and his co-workers showed that in addition to vasodilatation, a local sterile inflammation occurred.¹⁰ I do not contend that all of Wolff's theories are above criticism or have been proven correct. Yet the Education Committee has seen fit to throw out the proven extracranial arterial baby with the unproven bathwater!

Dr. Young, quoting Olesen's studies, claims that "the timing of migraine pain is not linked to vasodilatation." What Olesen showed is that the timing of migraine pain is not linked to intracranial vasodilatation.¹¹ How Olesen's work on the intracranial vasculature can be quoted to justify the omission of the proven extracranial arterial involvement in migraine defies logic! It begs the question – have Dr. Young and the other Committee members actually read Olesen's and Wolff's papers, or are they merely regurgitating an oft-repeated but false mantra?

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The Use of Intraoral Orthotics ("Night Guards")

We would like to comment on an article and a Letter to the Editor in the November/December issue of *Headache*. The 2 are related because they deal with dental issues and specifically the use or discontinued use of a "night guard." In "Unilateral or 'Side-Locked' Migraine Headache With