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Management of Cervicogenic Headache: Evaluation of Therapeutic Options

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Introduction
Cervicogenic headache is pain secondary to musculoskeletal problems in the neck or cervical spine, such as muscle tension, injuries, herniated discs or dysfunction in the cervical joints. The pain is described as throbbing and can extend from the lower base of the scalp to the eye area. The main manifestations include stiffness and pain in the neck that radiates to the head, cervical sensibility to pressure and movement, unilateral headache, nausea and dizziness, as well as photophobia and phenophobia. These factors lead to a reduction in cervical mobility, as well as the life quality of the affected individuals.

Objective
The objective of this study was to evaluate the scientific literature on available treatments for cervicogenic headache, seeking to analyze the effectiveness of physiotherapy as a therapeutic approach in the management of headache, the effectiveness of manual therapy, including cervical spine manipulation and mobilization techniques, and the usefulness of the major occipital nerve block as a therapeutic procedure in the treatment of cervicogenic headache.

Methods
We conducted a literature review of studies published from 2017 onwards, consulting the PubMed and Scielo databases. The search terms included keywords such as "secondary headache", "cervicogenic headache" and "cervical headache". Relevant studies related to the diagnosis, treatment and therapeutic approaches for cervicogenic headache were selected.

Results
The results found in the studies indicated that various techniques have positive effects on relieving the symptoms of cervicogenic headache. These include spinal manipulation, Mulligan's sustained natural apophyseal glide (SNAG), applying pressure to trigger points, relaxing the suboccipital muscles, Jones' technique and spinal mobilization with translational movements. Spinal mobilization with translational movements has been shown to provide immediate relief, even with just one session, possibly due to the mechanical stimulus that can activate pain-reducing mechanisms, resulting in immediate relief.
In addition, techniques that affect local blood flow, such as the Jones technique and the application of ischemic pressure, also produced significant improvements with a limited number of sessions. It was noted that manual techniques that apply gradual pressure were able to reduce the intensity of cervicogenic headaches, possibly due to the reorganization of the fascia, allowing areas of adhesion and macromolecule complexes to return to a healthy state. Surprisingly, the effectiveness of this therapy does not seem to be related to the number of sessions, as more satisfactory results have been obtained with fewer sessions.
In the context of occipital nerve blockade, improvement was observed after one week of treatment, with an immediate reduction in cervicogenic headache within 7 days, although this improvement was less evident in the first 2 days. It is believed that the block reduces exaggerated sensitivity and possibly antagonizes a process called "wind-up", thus explaining the prolonged improvement in cervicogenic headache symptoms.

Conclusion
The therapies analyzed in this review have had a positive impact on the manifestations of cervicogenic headache, resulting in significant improvements in the quality of life and mobility of affected individuals. These therapies have diverse effects, with some, such as spinal manipulation, providing long- term improvements, while others, such as the Jones technique and the application of ischemic pressure, produce more immediate results. Combining these therapies could be an interesting approach to the effective management of cervicogenic headache. In addition, the inclusion of muscle-strengthening exercises is fundamental to recovery from this condition.

Keywords: Cervicogenic headache; Physical therapy; Manual therapy; Major occipital nerve block.