The vertebragenic headache ("Tension headache") and the vertebral spine

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Introduction

Vertebral column term of the description period of anatomy

Human axis organ central organ of the human body

Human axis organ I Functions

- Carrying the human head with brain and all importent sensory organs
- Carrying the human body
- Responsible for movements of the head in all dimensions
- Fixation of shoulder girdle and the upper extremities
- Fixation of pelvis with the lower limbs
- Fixation of inner organs:
 - chest with cardio-respiratory organs
 - abdominal organs

Human axis organ II

Regulation for posture and turning movements midbrain-pontine centre

- · Adaptation of the human body in the gravity field
- Basis for all movements of the human body in the gravity field
- Readaptation of the body position by the postural and turning reflexes due to the vestibular apparatus and the receptors of cervlcal spine, lumbar and thoracic spine

Phylogenetic development of the axis organ, the vertebral column

• Tunicata, external skeleton

- Development of Chorda dorsalis (amphioxus)
- Development of cartilage fish
- Development of the vertebral column
 - Horizontal position of the vertebral column
 - bone fish, amphibias, reptiles
 - → arch bridge construction, partial developed
 terrestic tetrapods (mammalians, aquatile mammalians)
 - → arch bridge construction, full developed
 - Vertical position of the vertebral column
 - human being
 - → lattice tower construction









- · Thoracic and lumbar spine
- Fixation of the extremities for standing and locomotion
- Support in jumping
- Fixation of rips and the diaphragm for respiration
- Fixation of inner organs
- Cervical spine
 - Carrying the head with brain, sensory organs including vestibular apparatus
 - Responsible for free movement of the head
 - Receptors for gravity (neck muscles, tendons, cervical joints)
- Tail, used for balance

 special motion receptors
- Balance, continuous regulated by postural and turning reflexes of the midbrain centres







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Homo erectus, lattice tower position dome function of the vertebrates



Cervical lordosis thoracic kyphosis thoracic-lumbar lordosis fixed kyphosis of sacrum

"The design" of the human vertebral column is uncompleted, Koch 1964

Special function of cervical spine turning movements in 3 dimensions Development of the Atlas-Axis-system

Three steps in development:

- development of 2 condyles on os occipitale (amphibias),
- development of the atlas-axis-joint, rebuilding of dens by loss of the first disc (tetrapods),
- 3. special axis-dens-system, great autonomy, highly vulnerable (man)







Vulnerability of the human vertebral spine incomplet development of lattice tower position, high vulnerability of axis-dens-system

- overloaded due to unphysiological position (industrial life), typical symptoms of cervical spine and lumbar region (Mumenthaler, Schliack)
- psychological factors, influencing regional dysfunction of vertebral spine, mainly upper part
- motion trauma of cervical spine (whiplash injury), mostly including the other parts of vertebral spine (typical acute symptoms, sometimes long-lasting dysfunction, sometimes defect states)









Cervicogenic headache (tension headache) Symptomatology Pressure headache, from neck to occipital, mostly to the forehead, both sides, seldom one side, Helm-feeling, sometimes ring-shaped feeling Pressure feeling in the orbita Increase of headaches during coughing, unpleasant position of head and body, during fever state Starting possible due to external influence local cooling, trauma of vertebral spine, etc.

- Additional symptoms:
 - pain in C2 with dysesthesia
 - pseudo-trigeminal pain
 - atypical face pain

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Cervicogenic headache

- Neurological findings
 - Dysesthesia on scalp, one side, both sides
 - Dysesthesia in C2 (sometimes)
 - Dysesthesia in trigeminal area (sometimes)
 - first branch or all branches, one side, both sides - Pressure pain occipital, one side, both sides
- Neuro-orthopaedic findings
 - blockage occipital/C1, C1/2
 - tensed region upper neck part
 - pressure pain paraspinal upper cervical spine
 - stretch-position of cervical spine
 - dysfunction of other vertebral spine

Cervicogenic headache Differential diagnosis (I)

- Occipital neuralgia, (over diagnosed, Mumenthaler, 1970) differentiation to cervicogenic headache clinically not possible
 - Insertiontendinosis of neck muscles
 - · local zones of hyperalgesia
 - often disturbances of occipital joints
- Tension headache, real form
- differentiation to vertebragenic headache clinically not possible
 - diagnosis only acceptable:
 - no signs of cervico-occipital irritation
 - no signs of cervical irritation
 - · no effect after special vertebral treatment
 - psychic irritation

Cervicogenic headache Differential diagnosis (II) Vasomotoric headache

- Migraine cervicale (old terminology)
 Migraine (different forms)
- Cluster headache
 - Erythroprosopalgia = Horton neuralgia
 - Chronic paroxysmal Hemicrania (CPH)
 - Hemicrania continua (HC)
- Rare vasomotoric headache
 - Ice cream headache
 - coughing headache
 - Carotidodynia

Upper cervical syndrome

- · Combined symptoms
 - Cervicogenic headache
 - Cervicalgia
- Migraine cervicale (old terminology)
- Cervicogenic dizziness attacks of vertigo, spontaneous or due to quick head movement
- in addition:
 - middle and lower cervicale syndrome cervico-dorsalgia, dorsalgia, lumbalgia combination with pseudo-radicular symptoms

Cervicogenic headache Examination program

- Neurological examination
- Manual examination, functional state of vertebral spine, especially cervical spine
- Examination of malstereotypias of body position and body movement
- · X-ray of cervical spine with functional radiogram
- X-ray of the additional vertebral spine
- Cervical MRI

X-ray cervical spine female patient, 47^a

diagnosis: cervicogenic headache



a) Retroflexion, blockage upper part, dysbalance occipito-atlanto-axial joint



 b) Anteroflexion, blockage in upper part and lower part of cervical spine

Cervical MRI

female patient, 47^a diagnosis: cervicogenic headache



Stretch-position of cervical spine, mostly upper part, multisegmental disc protrusion, incipient vertebrostenosis C5/C6

Cervicogenic headache Therapy program

- Deblockage of blocked cervical spine motion segments, using manual therapeutic methods, mainly postisometric relaxation (Lewit)
- Physio-therapy program for correction of malposition and malstereotypias
- Physio-therapy program for correction of insufficient neck muscles and vertebragen muscles
- Local infiltration of tensed muscle areas, tendomyogelosis, etc., Xyloneural
 - "Tilscher scheme"
- Drug treatment
 - Muscle relaxantia, analgetica, etc.