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Cervicogenic Headache

Céphalée cervicogénique

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Liu 2024

Liu Z, Gao X, Zhang X, Qu Y. Meta-Analysis of Acupuncture Treatment for Cervicogenic Headache. World Neurosurg. 2024 Sep;189:166-173. https://doi.org/10.1016/j.wneu.2024.05.084

Objective	To analyze and evaluate the clinical effect of acupuncture on cervicogenic headache (CEH), and provide evidence-based basis for clinical selection of acupuncture for CEH.
Methods	Databases including China Knowledge Network, Wanfang, VIP Chinese sci-tech journals, Chinese Biomedical, and PubMed were searched to collect clinical randomized controlled trials on the effectiveness of acupuncture in the treatment of CEH until November 2023. Statistical analysis was performed using the RevMan 5.4.1 software, and heterogeneity was assessed using the Q test (P value), allowing for the calculation of the combined effect odds ratio through either the fixed or random-effect model. Sensitivity analysis will be conducted by excluding articles with the highest weight, while the validity of the literature will be evaluated through the creation of a funnel plot to identify any potential biases.
Results	A total of 400 articles were retrieved, and eventually, **20 clinical randomized controlled trials** were included in the analysis. Comparing with control, acupuncture exhibited a higher total effective rate in treating CEH. The cure rate was also higher in the experimental group, and improvements in short-term and long-term visual analogue scale scores outcomes were significantly greater than those in the control group. The quality-of-life scores were higher in CEH patients treated with acupuncture. Sensitivity analysis confirmed the stability and reliability of the pooled effect size results. The results of the funnel plot indicated the presence of publication bias.
Conclusions	Acupuncture treatment is effective for CEH relief and worthy of clinical application.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Xia 2026

Xia L, Lu Y, Guo K, Yang D. Comparative Efficacy of Acupuncture-Based Interventions for Cervicogenic Headache: A Systematic Review and Network Meta-Analysis. J Pain Res. 2026;19:647858. https://doi.org/10.2147/JPR.S647858

Background	Cervicogenic headache can be treated with several acupuncture-based techniques, but their comparative effectiveness remains uncertain. This systematic review and network meta-analysis compared different acupuncture-based interventions for overall efficacy and pain intensity.
Methods	PubMed, Embase, the Cochrane Library, Web of Science, and CNKI were searched from inception to September 26, 2026, for randomized controlled trials. Two reviewers independently screened studies, extracted data, and assessed risk of bias using RoB 2. A frequentist random-effects network meta-analysis combined direct and indirect evidence. Outcomes were study-defined overall efficacy rate and pain intensity measured by the Visual Analog Scale (VAS). Treatment rankings, sensitivity analyses, small-study effects, and confidence in network estimates were assessed using CINeMA.
Results	**Twenty-nine randomized trials** were included. All contributed to the overall efficacy network, and 16 trials involving 1,300 participants contributed to the VAS network. Compared with conventional acupuncture, needle-knife therapy, Fu's subcutaneous needling (FSN), fire needling, warm acupuncture, and special manual acupuncture significantly improved the overall efficacy rate. Needle-knife therapy ranked highest, followed by FSN and fire needling. For pain intensity, fire needling produced the greatest reduction versus conventional acupuncture (MD = -1.88, 95% CI -2.70 to -1.05), followed by FSN, special manual acupuncture, and warm acupuncture. Needle-knife therapy did not significantly reduce VAS scores compared with conventional acupuncture. Sensitivity analyses generally supported the findings, although several estimates were influenced by individual studies. CINeMA confidence ranged from moderate to very low, and no comparison achieved high confidence.
Conclusion	Fire needling and FSN showed the most consistently favorable estimates across overall efficacy and pain outcomes. Needle-knife therapy may improve overall efficacy rates, but its advantage for pain relief remains uncertain. Because confidence in all network estimates was at best moderate and often low or very low, larger multicenter randomized controlled trials with standardized outcomes and longer follow-up are needed.

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