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Editorial

Lifestyle Modification: A Potential Treatment of Idiopathic Dizziness

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Dizziness and vertigo are among the most common complaints in otolaryngology clinics. Many patients undergo extensive vestibular evaluations—videonystagmography (VNG), HINTS+, positional tests, vestibular evoked myogenic potentials (VEMP)—as well as ophthalmologic, cardiac, and neurological assessments, only to receive normal results. Despite this, symptoms such as light-headedness, imbalance, and nausea persist. This group of "idiopathic dizziness" patients remains clinically challenging.

Functional and psychological contributors

Persistent Postural-Perceptual Dizziness (PPPD) provides one explanatory framework. Defined by the Bárány Society in 2017, PPPD is characterized by chronic non-vertiginous dizziness, worsened by motion and visual stimuli, often following an acute vestibular event [1]. Psychological factors—including hypervigilance, anxiety, and depression—are major drivers of disability [2]. Cognitive behavioral therapy and vestibular rehabilitation can be beneficial [3], but acceptance of a primarily psychological explanation remains low among patients.

Gastrointestinal influences

Another underappreciated dimension is gastrointestinal (GI) health. Gupta., *et al*. reported that more than 70% of patients with peripheral vertigo also had gastroesophageal reflux disease (GERD) [4]. Emerging genetic studies suggest causal associations between gut microbiota and vertigo subtypes, mediated by metabolic and inflammatory pathways [5]. These findings support clinical observations that reflux, indigestion, and irritable bowel syndrome may contribute to dizziness, yet are rarely explored unless specifically asked.

Lifestyle modification as therapy

In patients with idiopathic dizziness, a pragmatic lifestyle program has shown promise. The key elements are:

- Avoiding tea or coffee on an empty stomach.
- Eating every 3.5–4 hours: three main meals plus fruit snacks.
- Walking briefly after meals (5–10 minutes after breakfast/lunch; 20–30 minutes after dinner).
- Engaging in 30–45 minutes of moderate physical activity daily.
- Finishing dinner by 19:30 h, with no solid food afterward.

After 3 weeks, most patients reported reduced dizziness. Mechanistically, these interventions may stabilize glucose fluctuations, improve gastric motility, reduce reflux, align circadian rhythms, and enhance mood through exercise-induced dopamine release [6-8].

Biological plausibility

Lifestyle interventions are already validated in related conditions: reflux improves with meal timing and weight reduction [9], irritable bowel syndrome responds to dietary changes [10], and structured exercise reduces anxiety and depression [11]. Early time-restricted feeding improves insulin sensitivity and circadian

alignment [8]. It is therefore plausible that idiopathic dizziness, at the intersection of psychological and gastrointestinal factors, may improve with similar measures.

Limitations and future directions

Current evidence remains anecdotal and observational. Placebo effects, heterogeneous etiologies, and regression to the mean cannot be excluded. Controlled studies are required to validate efficacy, identify responders, and clarify mechanisms. Nonetheless, lifestyle counseling is safe, low-cost, and empowers patients, making it a rational addition to clinical practice.

Conclusion

Idiopathic dizziness frustrates both patients and clinicians when extensive evaluations yield normal results. Recognizing psychological and gastrointestinal contributions provides a broader perspective, and structured lifestyle modification may offer meaningful relief. Future randomized studies should confirm these preliminary observations, but in the meantime, otolaryngologists can reasonably incorporate lifestyle advice as part of holistic dizziness care.

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