

Vestibular Migraine – The Migraine Many Doctors Miss

Analysis by [Dr. Joseph Mercola](#)

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STORY AT-A-GLANCE

- › Vestibular migraine often causes dizziness, imbalance and motion sensitivity without a severe headache, so many people spend months or even years treating the wrong condition before receiving the correct diagnosis
- › Looking at all of your symptoms together instead of treating each one separately makes it much easier to recognize vestibular migraine and begin a treatment plan that targets the underlying neurological problem
- › Keeping a detailed symptom journal helps uncover your personal trigger pattern, allowing you to identify factors such as poor sleep, stress, skipped meals, weather changes or certain foods before they lead to another attack
- › Symptoms such as brain fog, light and sound sensitivity, blurred vision, motion sickness and feeling worse in busy visual environments provide important clues that your dizziness may be part of vestibular migraine rather than an inner ear disorder
- › Long-term symptom management may benefit from reducing the triggers that repeatedly overload your nervous system while supporting healthy cellular energy production, rather than simply trying to stop dizziness after an attack begins

Vestibular migraine is a neurological condition that affects your balance system, often without producing the severe head pain most people associate with migraine. That distinction is exactly why it goes unrecognized so often. When dizziness is the primary symptom and headache doesn't occur, neither patients nor physicians think to connect what they are seeing to migraine at all.

This single blind spot explains an enormous amount of unnecessary suffering. People cycle through emergency rooms, ENT offices, and anxiety diagnoses while the actual disorder hides behind symptoms that, taken individually, each look like something else. The pattern is remarkably consistent: each complaint is evaluated in isolation, so no one steps back far enough to see that a single condition ties them together.

Unlike disorders that damage the inner ear itself, vestibular migraine affects the way your brain processes balance and sensory information. Left untreated, attacks interfere with work, driving, travel, and everyday activities, while constant uncertainty often adds another layer of emotional stress.

The good news is that researchers have learned much more about why this disorder develops, why it's so commonly misdiagnosed, and what clues separate it from other causes of dizziness. Those discoveries begin with a closer look at why vestibular migraine remains hidden in plain sight.

Many People with Vestibular Migraine Spend Months Chasing the Wrong Diagnosis

Despite affecting millions of people, vestibular migraine remains one of the least recognized neurological disorders, a problem a New York Times feature explored in detail.¹ The greatest barrier isn't a lack of symptoms but a failure to recognize what those symptoms mean.

- **Many people receive several incorrect diagnoses before anyone identifies vestibular migraine** — The article followed Alicia Wolf, whose symptoms began after an overseas trip while she was recovering from a cold and coping with intense work stress. As her dizziness worsened, she developed severe light sensitivity, sound sensitivity, and difficulty using a computer, yet each symptom was treated separately instead of being connected to a single neurological disorder.

An emergency physician diagnosed **vertigo**, but vertigo is only the sensation of spinning, not the disease itself. It took five months before she finally received the diagnosis that explained everything she had been experiencing.

If you've been told your dizziness comes from anxiety, stress, or an unexplained balance disorder, it's worth asking whether those explanations account for every symptom you experience. The article repeatedly showed that focusing on one complaint at a time often delays the correct diagnosis.

- **Vestibular migraine often falls between two medical specialties** — Dr. Jeffrey Sharon, an associate professor of otolaryngology at the University of California, San Francisco, explained that the condition occupies "a forgotten corner of medicine" because neurologists usually treat **migraine** while ear specialists evaluate balance disorders. Patients frequently move between both specialties before someone recognizes that migraine is driving the symptoms.

Sharon called vestibular migraine "the most common disease you've never heard of." He explained that disorders such as **Ménière's disease** and persistent postural-perceptual dizziness often resemble vestibular migraine, making diagnosis more challenging.

Formal diagnostic criteria weren't established until 2012, and according to Cynthia Ryan of the Vestibular Disorders Association, awareness continues to improve even though many clinicians remain unfamiliar with the condition.

- **Recognizing the pattern is the first step toward effective treatment** — Once specialists connected Wolf's symptoms under a single diagnosis, her treatment changed completely. Instead of chasing one symptom after another, she received a plan tailored to vestibular migraine, illustrating why identifying the underlying disorder, not simply treating dizziness, is often the turning point in recovery.

Tracking Your Symptoms Reveals the Triggers That Keep Attacks Coming

In an educational resource developed with Dr. Shin Beh, founding director of UT Southwestern Medical Center's Vestibular and Neuro-Visual Disorders Clinic, the American Migraine Foundation explains how patients and physicians work together to recognize recurring symptom patterns, distinguish vestibular migraine from similar disorders, and build a treatment plan tailored to the individual.²

Rather than focusing only on diagnosis, the guidance emphasizes daily habits that help reduce attacks and improve quality of life.

- **The guidance focuses on people whose dizziness interferes with normal life —** According to the Foundation, vestibular migraine affects up to 3% of adults and occurs up to five times **more often in women** than men. Beh notes that many patients are women in their late 30s or 40s with a history of migraine headaches, **motion sickness**, or a family history of migraine.

Their symptoms commonly interfere with driving, work, travel, and other everyday activities, but identifying personal triggers often becomes the turning point toward better symptom control.

- **Keeping detailed records helps uncover patterns that memory misses —** Instead of relying on memory after an attack, the Foundation encourages tracking each episode as it happens. Every entry provides another clue about what happened before symptoms started and what circumstances surrounded the attack. Over time, those details often reveal patterns that are impossible to recognize by memory alone and make it easier to build a treatment plan that addresses your specific triggers.
- **Common triggers vary from one person to the next —** Beh identifies weather changes, poor sleep, emotional stress, menstrual cycle changes, bright or flashing lights, skipped meals, caffeine, chocolate, and alcohol among the most frequently reported triggers. The important lesson is that your trigger pattern is unique.

Finding the factors that repeatedly precede your attacks is far more valuable than assuming someone else's trigger list applies to you. The Foundation recommends keeping a symptom journal to record what you ate, how well you slept, your stress level, how long symptoms lasted, and any unusual events that occurred before each episode.

- **Several overlooked symptoms help distinguish vestibular migraine from other balance disorders** — In addition to dizziness, the Foundation highlights brain fog, fatigue, word-finding difficulty, dry mouth, sweating, diarrhea, excessive yawning, tingling, scalp tenderness, and blurred vision as clues that point toward vestibular migraine.

Childhood motion sickness also provides an important clue because many patients describe unusual sensitivity to car rides, boats, or amusement rides years before their migraine symptoms appeared. Likewise, grocery stores, shopping malls, scrolling quickly on a phone, or visually busy environments often make symptoms worse, giving patients additional clues to record in their journals.³

- **Comparing your symptoms with similar disorders helps narrow the diagnosis and guide treatment** — Benign paroxysmal positional vertigo (BPPV) usually causes spinning episodes lasting less than one minute after specific head movements, while vestibular migraine episodes often continue for minutes, hours, or even days. Ménière's disease, by comparison, usually produces hearing loss, ringing in one ear, or ear pressure that doesn't define vestibular migraine.

Beh emphasizes that treatment is never one-size-fits-all, stating, "The key is to find what works for you." Depending on the individual, conventional treatment often combines lifestyle changes with vitamin B2, magnesium, [coenzyme Q10](#) (CoQ10), [prescription medications](#), or neuromodulation devices. Consistently tracking symptoms and making gradual adjustments gives you an active role in reducing future attacks instead of simply reacting to them after they begin.

Supporting Your Nervous System Health When You Have Vestibular Migraine

Rather than focusing only on stopping the dizziness, it's important to figure out what repeatedly pushes your nervous system into an attack. Vestibular migraine rarely appears out of nowhere. Most people develop recognizable patterns, and once you identify them, you gain far more control over your symptoms.

A reasonable goal is to support your nervous system health by encouraging healthy **cellular energy production** while identifying and reducing the triggers that may contribute to sensory overload.

- 1. Lower your linoleic acid (LA) intake to support healthier mitochondria** — If you make only one dietary change, I recommend starting here. Excess LA, the primary polyunsaturated fat in **seed oils**, may compromise the integrity of inner mitochondrial membranes where energy production takes place, potentially leaving your brain cells short of the energy they need to process sensory information normally.

It may also mimic estrogen in the body, potentially contributing to estrogen dominance. That hormonal effect may help explain why vestibular migraine disproportionately affects women, particularly during their late 30s and 40s when estrogen levels are already fluctuating.

Estrogen may influence how readily your nervous system relays pain and sensory signals.⁴ When estrogenic activity rises, whether from hormonal shifts or from external sources, those neurons may fire more easily in response to motion, light, and sound. This is also why menstrual cycle changes rank among the most commonly reported triggers: the same hormonal swings that drive a normal cycle can push an already-sensitized nervous system past its threshold.

I recommend keeping your LA intake below 5 grams per day, and ideally 2 grams, by removing soybean, corn, sunflower, safflower, canola, and cottonseed oils from your diet. That also means avoiding most processed foods and restaurant meals, where these oils are widely used. Instead, prepare food with more stable fats such as grass fed butter, ghee, or tallow.

If you want an easy way to monitor your intake, food-tracking tools with seed oil detection features, such as the Seed Oil Sleuth in the Pax health platform, can help identify hidden sources of LA in your diet and estimate your total daily intake.

- 2. Reduce the three vestibular migraine triggers that commonly stack together** – The sources consistently point to stress, **poor sleep**, and inflammation as major drivers of vestibular migraine. Rather than trying to eliminate every possible trigger, focus on the ones you control every day.

Build a consistent sleep schedule, plan your diet around whole foods, give yourself recovery time after busy workdays or travel, and identify situations that repeatedly overload your senses. Small daily improvements often produce larger long-term results than dramatic short-lived changes.

- 3. Give your mitochondria the nutrients they need to produce energy** – Frequent migraine attacks often reflect cells that struggle to produce enough energy efficiently. Vitamin D supports healthy nerve signaling and has been studied for its role in modulating inflammatory responses.⁵ Some researchers have explored whether maintaining adequate vitamin D levels may be relevant for people who experience migraine.⁶

B vitamins, including riboflavin (vitamin B2), folate, vitamin B6, and vitamin B12, help convert the food you eat into usable cellular energy. Magnesium helps calm overactive nerve signaling, while CoQ10 supports the electron transport chain, the sequence of reactions inside mitochondria that generates most of your cells' energy.

That energy supply matters directly for vestibular migraine because your brain's balance-processing centers are among the most energy-demanding structures in your nervous system.

When those neurons struggle to produce energy efficiently, they may become more sensitive to normal sensory input, potentially interpreting routine signals from your eyes, inner ears, and muscles as overwhelming, which may contribute to the sensory overload and dizziness characteristic of vestibular migraine.

Increase magnesium-rich foods such as leafy greens whenever possible. If you use a magnesium supplement, well-absorbed forms such as magnesium glycinate or malate may support cellular uptake. In clinical settings, health care providers have explored the use of intravenous magnesium as a supportive measure during severe migraine episodes.

- 4. Pay attention to your sensory environment** — If bright lights, crowded stores, scrolling on your phone, loud environments, or long hours in front of a computer consistently make you feel worse, start treating those situations as warning signs instead of pushing through them.

I recommend planning short breaks before symptoms escalate. If you notice motion sensitivity while driving or shopping, write it down. Those details help reveal your unique pattern and help you avoid unnecessary attacks.

- 5. Find the right holistic specialist if your symptoms don't fit the diagnosis you've been given** — If you've been told you have anxiety, unexplained vertigo, or an inner ear disorder but your symptoms still don't fully add up, don't assume the search is over. Vestibular migraine frequently goes unrecognized because many attacks occur without headache.

I recommend keeping detailed records of your symptoms and bringing them to an integrative physician with experience treating migraine and [balance disorders](#). The more complete your history becomes, the easier it is to connect symptoms that once appeared unrelated.

FAQs About Vestibular Migraine

Q: What makes vestibular migraine different from a typical migraine?

A: Vestibular migraine primarily disrupts your balance system instead of causing severe head pain. You may experience dizziness, unsteadiness, motion sensitivity, or a feeling that your surroundings are moving, even if you have little or no headache. Because many people expect migraine to mean headache, the condition is frequently overlooked or mistaken for an inner ear problem or anxiety.

Q: Why does it often take so long to receive the correct diagnosis?

A: Vestibular migraine shares symptoms with several other conditions, including inner ear disorders and anxiety-related dizziness. Because different symptoms are often evaluated separately by different specialists, the underlying neurological cause can remain hidden for months before someone recognizes the overall pattern.

Q: How can you identify what's triggering your attacks?

A: Keeping a detailed symptom journal is one of the most effective ways to uncover personal trigger patterns. Recording factors such as sleep quality, meals, stress levels, weather changes, menstrual cycle changes, caffeine, alcohol, and visual or sensory exposures can reveal recurring connections that are difficult to remember after an episode has passed.

Q: What symptoms besides dizziness can point toward vestibular migraine?

A: Many people also experience brain fog, fatigue, blurred vision, sensitivity to light or sound, difficulty finding words, motion sickness, or discomfort in visually busy environments such as grocery stores or while scrolling on a phone. Looking at the full combination of symptoms often provides important clues that a balance disorder alone can't explain.

Q: What steps may help reduce future vestibular migraine attacks?

A: Long-term improvement usually comes from identifying and minimizing your personal triggers while supporting overall nervous system health. Consistent sleep, stress management, avoiding dietary factors that worsen symptoms, tracking sensory triggers, and working with a knowledgeable clinician to develop an individualized treatment plan can all help reduce the frequency and severity of attacks over time.

This article is for informational purposes only and does not constitute medical advice. Consult a qualified health care provider before making changes to your health regimen.

Sources and References

- ¹ [The New York Times July 6, 2026](#)
- ² [American Migraine Foundation October 5, 2020](#)
- ³ [DizzyFree PT January 3, 2026](#)
- ⁴ [Ray Peat Forum August 29, 2018](#)
- ⁵ [Human Nutrition & Metabolism Volume 37, September 2024, 200272](#)
- ⁶ [Ann Indian Acad Neurol. 2026 Jan 1;29\(1\):10-18](#)