

Has this ever happened to you?

After months of planning and saving, you have finally embarked on that long-awaited fishing and boating adventure. The skies are blue, the sun is bright, and the sea is a little choppy but not bad. The captain tells you the fish have been biting like crazy and you should expect some real action.



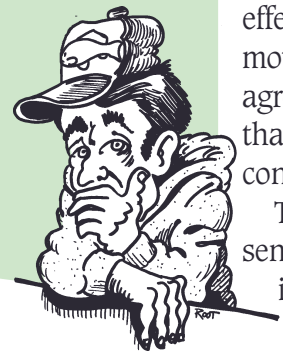
And then it happens. As the boat leaves the harbor your mouth starts to feel dry, as if it's stuffed with cotton. Next comes yawning, regardless of how much sleep you got the night before. Soon you start to sweat, even though your skin is cold and clammy. Next the queasiness begins, followed shortly by full-blown nausea. The rest is a rerun of breakfast.

What started out as a much anticipated experience is turning into a decidedly unpleasant one. For a brief instant a thought crystallizes in your mind: If we can put a man on the moon why can't we find a cure for seasickness? Ironically, chances are pretty good that astronauts on the way to the moon got a dose of seasickness themselves (in this case, space motion sickness).

Both you and the astronauts have come up against a condition that affects nearly 90 percent of the population. Perhaps it will ease your mind, if not your stomach, to know that

Admiral Lord Nelson, Charles Dickens, and President Harry Truman were all susceptible to the mal de mer.

Any time the human body is put into motion, other than on foot, motion sickness can be the result. While we are a long way from understanding the cause and effect relationships that produce motion sickness, there is general agreement in the medical world that it results from sensory confusion.



The problem is one of a sensory mismatch in the brain, in which the vestibular system of the inner ear sends messages about body position and movement that contradict information relayed by the eyes.

Inside the cabin of a rocking boat, for example, the inner ear detects changes in body position as it bobs with the movement of the boat. But since the cabin moves with the passenger, the eyes register a relatively stable scene. The brain is confused by the information it receives, and this causes dizziness, blurry vision, nausea, and other symptoms.

References

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GET A GRIP ON OCEAN MOTION



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Preventing and Treating Seasickness

Adapt

One school of thought in the treatment of seasickness is similar to the adage for common cold treatment: An untreated cold will last about seven days, and a treated cold will go away in about a week. Over time, most people adapt to the motion that is making them sick. Once the brain determines that the confused sensory signals are the “norm,” it shuts down the nausea, cold sweats, drowsiness, and other symptoms.

The more you move around, the sooner you become accustomed to the motion of the boat. Be sure you have a broad view of the horizon, and try to anticipate the vessel’s motions. Lying down does not help you adapt, even though it may allow you to feel better temporarily. Don’t do anything that requires a close visual focus, like reading or rigging up your fishing pole.

If you’re on a small boat, ask if you can join the captain near the helm, so you can focus attention on the boat’s course. This treatment corresponds to the fact that automobile drivers almost never get car sick no matter how crooked the road.



Drugs

Drugs are the most common way to treat seasickness. The table below summarizes most of the drugs that are available for combating mal de mer. It includes both prescription and over-the-counter products.

The wide variety of prescription and over-the-counter drugs available to combat motion sickness indicates that we don’t have a good handle on controlling it. For the most part these drugs treat symptoms, not causes. On an extended voyage the drugs can help keep the symptoms under control while you are adapting to your new surroundings or “getting your sea legs.”

How a specific drug will affect you is unpredictable—what works for you may not work for your spouse or children. The only way to know for sure is to try it.

You might first try one of the non-prescription drugs, like Marezine, Dramamine, or Bonine. Marezine may be more desirable because it does not cause drowsiness. If the non-prescription drugs aren’t effective, see your family doctor for one of the prescription drugs. Transderm-Scop works well for a lot of people. It comes in the form of a small patch worn behind the ear, and medication is absorbed into the bloodstream over time. Most of the drugs mentioned in the table must be taken 1-2 hours before the boat leaves the dock, so be sure to think ahead.

Like all drugs, seasickness preventatives can have side effects. If you have a history of drug side effects be sure to consult your family doctor and, if possible, try the drug on land before you use it at sea.

Ginger root has recently received some attention as a seasickness preventative. The medical journal *Lancet*

reports that capsules of powdered ginger root curb motion sickness better, in some cases, than over-the-counter antinausea drugs. Powdered ginger, available in health food stores, is effective because it works in the digestive tract where the problem is, rather than on the brain as drug remedies do.

Acupressure

In the past few years the use of pressure point treatment for seasickness has become popular. This technique can be used after the onset of symptoms, which can be a real advantage over the preventive drugs.

The Sea Band is a commercially available product which operates by exerting carefully controlled pressure on an acupuncture point on both wrists (called the neikuan point). Many fishermen and recreational boaters swear by these bands. Just about as many medical people and regular folks who have tried them are more skeptical. Like almost all seasickness remedies, if it works for you, use it.

Diet

Some experts believe eating can lessen motion sickness symptoms. Enjoy the food you like to eat, in moderation, and don’t eat things that would make you sick on shore. There really is no scientific



evidence that consuming specific foods prevents or causes seasickness. Stay away from alcoholic beverages. Contrary to popular belief, alcohol affects inner ear function and can make a seasick person feel worse.

Some Added Precautions

Although seasickness is not a life threatening condition, some of the symptoms (i.e., dizziness, drowsiness, loss of balance) have the potential to cause personal injury on board a rolling, tossing vessel. If you do become seasick at sea you should take the following precautions:

- Tell the captain how you feel. The captain will probably direct you to the area of the vessel with the least motion and away from fumes.
- If you feel like you are going to throw up, get to the rail or head (toilet) before you do. If you must lie down on a bunk (not recommended unless you have serious symptoms), make sure you have a bucket or container handy. Most captains treat their seasick passengers with kindness, unless they lose their lunch in the wrong place.

And finally let’s once and for all get rid of the stigma that you are a wimp or inferior if you get seasick. It is a normal consequence of putting the body into unnatural motion, and it happens to many people. But if you do get sick, don’t expect the boat to turn around and return to the dock. Deal with it as best you can because you will get better.

There you have it! While this information is not intended as medical advice (you should consult a physician regarding the use of motion sickness drugs and other remedies), it is intended to reassure you that, yes, seasickness is real; yes, with proper precautions you can avoid its worst effects; and no, you will not die from it.

Do not avoid something you really want to do just because you might get seasick. Remember, Julius Caesar got seasick but that didn’t keep him from conquering most of the known world, and General Douglas MacArthur, who was also a sufferer, got right on that boat and left the Philippines—and he even said he would come back (by boat we presume).

Medication for Motion Sickness

Dienhydrinate		Cyclizin	Scopolamine HBr & Dextroamphetamine	Meclizine HCl			Promethazine	Promethazine & Ephedrine	Transdermal Scopolamine
Dramamine	Gravol	Marezine	Scopolamine+Dexedrine	Bonine	Antivert	Meclizine	Phenergan	Phenergan+Ephedrine	Transderm-Scop
Effective for 4-6 hrs				6-12 hrs				48-72 hrs	

Generic Name
Brand Name

over-the-counter
prescription only

in Canada only

tablets

chewable tablets

liquid

injection

timed-release capsules

suppositories

skin patch