PREVENTING SEASICKNESS

by
Jerald Horst

“First you think you’re going to die. Then you’re afraid you won’t.” That just about describes the serious misery of seasickness. It is estimated that about a third of the population is very susceptible to motion sickness. Even full-time professional fishermen get it.

For these people, it starts when the balance center of the inner ear, being tossed about by the movement of a boat, sends signals to the brain that don’t agree with those being sent by the eyes. The inner ear says movement is going one way, the eyes say it is going another.

This contradiction causes a confusion known as motion sickness. First, a person feels a little queasy and dizzy. Sweating usually begins. If you’re lucky it might stop there, if not, you turn white, develop heavy cold sweats and a headache. Nausea develops.

Then it gets bad. Nausea turns into violent vomiting. Muscles get mushy, dizziness is so bad that standing or even sitting is impossible. Even hallucinations can occur. Most people aren’t lucky enough to pass out.

A lot of seasickness preventions have been tried over the years. In their simplest forms they involve changing behavior or diet. Some sufferers of seasickness swear that a full night of sleep and a non-greasy diet the day before going to sea are all they need.
Other “natural” remedies that supposedly work are eating honey, ground pumpkin seeds, cayenne pepper, or ginger. Indeed ginger root has been shown to be effective if 1-4 grams (less than a tenth of an ounce) of powdered ginger is taken 12-24 hours before going offshore. Ginger is an anti-emetic which soothes nausea. But herbs, like almost any seasickness remedy, work for some people, but not others.

Likewise with acupressure wristbands. These elastic bands are supposed to work by putting pressure on a nerve point inside of the wrist. This sends a message to the brain, blocking the brain-confusing signals from the inner ear and the eyes.

Of course, there are medications, both over-the-counter and prescribed. Most people choose one of the over-the-counter medications. The most common of these are antihistamines, including dimenhydrinate (Dramamine), meclizine (Bonine and Dramamine II), and diphenhydramine (Benadryl). A combination remedy, Phenergan contains both an antihistamine (promethazine) and an anti-emetic (phenothiazine). Antihistamines dilate blood vessels which seems to blunt the effects of the rocking and rolling on the inner ear, at least for some people.

Of the prescription medications, the best known and most prescribed is scopolamine in the form of Trans-derm Scop. The scopolamine is contained in an adhesive patch. The drug is released through the skin when the patch is stuck to the skin, usually behind an ear.

The drug is highly effective for most people but can have side effects. It can make some people sleepy and others thirsty. It is also not for use by people who have kidney problems, the reason it is only dispensed by prescription.

One drawback in the use of all of the discussed medications is that they are only effective if taken 12-24 hours before going out. Two fairly new products on the market are promising quick relief.

Vitamotion is a spray containing ginger, dimenhydrinate and vitamin B-6. A person is dosed by spraying the product onto the lining of his mouth. There, the many capillaries take the medication into the blood stream almost immediately. This product is available over the counter.

The other product, ReliefBand is a battery-powered aid resembling a wristwatch. The band releases three electronic impulses per minute which stimulate nerves that soothe the erratic stomach caused by seasickness. The ReliefBand is positioned under the wrist between the two large tendons. At the highest of five settings, a person can actually feel the electrical impulses sent by the band. Once available only by prescription, this device was approved for over-the-counter sale in 1999. ReliefBand markers even promote the band as a cure for morning sickness and chemotherapy-induced sickness.

The information given herein is supplied with the understanding that no discrimination is intended and no endorsement by the LSU AgCenter.