

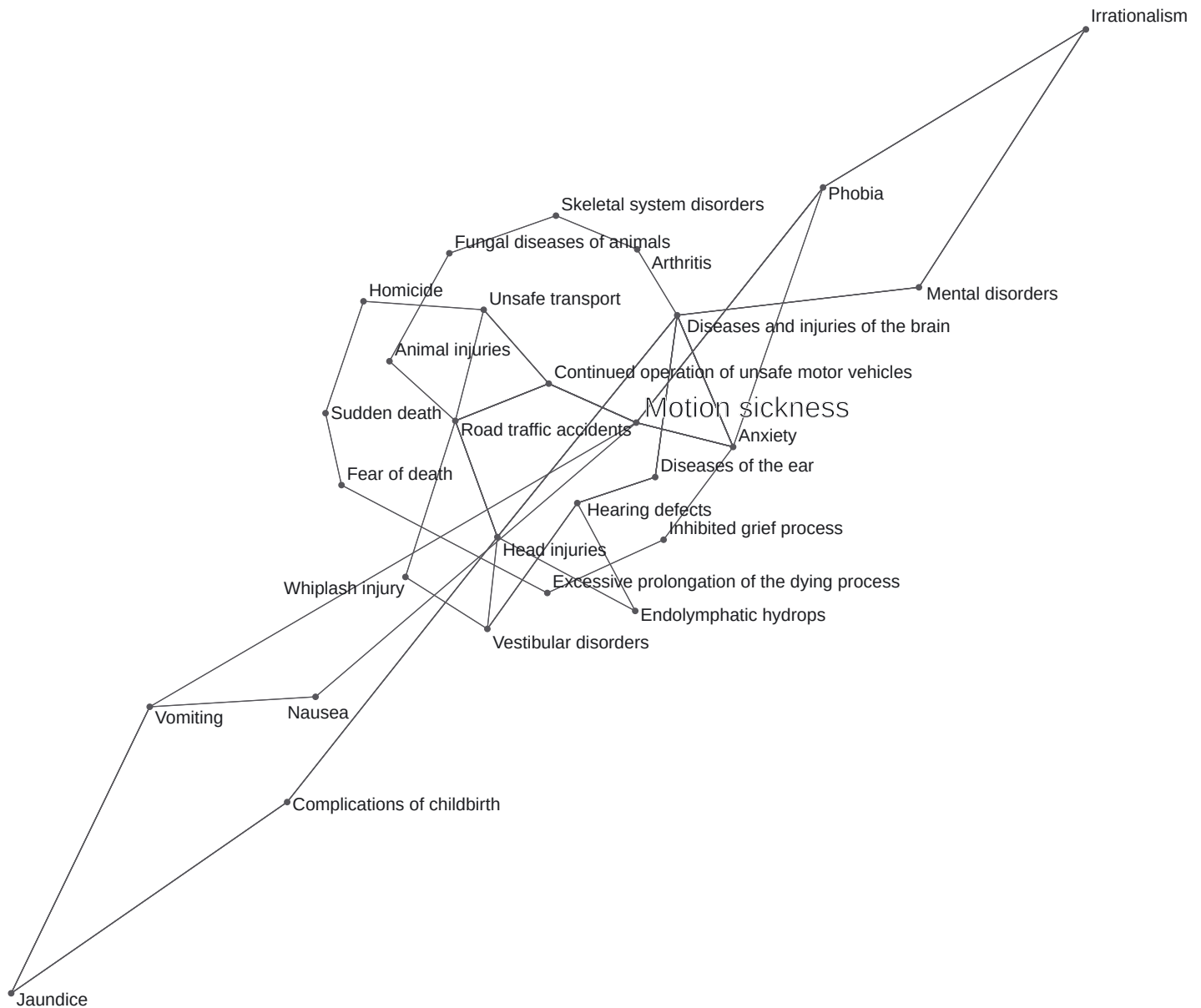
Figure 10.2.5. Motion sickness

Database: World Problems and Issues

Link type: aggravated by problems (loops only)

Network nodes: 26

UIA database: <http://db.uia.org/scripts/sweb.dll/uiaf?DD=PR&CL=2&DR=E2611>



Motion sickness is rarely a pathological condition. Rather it is a normal response to conflicting perceptions of motion by the body's sensory receptors: visual (eyes), vestibular (inner ears) and proprioceptors (sensing body disposition) . Motion sickness can also be induced when the pattern of motion differs from that previously experienced, or that expected, or by viewing movement on a large screen. Only those without a functioning vestibular apparatus of the inner ear are truly immune. The development of symptoms follows an orderly sequence that varies with the intensity of the stimulus and the susceptibility of the individual. The initial symptom is usually vague discomfort around the upper abdomen ("stomach awareness"), which is followed by nausea and increasing malaise. The face or area around the mouth becomes pale and general sweating begins. With rapid worsening of symptoms ("avalanche syndrome") there can be increased salivation, feelings of body warmth, lightheadedness and often depression and apathy. Vomiting typically follows. Additional symptoms are frequent, but more variable. These include belching and flatulence, hyperventilation, sighing and yawning, headache, tightness around the forehead or a "buzzing" sensation, drowsiness, lethargy and somnolence, panic or confusion. The lethargy, fatigue, and drowsiness can persist after the stimulus stops and nausea lessens.