

Effectiveness of combine therapy using Allapinin and cardiac glycosides for suppression of supraventricular paroxysmal tachyarrhythmias in patients with ischemic heart disease

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Paroxysmal atrial fibrillation and paroxysmal supraventricular tachycardia can be treated using several preparations. Author of this abstract has developed the new method of treatment for paroxysmal supraventricular tachyarrhythmias including such disorder of cardiac rhythm in patients with severe heart failure. In accordance with this method combination of preparations with antiarrhythmic action (allapinin + cardiac glycosides) is used.

Paroxysmal AFib are scenes of AFib that happen infrequently and for the most part stop suddenly. Scenes can last a couple of moments, hours or a couple of days before halting and coming back to typical sinus beat, which is the heart's ordinary mood.

A few people may have single scenes of AFib. Be that as it may, the condition may advance to the point that it's consistent, which is alluded to as interminable AFib.

There are three types of AFib:

- paroxysmal
- persistent
- chronic, or permanent

Persistent AFib is characterized by a scene that keeps going longer than 7 days. It doesn't stop without treatment. Typical rhythm might be accomplished with prescriptions or electric shock treatment.

Incessant, or changeless, AFib might be continuous for a long time. Typically, the choice has been made to not reestablish sinus beat, regardless of whether with prescription or with electric shock treatment.

Allapinin is the alkaloid of bromhydrate lappaconitine. This alkaloid was extracted from the perennial plant. It can be extracted from the wild plant of the aconite, which belongs to the group of buttercup plants. It is produced in tablets at 50 mg and in solution for intravenous or intramuscular administration: 1% solution in ampoules at 2 ml. Allapinin occupies the special place among antiarrhythmic agents of the 1st class according to Vaughan-Williams classification. It differs from agents of IA and IB subclass. Being different from quinidine, procainamide, gilurymal and others agents of the 1st class of antiarrhythmic

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drugs allapinin in effective antiarrhythmic doses has small influence on the width of ventricular QRS complex, P-Q interval and Q-T interval. Allapinin in doses, which provide denominated antiarrhythmic effect, unlike the other antiarrhythmic drugs, does not lead to reduction of the system arterial pressure and to negative inotropic action in myocardium fibers.

Treatment for AFib includes the accompanying choices:

- resetting the heart's rythm from AFib back to a typical sinus musicality as opposed to controlling the pulse and leaving the individual in atrial fibrillation
- preventing blood clusters

In accordance with the new method of treatment of paroxysmal supraventricular tachyarrhythmias a cardiac glycoside – digoxin (lanoxin) in dose 0,25 mg or strophanthin in dose 0,25 mg is administered intravenously. Then in 20-30 minutes after administration of cardiac glycoside allapinin is used intravenously in dose 30-40 mg.

In case of suppression of paroxysmal tachyarrhythmia prophylactic treatment must be administered using the above preparations. Allapinin is administered orally in daily dose 75 mg (25 mg 3 times daily). In combination with allapinin digoxin is used orally in dose 0,25 mg (1 tab) 1-2 times daily. In case of positive result of therapy the daily dose of allapinin can be reduced to 50 mg (1 tablet 2 times a day) and digoxin - to the minimum effective one, which is 0,25 mg (1 tablet) once a day.

The criterion of such positive result of therapy is occurrence of the periods without paroxysms of tachyarrhythmia, which are greater than 1,5-2 periods. Such periods occurred earlier between

paroxysms of tachyarrhythmia. Thus, this therapy provides prophylactic effect in respect to occurrence of tachyarrhythmia attack.

The significant advantage of this method is the possibility of using it for the patients with severe heart failure. Unlike the majority

of other antiarrhythmic drugs of synthetic origin allapinin does not have any negative inotropic action in effective antiarrhythmic doses. For the patients with cardiac failure this cardiac glycoside leads to improving of metabolism in myocardial cells. Such improvement of myocardium metabolism contributes to the elimination of paroxysmal tachyarrhythmias.