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Efficacy of Aksaritmin in premature ventricular contractions

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Background: Aksaritmin (an active ingredient is lappaconitini hydrobromidum) is an antiarrhythmic drug (conditionally belongs to the I C class) which is extracted from the roots and rhizomes of local plant - Aconitum septentrionale (tablet 25 mg).

Purpose: Evaluation of effectiveness of local plant antiarrhythmic drug (AAD) Aksaritmin in patients with premature ventricular contractions (PVC).

Materials and methods: The study included 50 patients (27 men), mean age - 53.9±11.8 y.o. with premature ventricular contractions (PVC). Criteria for inclusion in the study: symptomatic PVC II-IVb gradations according to Lown-Wolf. Criteria for exclusion in the study: structural heart disease. All patients underwent a study of the necessary biochemical blood parameters, electrocardiography, 24-hour ECG monitoring, transthoracic echocardiography. According to the study protocol, the starting dose of aksaritmin was 75 mg per day, with a possible dose increase to 112.5 mg per day. The antiarrhythmic efficacy (AAE) of the drugs was assessed on the 5-7th days of taking, as well as after 1, 6 and 12 months from the start of taking. In cases of decreasing a number of PVCs by 70% or more, it was considered as positive AAE. Statistical analysis of the results was carried out by STATISTICA 13. Differences were considered statistically significant at $p<0.05$.

Results: Analysis of the AAE of the drug performed on 5-7th days showed that at a dose of 75 mg/day, aksaritmin had AAE in 41 (82%) of 50 patients. The total effect (100% reduction of PVC) of aksaritmin at a dose of 75-112.5 mg/day was 88%. In the dynamics of 1-month 37 (74%) patients had a positive AAE ($\chi2 = 0.932$; $p>0.05$). At the next stage (6 months), positive AAE was observed (maintained) in 35 (70%) patients ($\chi2 = 1.974$; $p>0.05$). At the end of the year, positive AAE was noted in 34 (68%) cases ($\chi2 = 2.613$; $p>0.05$). The daily number of PVC before taking aksaritmin was 5122.28±6005.22/day, after 1 week from the start of taking the drug 767.32±1286.17/day; after 1st month - 1117.94±2117.33/day, at 6 months 566.4±1252.57/day and at 12 months 600.2±1017.13/day.

Conclusions: 1.With a course of taking aksaritmin at a dose of 75-112.5 mg/day, it has a positive AAE (>50%) in 82% of patients with PVC, which is considered to be a good result. 2.With long-term use of aksaritmin, decreasing of AAE (from 82% to 68%) was not statistically significant ($\chi2 = 2.613$; $p>0.05$) and was mainly associated with an exacerbation of the underlying disease.

Biography

Husniddin Kuchkarov. has completed her medical school and Republican specialized scientific and practical medical center of cardiology, Tashkent, Uzbekistan.

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