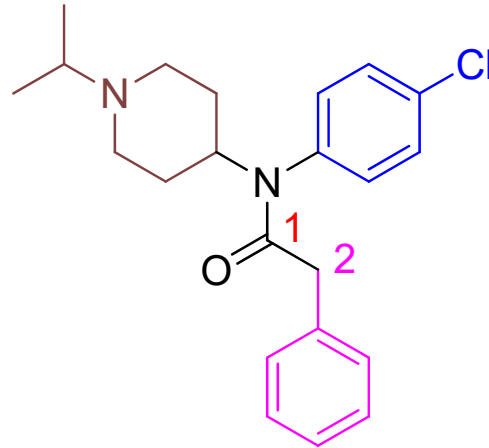


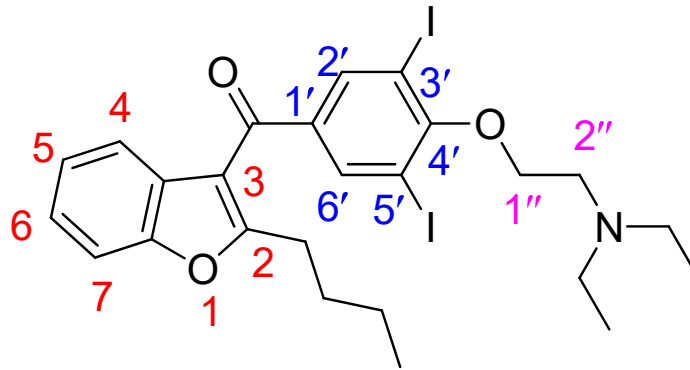
Lorcainide hydrochloride



N-(4-chlorophenyl)-2-phenyl-N-[1-(propan-2-yl)piperidin-4-yl]acetamide

MOA: It is referred to as sodium channel blockers. It substantially suppress depolarization of myocardial cells, while insignificantly reducing the time of their repolarization, and they also suppress automatism of sinoatrial nodes. These drugs differ from other drugs in that, it reduce conductivity and increase the refractory period of the ventricles.

Amiodarone

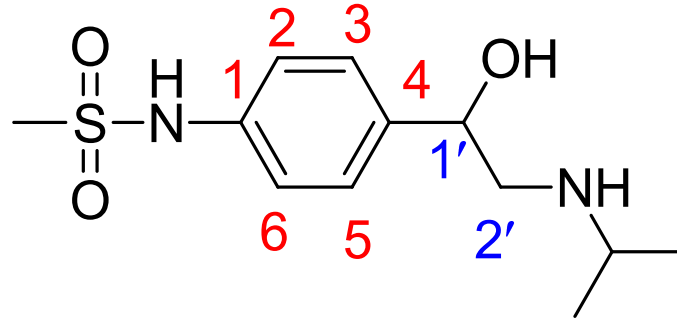


IUPAC: 2-Butyl-3-(3',5'-diiodo-4'-(2''-diethylaminoethoxy)benzoyl)benzofuran

MOA: Amiodarone's antiarrhythmic action is connected to its ability to block K, Na, and Ca^{+2} channels while noncompetitively blocking α - and β -adrenergic receptors of the heart, thus prolonging the action potential and effective refractive period of atrial cells, atrioventricular junctions, and ventricles of the heart, which is accompanied by decreased automatism of sinus node and slowing of atrioventricular conductivity.

Uses: Indicated for amiodarone are recurrent ventricular fibrillation (VF) and recurrent hemodynamically unstable ventricular tachycardia (VT).

Sotalol



IUPAC: N-(4- { 1-hydroxy-2-[(propan-2-yl)amino]ethyl} phenyl) methanesulfonamide

MOA: Sotalol inhibits beta-1 adrenoceptors in the myocardium as well as rapid potassium channels to slow repolarization, lengthen the QT interval, and slow and shorten conduction of action potentials through the atria. The action of sotalol on beta adrenergic receptors lengthens the sinus node cycle, conduction time through the atrioventricular node, refractory period, and duration of action potentials.

Uses: Sotalol is indicated to treat life threatening ventricular arrhythmias and maintain normal sinus rhythm in patients with atrial fibrillation or flutter.