Propafenone hydrochloride

Cat. No.: HY-B0432A

CAS No.: 34183-22-7

Molecular Formula: $C_{21}H_{28}ClNO_3$

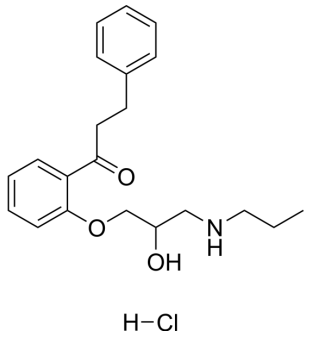
Molecular Weight: 377.9

Target: Sodium Channel

Pathway: Membrane Transporter/Ion Channel

Storage: 4°C, sealed storage, away from moisture

* In solvent : -80°C, 6 months; -20°C, 1 month (sealed storage, away from moisture)



SOLVENT & SOLUBILITY

In Vitro

DMSO : 33.33 mg/mL (88.20 mM; Need ultrasonic)

H_2O : 0.67 mg/mL (1.77 mM; Need ultrasonic)

Preparing Stock Solutions

Solvent / Mass / Concentration	1 mg	5 mg	10 mg
1 mM	2.6462 mL	13.2310 mL	26.4620 mL
5 mM	0.5292 mL	2.6462 mL	5.2924 mL
10 mM	0.2646 mL	1.3231 mL	2.6462 mL

Please refer to the solubility information to select the appropriate solvent.

In Vivo

1. Add each solvent one by one: 10% DMSO >> 40% PEG300 >> 5% Tween-80 >> 45% saline
   Solubility: ≥ 2.5 mg/mL (6.62 mM); Clear solution
2. Add each solvent one by one: 10% DMSO >> 90% (20% SBE-β-CD in saline)
   Solubility: ≥ 2.5 mg/mL (6.62 mM); Clear solution
3. Add each solvent one by one: 10% DMSO >> 90% corn oil
   Solubility: ≥ 2.5 mg/mL (6.62 mM); Clear solution

BIOLOGICAL ACTIVITY

Description

Propafenone (hydrochloride) (SA-79 (hydrochloride)) is a class of anti-arrhythmic medication, which treats illnesses associated with rapid heart beats such as atrial and ventricular arrhythmias.

IC_{50} & Target

Sodium Channel[1].

In Vivo

Propafenone (hydrochloride) (SA-79 (hydrochloride)) is a classic anti-arrhythmic medication, which treats illnesses associated with rapid heartbeats such as atrial and ventricular arrhythmias. According to the Allergic Rhinitis and its Impact on Asthma (ARIA) treatment guidelines, intranasal anti-histamines are recommended for the first line therapy of mild

intermittent, moderate/severe intermittent and mild persistent rhinitis (new classification system for rhinitis). Propafenone works by slowing the influx of sodium ions into the cardiac muscle cells, causing a decrease in excitability of the cells. Propafenone is more selective for cells with a high rate, but also blocks normal cells more than class Ia or Ib. Propafenone differs from the prototypical class Ic antiarrhythmic in that it has additional activity as a beta-adrenergic blocker which can cause bradycardia and bronchospasm[1].

MCE has not independently confirmed the accuracy of these methods. They are for reference only.

REFERENCES

[1]. http://en.wikipedia.org/wiki/Propafenone

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