

Intrathecal verapamil

Although effective results of [nimodipine](#) and [nicardipine](#)'s [intrathecal](#) administration are well-known, intrathecal [verapamil](#) has not been considered earlier.

Akkaya et al., used an experimental [subarachnoid hemorrhage](#) induced [vasospasm](#) model for the evaluation of vasodilator and neuroprotective effects of intrathecal verapamil.

24 Sprague-Dawley rats were randomly divided into 3 groups. Group 1(sham), group 2(subarachnoid hemorrhage), and group 3(verapamil). Double hemorrhage method was used. Group 2 did not receive any treatment. Verapamil (rhEPO;Eporon, Dem Ilac, Turkey) at a dose of 1,000 µg/kg was given intrathecally to group 3 rats. The animals were sacrificed on day 7 of the procedure. Arterial wall thicknesses and lumen diameters in the basilar arterial cross-sectional areas, endothelin-1 serum levels, oxidative stress index, and apoptosis were measured in all groups.

In the verapamil group, the wall thickness, endothelin-1 levels, oxidative stress index, and apoptosis were found significantly lower than in the subarachnoid hemorrhage group, but the lumen diameter was found to be greater. Intrathecal verapamil was found to decrease vasospasm parameters and apoptosis and increase the antioxidant and antiapoptotic pathways.

The findings suggest that intrathecal verapamil can prevent vasospasm, oxidative stress, and apoptosis following experimental subarachnoid hemorrhage ¹⁾.

Unclassified

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