INTRODUCTION

Supraventricular Tachycardia Include a Variety of arrhythmias with very different clinical and prognostic Significance.Each supraventricular tachycardia has unique characteristics and each patient even when similar arrhythmias are present remains a person with specific manifestation (***Wellens, et al.,1988***).

Supraventricular tachycardia is originally defined as tachycardia having its origin above the division of the bundle of His into the bundle branches . Using the definition mentioned , supraventricular tachycardia includes sinus tachycardia, atrial tachycardia, atrial flutter, atrial fibrillation, atrioventricular(AV) nodal tachycardia and circus movement tachycardias that use accessory pathways between the atrium and the ventricle or between parts of the conduction system and the atrium or the ventricle (***Wellens&Burgada,1989***).

The efficacy of magnesium therapy in patients with ventricular tachycardia has previously been reported.

Engoing studies validate earlier observations that magnesium supplementation may control other cardiac arrhythmias particularly in hypomagnesaemic patients. Magnesium treatment is a viable therapeutic option when other antiarrhythmic fails to suppress supraventricular tachycardia ***(Lioyd,1990)***.

Magnesium appears to be an effective and safe drug for the treatment of supraventricular arrhythmia (***Gullested et al,1993***) Fleckenstein (1981) has refined the classification of calcium antagonists into two groups those of the first group have a marked and specific inhibition of calcium- dependent excitation- contraction coupling . verapamil are the predominant member. The member of the second group typified by prenylamine, are less specific and less potent. However, even within the first group there are clear differences in the experimental electrophysiologic properties. Intravenous verapamil is effective in treating supraventricular tachycardia.