

**Central Council for Research in Siddha**

**PROTOCOL FOR PLACEBO CONTROLLED CLINICAL TRIAL OF AN  
SIDDHA FORMULATION IN THE MANAGEMENT OF CHRONIC STABLE  
ANGINA**

**I. BACKGROUND:**

Coronary artery disease is an important cause of morbidity and mortality. The incidence and prevalence of the disease is gradually rising in our country and a substantial part of adult population is affected. Some of the *Siddha* drugs investigated so far have shown encouraging cardio-protective action. The investigational drug in prevention and treatment of *Thamaraga noi* (cardiac angina specially related to Ischemic heart diseases) and the efficacy of the drug in the management of ischemic heart disease and has been proved in preventive cardiology. They lower lipids in patients and prevent the increase in lipids in experimental animals.

Keeping in view the references with the ancient classical literature of *Siddha* and the leads obtained in the recent studies, the investigational drug has been selected for trial in prevention of cardiac risk factors in cases of Chronic Stable Angina .

**II. AIM**

Effect of the investigational drug on Chronic Stable Angina.

**III. SAMPLE SIZE AND METHODS**

**Sample Size:-** 100 Subjects

**Run-in Period- one week**

**Groups :** Two – trial and control (50 subjects in each group)

**Treatment :**

**Group-I** Trial drug

- (i) **Drug** : Coded formulation – CRIS CARD
- (ii) **Dosage:** Two capsules of 500 mg each twice a day.
- (iii) **Duration :** 90 days

**Group II-** Placebo in the same dose

**Design of the study:** Randomised Double-blind Placebo controlled study.

**Duration of the study:** **One week run-in period and three months drug therapy with follow up for three months** without drug.

**IV. INCLUSION CRITERIA:**

1. Age between 35 – 60 years of either sex
2. Diagnosed cases of Chronic Stable Angina.
3. TMT positive cases

**V. EXCLUSION CRITERIA:**

1. Age below 35 years
2. Recent M.I. less than three months
3. Patients with conduction problem
4. Patients with uncontrolled hypertension
5. Unstable Angina
6. Serious concomitant disease of liver and/or kidney
7. Any malignancy
8. Undergoing treatment for any other serious illness

**VI. CRITERIA FOR WITHDRAWAL**

**During the course of the trial treatment, subjects showing the following:**

Any serious toxicity due to intolerance, acute myocardial infarction, stable angina progressing to unstable angina and / or undergoing Coronary re-vascularisation will be withdrawn from the study. If any other serious condition develops during the course of study, which requires urgent treatment, such subjects will also be withdrawn from the trial and managed by the Principal Investigator accordingly.

## **VII. ROUTINE EXAMINATION AND ASSESSMENT**

The full details of history and physical examination of the patients will be recorded as per the proformae (Forms I & IA). Clinical assessment will be done before drug administration (0), after one week of Run-in period, every six weeks during treatment and at the end of follow up (Form II) (after three months of completion of treatment). The laboratory investigations and TMT will be recorded before drug administration, after one week of Run-in period and after completion of treatment (Form-III). All the patients will be provided a 'Diary of Events' for keeping record of angina attacks and consumption of nitrate tablets.

## **VIII. PERIOD OF STUDY**

Period of study will be six months in each case. Total duration will be two and half years to complete the trial.

## **IX. FOLLOW - UP**

Follow-up will be carried out after three months of completion of treatment.

## **X. STATISTICAL ANALYSIS**

Data on frequency of angina, consumption of nitro-glycerine tablets, duration of exercise tolerance on TMT (end point), time taken for 1 mm ST depression, maximum double product, lipid profile at the end of run-in period and at the end of treatment will be analyzed using appropriate statistical methods.

## **XI. ETHICAL REVIEW**

Institutional Ethical Committee (IEC) of each participating centres should give a clearance certificate before the project is initiated. Patient's information sheet and informed consent form should be submitted along with the project proposal for approval by IEC. Both should be maintained in duplicate with one copy given to the patient at the time of entry to the trial.

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**CONSENT FORM**

**CERTIFICATE BY INVESTIGATOR**

I certify that I have disclosed all details about the study in the terms easily understood by the patient.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

**CONSENT BY SUBJECT**

I have been informed to my satisfaction, by the attending doctor, the purpose of the clinical trial and the nature of drug treatment and follow-up, including the laboratory investigations to be performed to monitor and safeguard my body functions.

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

I, exercising my free power of choice, hereby give my consent to be included as a subject in the clinical trial of xxx in the cases of Chronic Stable Angina.

Date: \_\_\_\_\_

Signature or Thumb impression

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

: \_\_\_\_\_

*TO BE TRANSLATED INTO REGIONAL LANGUAGE*

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FORMULATION IN THE MANAGEMENT OF CHRONIC STABLE ANGINA**

**PATIENT INFORMATION SHEET**

**What is the study about?**

*Siddha* has a very comprehensive approach for the treatment of chronic stable angina. The present study is aimed to evaluate selected *Siddha* drugs for their efficacy in the treatment of Ischaemic heart disease. You are invited to participate in this study where you will be provided a investigational drug in a daily dose of three capsules BD. The previous observations in clinical and experimental studies have shown promising effect of these drugs in the treatment of **Ischaemic heart disease**. About 300 cases of **Ischaemic heart disease** from this and other hospitals around the country will be taking part in this study.

**What will you have to do?**

Your doctor will explain clearly what you have to do. It is important that you follow the instructions scrupulously. The study will take approximately six months to complete (three months for treatment and another three months for follow-up study). During this period, you are expected to visit the hospital five times ( 0, after one week, six weeks, 12 weeks and six months ).

Before you start treatment, during the first visit to the clinic, you will undergo a complete physical examination, ECG, X-ray, TMT . Blood and urine samples will also be taken. This is to make sure that you are eligible for the study. Clinical assessment and lab investigations will be carried out during subsequent visits.

If you are found fit, you would be put on trial treatment for three months and on follow up for three months. The daily dosage will be three capsules twice a day. At each visit, you will be supplied with sufficient quantities of drugs to last until your next visit.

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**PROFORMA**

**FORM I - SCREENING OF THE CASES**

1. Code No.(of clinical trial)
2. Centre \_\_\_\_\_
3. Name of the Subject \_\_\_\_\_
4. Gender                      Male  (1)              Female  (2)
5. Date of Birth                 Age (in years)
6. Address \_\_\_\_\_  
\_\_\_\_\_

**CRITERIA OF SELECTION**

- |   | <b>Yes(1)</b>            | <b>No(2)</b>             |
|---|--------------------------|--------------------------|
| 7. Age between 35-60 years of either sex    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Diagnosed cases of chronic stable angina | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. TMT positive case                        | <input type="checkbox"/> | <input type="checkbox"/> |
-

**CRITERIA FOR EXCLUSION**

|   | <b>Yes (1)</b>           | <b>No(2)</b>             |
|---|--------------------------|--------------------------|
| 10. Age below 35 and above 60 years   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Recent M.I. less than three months  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Patients with conduction problem  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Uncontrolled hypertension   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Unstable Angina   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Serious concomitant disease of liver / kidney   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Malignancy  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Patients undergoing treatment for any other serious illness   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If <b>“Yes” to 7-9</b> above, admit the subject to the trial and if <b>“Yes” to 10-17</b> above, do not admit the subject to the trial. |                          |                          |

If admitted, subject serial No.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

No. of packets issued: \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Date: \_\_\_\_\_

Signature of the Doctor \_\_\_\_\_

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**FORM I A - HISTORY PROFORMA**

1. Code No. (of clinical trial)
2. Centre \_\_\_\_\_
3. Sl.No. of Subject:
4. Name of the Subject \_\_\_\_\_
5. Gender            Male  (1)                                  Female  (2)
6. Date of Birth         Age(In Yrs)

**Chief complaint with duration (if any) in days.**

7. Chest pain            Absent  (0) Present  (1)  
[NYHA Criteria]

If present, Indicate:

9. Location\_\_\_\_\_

10. Radiation\_\_\_\_\_

11. Type of pain\_\_\_\_\_

12. Frequency of anginal attacks per week

- |  | <b>Absent (0)</b>    | <b>Present(1)</b>    |
|--|----------------------|----------------------|
| 12. Post-prandial pain                   | <input type="text"/> | <input type="text"/> |
| 13. Dyspnoea on exertion                 | <input type="text"/> | <input type="text"/> |
| 14. History of CAD<br>if any in the Past | <input type="text"/> | <input type="text"/> |
-



**History of present illness**

15. Duration of disease(in months) \_\_\_\_\_

**Treatment given so far**

No (0)

Yes(1)

16. Beta blockers

17. Calcium channel blocker

18. Nitrates

19. Others

if yes, specify \_\_\_\_\_

20. **FAMILY HISTORY of CAD**

if yes, specify \_\_\_\_\_

**PERSONAL HISTORY**

21. Smoking/Tobacco/Pan masala

22. Constipation

23. Udaliyal Vali  (1) Azhal  (2) Iyyam  (3)

Vali Iyyam  (4) Vali Azhal  (5)

Azhal Iyyam  (6)

**PHYSICAL EXAMINATION**

**GENERAL**

24. Body weight (Kg.)

25. Body height (in cm)

26. Resting Blood pressure (Systolic) mm of Hg

27. Resting Blood pressure (Diastolic) mm of Hg

**SYSTEMIC EXAMINATION**

**CARDIOVASCULAR**

- 28 Pulse Rate (per minute)
- 29 Pulse Rhythm Regular  (0) Irregular  (1)
- 30 Apex beat Normal  (0) Abnormal  (1)
- 31 Heart sound Normal  (0) Abnormal  (1)
- if abnormal, specify abnormalities \_\_\_\_\_
- 32 Jugular Venous pulse. Normal  (0) Abnormal  (1)

**Absent(0)**

**Present(1)**

33. Congestive Cardiac Failure
- 35 Oedema

**GASTRO INTESTINAL TRACT**

- 36 Hepatomegaly
- 37 Splenomegaly

**RESPIRATORY**

- 38 Crepitation
- 39 Rhonchi/Wheezing

**CENTRAL NERVOUS SYSTEM**

40. Normal(Y/N)

41. Date: \_\_\_\_\_ 42.. Signature of the Doctor \_\_\_\_\_

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**FORM II – CLINICAL ASSESSMENT  
(0,1<sup>st</sup>,7<sup>th</sup>,13<sup>th</sup> and 25<sup>th</sup> week)**

|    |                                |                      |                      |                      |                      |
|----|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. | Code No. (of clinical trial)   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 2. | Centre _____                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 3. | Serial No. of the Subject :    | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 4. | Name _____                     |                      |                      |                      |                      |
| 5. | Date of Assessment             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | Stage of Assessment (in weeks) | <input type="text"/> | <input type="text"/> |                      |                      |

**Clinical Parameters**

**A. Subjective**

7. Chest pain [NYHA Criteria for Class II/III]      Absent  (0)    Present  (1)

If present, Indicate :

8. Location \_\_\_\_\_

9. Radiation \_\_\_\_\_

10. Type of pain \_\_\_\_\_

11. Frequency of anginal attacks per week    

**Absent (0)      Present(1)**

|                        |                          |                          |
|------------------------|--------------------------|--------------------------|
| 12. Post-prandial pain | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------|--------------------------|--------------------------|

|                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| 13. Dyspnoea on exertion | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

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11

**B. Objective**

14. Body weight (in kg) 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

15. Resting Blood pressure (Systolic) (mm of Hg) 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

16. Resting Blood pressure (Diastolic) (mm of Hg) 

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

17. Date: \_\_\_\_\_ 18. Signature of the Doctor \_\_\_\_\_

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**FORM III – LABORATORY INVESTIGATIONS  
( 0, 1<sup>st</sup> and 13<sup>th</sup> week)**

- |    |                                |                      |                      |                      |                      |
|----|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. | Code No. (of clinical trial)   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 2. | Centre _____                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 3. | Serial No. of the Subject :    | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |
| 4. | Name _____                     |                      |                      |                      |                      |
| 5. | Date of Assessment             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | Stage of Assessment (in weeks) | <input type="text"/> | <input type="text"/> |                      |                      |

**Urine Examination ( Microscopic)**

- |                |                  |                   |
|----------------|------------------|-------------------|
| 7. Sugar _____ | 8. Albumin _____ | 9. Deposits _____ |
|----------------|------------------|-------------------|

**Blood**

- |     |                          |       |
|-----|--------------------------|-------|
| 10. | Hb(g/dl)                 | _____ |
| 11. | Blood Sugar-Fasting(%)   | _____ |
| 12. | Blood Sugar – PP(mg./dl) | _____ |
| 13. | S.Cholesterol(mg./dl)    | _____ |
| 14. | HDL(mg./dl)              | _____ |
| 15. | LDL(mg./dl )             | _____ |
| 16. | Triglycerides (mg./dl)   | _____ |

- 
- |     |                 |       |
|-----|-----------------|-------|
| 17. | B.urea (mg./dl) | _____ |
|-----|-----------------|-------|

- 18. S.creatinine (mg./dl) \_\_\_\_\_
- 19. Uric acid (mg./dl) \_\_\_\_\_
- 20. SGOT \_\_\_\_\_
- 21. SGPT \_\_\_\_\_

**Radiological Investigations**

- 22. X-ray Chest: [ 0 Month only ] \_\_\_\_\_  
\_\_\_\_\_

**Special Tests**

- 23. ECG (report all details) \_\_\_\_\_  
\_\_\_\_\_

**TMT( Bruce Protocol)**

- 24. Duration of exercise (in minutes&seconds) (min.)   (sec.)    
{Mets-.....}
- 25. Time to 1mm ST depression( in seconds)
- 26. Maximum double product
- 27. Maximum ST segment depression(in mm)
- 28. Leads showing ST depression:  

|                |                      |                |                      |                |                      |                      |                      |                      |                      |                      |                      |
|----------------|----------------------|----------------|----------------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| L <sub>1</sub> | <input type="text"/> | L <sub>2</sub> | <input type="text"/> | L <sub>3</sub> | <input type="text"/> | aVR                  | <input type="text"/> | aVL                  | <input type="text"/> | aVF                  | <input type="text"/> |
| V <sub>1</sub> | <input type="text"/> | V <sub>2</sub> | <input type="text"/> | V <sub>3</sub> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If in other special leads, specify \_\_\_\_\_

- 29. Date: \_\_\_\_\_
- 30. Signature of Doctor \_\_\_\_\_

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