Alcoholism is a worldwide problem resulting in millions of deaths, including the young lives. It is one of the major health, social and economic problem. In 2012, about 3.3 million deaths, or 5.9% of all global deaths, 139 million disability-adjusted life years (DALYs), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption.[1] Homoeopathy can provide a valid and effective treatment to help patients break the cycle of dependence on alcohol.[2] However, several references given in source books need further verification.

The present issue focuses on an observational study as well as a research protocol in managing alcohol dependence and its withdrawal. An exploratory multicentre trial was carried out to evaluate the role of Homoeopathy in Acute Alcohol Withdrawal (AAW) wherein 112 patients completed the study. *Arsenicum album, Lycopodium clavatum, Belladonna, Nux vomica* and *Pulsatilla* were found most frequently indicated. The outcomes were recorded using validated scales including Clinical Institute Withdrawal Assessment Scale for Alcohol-Revised (CIWA-Ar) and World Health Organisation Quality of Life (WHOQOL)-BREF questionnaire and statistically significant results were seen in both the parameters.[3] The published protocol compares Homoeopathy with standard Allopathic treatment using randomized controlled study design. The outcome parameters include Severity of Alcohol Dependence (SADQ) rating scale, WHOQOL-BREF questionnaire and CIWA-Ar. This study is being undertaken at Central Research Institute, Kottayam, Kerala. It will encourage other researchers to take up similar studies using this protocol.[4]

Homoeopathy is often used in the management of stroke, an article on ‘Protective role of homoeopathic medicines for cerebral ischaemia in animal model. The presented data shows that *Arnica montana* and *Crotalus horridus* are more effective than *Crocos sativus* and *Phosphorus* in enhancing the antioxidants which protected the neurons, possibly by increasing the endogenous defensive capacity of the brain to combat oxidative stress induced by ischaemia.[5]

The Council is engaged in proving and clinical verification of indigenous drugs. *Ricinus communis*, commonly known as Castor oil, was proved and clinically verified from 2005–2011. This published study verified 48 of its proving symptoms, however more robust data is desirable. It has been found useful in gastrointestinal, upper respiratory ailments and acne.[6] Another indigenous drug, *Azadirachta indica* has been found useful in patients with acne vulgaris. Outcome measures of the study carried out at Homoeopathy unit of Delhi Govt. Health Centre were-Lesion counts, Global Acne Grading System (GAGS) score and Acne-specific Quality of Life questionnaire (Acne-QoL) score that showed statistically significant results.[7]

Hoping to bring new vistas of homoeopathic research in near future, I wish all our readers a very Happy New Year 2015.

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Manchanda: Editorial


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