INTERNATIONAL JOURNAL OF RESEARCH IN COMPUTER APPLICATION & MANAGEMENT

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CONTENTS

INTERNATIONAL JOURNAL OF RESEARCH IN COMPUTER APPLICATION & MANAGEMENT   iii

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vi

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INTRODUCTION

REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESIS (ES)

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

LIMITATIONS

SCOPE FOR FURTHER RESEARCH

REFERENCES

APPENDIX/ANNEXURE

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vii

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BOOKS

-   Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.

-   Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

CONTRIBUTIONS TO BOOKS

-   Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

-   Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

-   Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–23

UNPUBLISHED DISSERTATIONS

-   Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

-   Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

WEBSITES

-   Garg, Bhavet (2011): Towards a New Gas Policy, Political Weekly, Viewed on January 01, 2012 http://epw.in/user/viewabstract.jsp

MEDICINAL USES OF CANNABIS WITH SPECIAL REFERENCE TO INDIAN GOVERNMENT SUPPORT

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ABSTRACT

The study concentrates on the medicinal uses of cannabis in India and the steps government support towards the support and use of medicinal cannabis. The Literature review shows the number of articles that support and take medicinal cannabis to a phenomenal level with its effects and uses. The research will help understand the statistical data if the Indian population is ready for the new era of medicinal treatment through cannabinoids. The analysis of the research shows that the Indian population across various ages are ready for a new era for the use of medicinal cannabis to the treatment of various diseases. The statistical analysis used in the research (Anova and Regression) have shown positive results for the same implying that it is the right time for the expansion of the use of medicinal cannabis in India. In conclusion to the research the legislation governing the use of medicinal cannabis is continually evolving, requiring pharmacists and other clinicians to stay up to date on new or changing state regulations as well as institutional consequences.

KEYWORDS
cannabis, medicinal uses of cannabis.

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INTRODUCTION
WHAT IS MEDICINAL CANNABIS?
While every state has laws dictating the use of medical marijuana that may not change anytime soon. This DEA had considered on reclassifying the marijuana as a Schedule II drug like Ritalin or oxycodone, but decided to keep it as a Schedule I drug.

However, the agency agreed to support the additional research on marijuana and make this process much easier for the researchers. This analysis is very much needed, as everyone are able to advise the doctors and the patients regarding the safety and effective use of cannabis.

The Medical marijuana uses the marijuana plant and chemicals found in it to treat the diseases and the conditions. It is basically the same product as the recreational marijuana, but it is also taken for medical purposes.

This marijuana plant also contains more than 100 different types of chemicals called cannabinoids. In this, each of them has a different effect on the body. Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the most important chemicals that are used for medicine. The THC also produces the "high" that people feel when they consume marijuana or take foods containing it.

WHAT IS MEDICAL MARIJUANA USED FOR?
Many states are also legalizing Cannabis to treat pain and illness.
The researchers are also studying whether the medical marijuana can help in the treatment of a number of conditions including:

- Alzheimer's disease
- Appetite loss
- Cancer
- Crohn's disease
- The Diseases which are affecting the immune system like HIV/AIDS and Multiple Sclerosis (MS)
- The Eating disorders like anorexia
- Glaucoma
- Epilepsy
- All the Mental health factors like schizophrenia and the posttraumatic stress disorder (PTSD)
- Multiple sclerosis and Muscle spasms
- Nausea and Pain
- Seizures and other Wasting syndrome (cachexia)

The high amount of proof for the therapeutic effects of cannabis relates to its ability to reduce chronic pain, nausea and vomiting due to the chemotherapy, and the spasticity [tight or stiff muscles].

HOW DOES IT HELP
The Cannabinoids – It is an active chemical in the medical marijuana which are similar to chemicals in the body makes which are involved in appetite, memory, movement, and pain.
Limited research suggests cannabinoids might:

- Reduce anxiety
- Reduce inflammation and relieve pain
- To Control the nausea and other vomiting problems caused by cancer chemotherapy
- Killing of the cancer cells and slows down the tumor growth
- Relax down the tight muscles in the people with the MS
- Stimulating the appetite and improving the weight gain in the people with cancer and AIDS

CAN MEDICAL MARIJUANA HELP WITH SEIZURE DISORDERS
The medical marijuana has received a lot of attention in the past few years. when parents said that a special form of the drug which have helped control seizures in their children. The FDA recently had also approved the Epidiolex, which is been made from the CBD, The therapy for people with a very severe and hard-to-treat seizures. In such studies, some people have a dramatic drop in seizures after taking the drug.

HAS THE FDA APPROVED MEDICAL MARIJUANA?
This cannabidiol Epidiolex was been approved in year of 2018 for treating seizures that are associated with 2 rare and severe forms of epilepsy, Lennox-Gastaut syndrome and the Dravet syndrome. Also in addition, the FDA has also approved 2 man-made cannabinoid medicines -- dronabinol (Marinol, Syndros) and nabilone (Cesamet) which are for the treatment of nausea and vomiting from chemotherapy.

HOW DO YOU TAKE IT

To take medical marijuana, you can:

- Smoke it
- Inhale those through the device called as the vaporizer which turns it into a mist
- Eating it like mixing in a brownie or lollipop
- Applying it to your skin in a lotion, spray, oil, or cream
- Placing a few drops of the liquid under the tongue

How you take it is up to you. Each method works differently in your body. "If you consume cannabis, you will be feeling the effects very instantly' says Bonn-Miller. 'If the consumer consumes it, it takes them significantly longer time. It can take 1 to 2 hours to experience the effects from the edible products.'

WHAT ARE THE SIDE EFFECTS OF MEDICAL MARIJUANA

Side effects that have been reported include:

- Bloodshot eyes
- Depression
- Dizziness
- Fast heartbeat
- Hallucinations
- Low blood pressure

This drug could also affect the judgment and the coordination, which may or may not lead to accidents and injuries. When it is been used during the teenage years when the brain is still developing, cannabis might affect the IQ and mental function.

WHAT IS IT

The Medical marijuana is discovered from the Cannabis sativa plant. Humans have also turned into a herbal remedy for centuries, Now a days people are using it to relieve symptoms and treat various diseases. The federal government continues to considers it illegal, but some jurisdictions allow it for treatment of specific health problems. The FDA, agency that regulates medicines, has approved one cannabis-derived drug product cannabidiol (Epidiolex) to treat certain seizure disorders.

KEY INGREDIENTS

Marijuana has chemicals called cannabinoids. The medical researchers usually concentrate on the health effects of the 2 in particular: delta-9-tetrahydrocannabinol (THC) and the cannabidiol (CBD). The THC is the substance that makes consumers high; the CBD doesn't have mind-altering effects.

FORMS OF MEDICAL MARIJUANA

There are many varieties of ways to consume the drug. The consumer can inhale the vaporized spray or to smoke the leaves, consume a pill or liquid, or also bake it into foods. All of the types vary in terms of how often consumers should use them, how they'll affect their symptoms, and the side effects the consumers may feel.

HOW IT WORKS IN YOUR BODY

The chemicals in cannabis affect consumers when they connect with specific parts of cells which is called receptors. The scientists also know that the consumers have cells with cannabinoid receptors in the brain and in the immune system. But the specific process of how the drug affects them isn't clear yet.

WHAT DOES IT TREAT

Also, the State laws usually differs on the conditions which the consumer can legally treat with the medical marijuana. But the consumers might allow it to use if they have Alzheimer's, ALS, cancer, Crohn's disease, seizures, epilepsy, hepatitis C, posttraumatic stress disorder, AIDS, glaucoma, multiple sclerosis, chronic pain, or severe nausea. But the scientists are not sure that it helps in all of these conditions. The research is very clear that it can also work as painkillers in order to stop vomiting during chemotherapy, this also relieve some MS symptoms, and to treat some rare forms of epilepsy.

ARE THERE RISKS?

If users consume the cannabis, they could also have many breathing problems including chronic cough and bronchitis. The Research has linked the cannabis uses and the car accidents. If the users consume it while pregnant, it will surely affect the baby's health and its development. The studies have also shown that a tie between thew pot and the psychotic disorders such as the schizophrenia.

FDA-APPROVED VERSIONS

Besides all of these approvals of the cannabidiol (Epidiolex) as an treatment for 2 rare kinds of epilepsy, the FDA department has approved 3 synthetic cannabis-related drug items: Marinol (dronabinol), Cesamet (nabilone) and Syndros (dronabinol). If the consumers have nausea caused by this chemotherapy, then consumers might take a synthetic cannabinoid, which either dronabinol or nabilone. Dronabinol can also help to boost the appetite for people with the AIDS.

LAWS IN CONFLICT

In the country of Indian, while trading and using of cannabis is been banned under the law of Narcotic Drugs and Psychotropic Substances (NDPS) Act of 1985, the calls for the legalization of its use for the medicinal purposes have grown very much stronger over the years.

In the month of January, the Delhi High Court conveyed that the consumption of cannabis is not completely been banned in the country because of its medical and scientific use that is been allowed under the law.

In the year 2018, the state of Uttarakhand has become the first state in the country in order to allow the commercial cultivation of the hemp crops. After an year later, the state of Madhya Pradesh government have also did the same.

Als in fact, in the month of February 2020 India had opened its 1st medical cannabis clinic — Vedi Wellness Centre in the city of Bangalore. Orissa-based startup HempCann Solutions which is behind the clinic, which also prescribes the marijuana-infused tablets in order to improve the health and the wellness.

HOW DO YOU GET IT

The rules vary, depending on where you live. Usually, the consumers need to consult with an doctor and should have an condition that their state have approved for the treatment with the cannabis. We can also get an ID card. In some places, the consumers buy products at the specific stores called as the dispensary.

DO PEOPLE BECOME ADDICTED

The Doctors also don't know that much about the addiction of risk for the people who use this drug for the medicinal reasons, and it also needs a high study. But the people who consume the marijuana to get high can also go on to have the misuse of the substance's misuse issues. Also, the most common problem is the dependence. If the consumer is dependent, he/she will be feeling the withdrawal symptoms if they stop consuming it. If the consumer is addicted there will be more severe problem in which he is unable to live without the drug.

WHY DON'T WE KNOW MORE

Even though the cannabis is been the herbal remedy for centuries, the evidence on how well it functions is lacking in many scenarios. Also, the scientists usually prefer on large studies with certain types of controls before they start drawing conclusions, and also much of the research made hasn't met these standards. The products also vary in the strength and it is also very hard in order to measure the doses, which had made the judging of the benefits of the marijuana even when its more complicated.

AN OPIOID ALTERNATIVE

In few states, the prescriptions for this kind of pain medicine had fell and the researchers found the link for fewer overdose deaths. Also, in another study, it is been found that there is an link between the pot usage and abuse of these narcotic drugs. Also, the Scientists need more and more evidences before they can confirm it for sure.

Due to the reason that marijuana contains few of the same chemicals found in tobacco, there are been concerns that even consuming it could harm the lungs. Also, the effects of these inhaled marijuana on the lung's health aren't much clear, but also there's some evidence that it might surely increase the risk for the bronchitis and also the other lung problems.

Also, the National Institute of Drug Abuse warns that marijuana will be addictive and it is also considered as the gateway drug in using other drugs. Higher the level of THC and the more often they consume it, the more likely they are to become more dependent, Bonn-Miller says. 'You have the difficulty in stopping if you really need to stop. The consumers also can have the cravings during the periods when they are not using it. Also, the user needs more consumption of it in order to have the same effect.'

BENEFITS OF MEDICINAL CANNABIS

There is very strong scientific evidence that the cannabis or its ingredients can ease the chronic pain, create chemotherapy-induced nausea and also the symptoms of multiple sclerosis.

In some prescription drugs, it is mentioned that use of cannabis chemicals or the synthetic versions to treat the certain forms of epilepsy and also weight loss and also the nausea in AIDS or for the cancer patients. There is also studies which convey that the relaxing effects of the cannabis might help in order to improve the sleep disorders, such as insomnia. Also, the improved sleep will occur when the pain is been reduced from the marijuana usage.

DEMAND FOR MEDICINAL CANNABIS

In the country of Germany, after cannabis was been legalized in the year 2017, the medical cannabis market in the country of Germany grew in a highly compounded annual growth rate of 56 per cent so far and it had also reached a value of around 123 million euros in the 2021 with an growth of around 26 per cent over the previous years, which is been reported in Money Control.

An Indian Express report stated that the valuation of the legal cannabis market is to be $146.4 billion by 2025-end.

LITERATURE REVIEW

Cannabis is a general term that occasionally means the differing affecting the mind so as to produce vivid visions meanings in Cannabis sativa as per the WHO. Cannabis maybe detached into three main strains – sativa (gives a happy effect), indica (gives a drug effect), and mixture (facial characteristics of two together indica and sativa).

Marijuana (C. sativa) is a drug of plant inception that holds in addition to sixty compounds popular as cannabinoids. Marijuana is a more usually secondhand term; in this place item, we have secondhand Cannabis and grass correspondently contingent upon the item being considered. The two main parts of pot are 6-tetrahydrocannabinol (6-THC) and cannabidiol (CBD). THC acts as a affecting the mind so as to produce vivid visions component, when in fact CBD acts as a no psychoactive component. THC content is 0.4% larger in sativa than indica. Cannabinoid arrangement distinct indifferent grass readiness's, accordingly jolting their influence.

The supposed society that consumes grass in one allure form occurring is pronounced expected about 160 heaps. This forms about 4% of the realm public in the group of same status of 15–64 age.

The Cannabis plant is native to Central and South Asia. It has happened cultured in Japan and China because pre-Neolithic and Neolithic ages. It contaminates the western hemisphere in the post-Columbian periods. Historically, it has existed secondhand for production apparel, footwear, ropes, and an early form of paper. In Sanskrit and added up-to-date Indo-Aryan expressions, Cannabis is referred to as "Bhang." It determines to illustrate the use of Marijuana was spread from individual culture to another. In India and Nepal, it has existed secondhand in an entheogen, a synthetic element namely secondhand in a conscientious, shamanic, or otherworldly circumstances. The first popular reports concerning the protected rank of Cannabis in India and Nepal emanate the Atharva Veda that is supposed to have existed inscribed once about 2000–1400 BCE. Cannabis has historically existed devoured in many various habits – hot in the form of narrow pipes, bongs (compact reports of hookahs accompanying a water room), and paper-covered junctures or cigarette-leaf-covered blunts, and additional parts in the way that Cannabis beverage, as a liquor, hashish.

Marijuana has a long experience beneficial for curative purposes. Literature is now detached on the healing uses of grass. The use of grass for curative purposes is hopeful; still, the research in this place field is still barbaric.

It may be secondhand for the purpose of acting or relieving the syndromes of various afflictions. Its use is soon urged apiece local drug-ruling expert across miscellaneous nations in sure environments or ailments. Its use in miscellaneous added environments is now investigational. This review determines to debate the curative uses of grass and allure antagonistic belongings established the current accessible evidence. Furthermore, it examines the impact of authorization of grass on well-being in addition to added facets of growth.

Dhunjiboy defined 'Indian marijuana foolishness' as an unfavorable backlash to marijuana use. Varma expressed socio-mathematical attributes 1248 inpatients taking situation for mad disorder guide unending use of marijuana

Thacore named four enduring marijuana consumers the one grown emotional disorder-like insanity guide hope and concerning feelings and intuition disturbances in the deficiency of a state of disorientation. Chopra and Smith detailed the dispassionate and mathematical judgments of 200 Indian cases the one bestowed accompanying syndrome, dirty of insanity on account of use of marijuana Five per insignificant value things were establish to have bestowed accompanying a pre-existent insane ailment, while 58 per insignificant value were erect to have clandestine psychopathology or a prior past of insane disorders.

Goel and Netto stated that routine marijuana consumers bestowed accompanying learning disability, air changes, misconceptions and hallucinations. Thacore and Shukla stated analogous performances. Bagadia and others surveyed the causes for exposure to insane disorders in day-to-day marijuana consumers (n=20).

Thomas stated the intentionality of marijuana use disorders expected uncertain and of brief character of manifestations. Basu and others top-secret the emotional belongings of marijuana into three separate syndromes namely. inebriation disease, marijuana insanity disease and amotivational condition. Basu and others acted a backward-looking case control review of 22 subjects accompanying marijuana insanity and 20 control subjects of severe schizophrenic scene to find an friendship.

Aich and others stated a predominance rate of 54.3 per insignificant value. Sixty per insignificant value of ruling class were utilizing marijuana in addition to cigarette while 42 and 5 per insignificant value were utilizing intoxicating and opioids, individually. On a lengthwise test of the alike sample, it was visualized that the wealth-utilizing group bestowed accompanying mainly beneficial manifestations (63.2%) distinguished and still had a faster rate of pardon of these manifestations upon situation. The non-element-utilizing group granted considerably more contradictory manifestations.

Similarly, Kulhalli and others checked 20 inpatient cases of insanity following marijuana use all along a weeklong not drinking alcohol. On further appraisal, seven cases were pinpointed accompanying emotional disorder, 12 were pinpointed accompanying BPAD fixation accompanying demented syndromes while individual had unhinged syndromes not equaling a disease. The matters displayed raised psychomotor venture, diversified misbeliefs and hallucinations in addition to different hope content.

Shrivastava and others and Grover and Basu argued the hypotheses of a friendship betwixt marijuana use and emotional disorder to a degree self-drug theory, exposure theory, severe schizophrenic effect of marijuana use and incident of coarse socio-mathematical and hereditary determinants in those concerned by marijuana use and insanity.

Cannabis use disorders and differing insane disorders: Five studies determined the comorbid marijuana use disorders and miscellaneous insane disorders. Grossman characterized insane syndromes in six things the one was common consumers of marijuana.

Dube and others Sarkar and others and Chaudhury and others stated a rate of 24-52 per insignificant value of marijuana misuse in mental institution admissions. Sarkar and others raise that the average insane comorbidities accompanying marijuana use were additional essence use disorders (34%), marijuana insanity (21%), emotional disorder (14%), madness accompanying insanity (12%), and vague insanity (7%). Ghosh and Basu stated an extreme substance of partnership 'tween marijuana use.

The study investigated the hypothesis that cannabis misuse is connected to a wide range of psychiatric problems in India, a country where cannabis use is relatively common. The researchers obtained data on sociodemographic, personal, social, substance-abuse-related, psychiatric, and treatment histories. Under the ICD-10

system, cannabis misuse is associated to broad psychiatric morbidity that covers the major categories of mental illnesses, albeit patients with psychotic disorders greatly exceed those with non-psychotic diseases.

From both an academic and a therapeutic viewpoint, the study of cannabis usage and psychopathology continues to be important. This article gives an update on how far we've come in the last decade or so. The existence of a separate cannabis withdrawal syndrome and a distinct "cannabis psychosis" is still debatable. There is a clinically substantial link between cannabis use disorders and psychotic syndromes, depression, anxiety, and maybe mild cognitive impairment, according to current data. Several hypotheses on the cannabis-schizophrenia link are investigated. In a few heavy users, cannabis use may be indirectly related to the later development of schizophrenia, but more typically, it may induce difficulties in those who are exposed to psychosis and impair the course of the condition.

There is a paucity of information, particularly from India, on the phenomenology and effects of abstinence. The goal of this study is to look into clinical presentation of cannabinoid psychotic as well as the effects of abstinence.

Subjects with psychosis after cannabis use who presented to the outpatient department of a big tertiary care hospital without any other prior or contemporaneous psychiatric disease were randomly selected for the study.

The BPRS was used to measure the phenomenology of twenty male individuals. Nine people were found to have cognitive problems. The most common diagnosis was affective psychosis. There was a significant fall in scores after a week of cannabis cessation.

The connection between cannabis and psychosis has long been a source of contention, despite the fact that cannabis is largely regarded as a harmless recreational substance.

The format « and » has been used to search electronic bibliographic databases such as PubMed and Google Scholar. Cross-linked searches were conducted using key articles as a preliminary step.

Heavy cannabis usage at a young age, along with a genetic predisposition to psychosis and environmental exposures stressors such as childhood trauma and urban upbringing, raises the chance of a psychotic result later in life.

Cannabis is a component cause of psychosis, meaning it raises the risk of psychosis in persons who have certain genetic or environmental vulnerabilities, but it is neither a sufficient nor a necessary cause of psychosis in and of itself. Despite substantial progress over the last five years, we still haven't found all of the missing pieces.

Though cannabis is a known risk factor for dementia, the exact neurobiological process by which its effects on psychosis occur is unknown. We look at the neurological changes caused by cannabis to determine if they're similar to those identified in schizophrenic patients. While the findings are similar, they don't prove a 'cause-effect' relationship because so many people with identical changes don't acquire schizophrenia. It indicates that several elements other than neurobiological considerations are involved in these processes. Major advances have been made in understanding marijuana dependence and the role of the cannabinoid system, which is a big centre for targeting medications used to treat marijuana withdrawal and dependence, as well as other addictions. At this time, it is clear that some similarities in the neurobiology of cannabis and schizophrenia may indicate a mechanism for the growth of psychosis, but its trajectories are unknown. Drugs (as intoxicants) are frequently used; unfortunately, their hedonistic use has led to their addiction, which has long been a social problem. Although some drugs are only used in certain cultures, others, like alcohol, are broadly applied all throughout the world. For their euphoric properties, alcohol, opium, and hemp (marijuana and its different derivatives) have all been widely used.

Cannabis has been linked to various of psycho-pathologies since its introduction. The authors of this paper examine the achievements made in this field over the last decade. The link between cannabis and schizophrenia has been examined in greater depth. The debate regarding the reliability, clinical value, and existence of a cannabis withdrawal syndrome has been resolved as well. Recent research has also supported the likelihood of cannabis exerting an acute and chronic effect on so many cognitive functions. A great deal of study was done on the treatment of cannabis use disorders. However, the endocannabinoid and its role in many psychiatric diseases is a very young exciting area of research.

The study looked at the lifetime prevalence of comorbid in 43 DSM III-R opioid and alcohol addicts. A total prevalence rate of 60.5 % was observed over the course of a person's lifespan. The findings are broken down by axis and compared to previous research. Between the opioid and alcohol dependent groups, there was no significant difference in comorbidity. Although there was a substantial difference in the frequency of Axis I disorders across patients with and without personality disorders, comorbidity on both Axis I and II was high. The temporal correlations between co-occurring mental conditions are also discussed in detail.

The Alcohol Use Disorders Asking People to describe and the short Drug Abuse Screening Test are brief self-report screenings for alcohol and drug issues that have not been tested in emerging economies with psychiatric patients. From April to December 2001, a random sample of inpatient admissions was obtained. According to ICD-10 criteria, cases were treated with addiction or mental disorders. 1349 individuals were enrolled in the study out of 2286 admitted to the hospital; 361 patients had primary substance use disorders and 988 patients had major psychiatric disorders. The DAST-10 and the AUDIT were both one too and internally consistent. Only 10% of the psychiatric subsample exceeded either cutoff, whereas 99 percent of the addiction treatment subsample exceeded 1 or both cutoffs, denoting that total score significantly differentiated those with primary substance use from those with primary mental illnesses (p = 8 on the AUDIT and >= 3 on the DAST-10). When applied in an Indian psych hospital, the AUDIT and the DAST-10 exhibit great psychometric qualities.

Seventy schizophrenia patients were split into two groups based on whether or not they had a history of substance abuse. Thirty-eight patients potentially have comorbid alcohol/substance abuse/dependence, as per study. Positive syndrome guards are designed comorbid substance abusers, while negative syndrome primarily represented non-abusers. In contrast to studies of most western experts, the percent of people diagnosed with substance abuse schizophrenia in this study were married.

Dual diagnosis is generally accepted as a serious clinical problem. This exploratory study used a semi-structured interview schedule and focus groups to interview workers from multiple drug misuse and mental health care in Northern India about the extent and clinical correlates with dual diagnosis and traditional substance use among mentally ill. Traditional substance abuse was also reported to be common among dual diagnosis patients. Northern India has a high level of addictions among the mentally ill.

This paper's goal is to present a summary of psychiatric morbidity research in India based on data published over the last six decades. Comorbidity data from throughout the world indicates that it is a lot more prevalent occurrence than is seen in ordinary clinical practice. In India, there has been little research into this area of psychiatry, regardless of the fact that comorbidity has been claimed to be quite as high as 60%. The majority of the authors in the few papers in this field have looked into substance-related comorbidity. There have been few investigations on comorbid illnesses in child psychiatry, particularly mental retardation, and even fewer studies on other comorbidities. This review article discusses important milestones in the domain of mental comorbidity research.

A lifelong diagnosis of substance - related and addictive syndrome is a significant predictor of suicide attempts. The systematic study of multiple risk factors for suicide in stimulant patients in the Indian population will have far-reaching repercussions for disorder knowledge.

The study comprised 60 male inpatients between the ages of 18 and 60 who met the International Classification of Diseases, Tenth Revision Diagnostic Criteria for Research for drug dependent syndrome and had a Hamilton Depression Rating Scale score of less than 7.

When compared to individuals without DSH, people with DSH had significantly higher rates of prescription opioids, risk of isolation, number of life events, anger trait and anger expression, personality disorder, amount of drug use disorders, and lower social functioning.

Patients with opioid dependence, a high risk of isolation, a large number of life events, increased anger feature and anger expression, personality disorder, impaired social functioning, and a large number of drug use disorders are all at risk for DSH, according the study.

OBJECTIVES OF THE STUDY

1. To find significant relationship between socio-demographic profile of the respondents with the expectation of cannabis-based medicine in India.
1. To identify and promote the importance of medicinal properties of cannabis and their uses.
2. To find the relationship of impact of cannabis is for medical treatment as a new era of treatment.

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RESEARCH METHODOLOGY

RESEARCH DESIGN

A research design is the arrangement of condition for assortment and inquiry of data in a manner that aims to combine relevance to the research problem with economies in a procedure. For the purpose of this study, I have used descriptive research design for my research work.

This Descriptive research includes all the surveys and the fact findings enquiries of different kinds. It basically gives a description of the state as it exists at present. As a researcher, he/she doesn't have any control over the variables so that they can only report what has been happened and what is been happening. It is called as the Ex-post Facto research. We can use survey method for this purpose.

SOURCE OF DATA

A research design is one, which simplifies the framework of plan for the study and adds itself in the quick collection and analysis of data. This is the blue print that is been filled in completing this study.

Data sources are:

Primary data

The primary data has been collected by the researcher, varying from all age peoples by administering the questionnaires to them and carrying out a survey. This is mainly done in order to collect first-hand information.

Secondary data

The secondary data is the reuse of data that have already been collected or researched by someone, which can be broadly categorized as published and un-published data. Various sources of secondary data that are referred are books, journals, documents and e-journals.

SAMPLING TECHNIQUES

Sample technique refers to the approach or procedure that would adopt in selecting items for the sample. I have used convenient sampling for my research. Convenient sampling is used to choose the fraction of population, which has to be investigated according to his/her own convenience.

SAMPLING UNIT

Area of the study is India

SAMPLE SIZE

Sample size refers to the number of respondents. To get a clear view I have conducted my research on 115 people

STATISTICAL TOOL

The purpose of the data analysis and interpretation is to transform the collected data into credible evidence about the statistical data view that is been calculated based on the research conducted.

The tools which I have used for the analysis are:

- Linear Regression Procedures
- Anova

RESEARCH VARIABLES

The variables under the study are

- Dependent variable – Consumer Travelling behavior, Health Cautiousness, Quality of Service, Traveler Satisfaction.
- Independent variable - Age, Gender, Level of income

The other variables are Environmental Sustainability, Cultural Sustainability etc.

HYPOTHESIS FOR THE DATA ANALYSIS

H0: there exist no significant relationship between socio-demographic profile of the respondents with the expectation of cannabis in India

H1: there exist significant relationship between socio-demographic profile of the respondents with the expectation of cannabis-based medicine in India

H2: there is no exist significant relationship of impact of cannabis is for medical treatment as a new era of treatment

H3: there is exist significant relationship of impact of cannabis is for medical treatment as a new era of treatment

ANALYSIS AND INTERPRETATION

TABLE 1

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.609	.609	39

TABLE 2

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.150ᵃ	.023	-.004	1.046
a. Predictors: (Constant), Educational qualifications, gender, age				

Reliability Statistics

The reliability received is 0.609 for 35 items, the reliability of data is very important because it indicates that the study can only be conducted further and the variables under study are reliable. The above result shows that the value obtained from Cronbach's Alpha was 0.609 showing that the questionnaire can be used as a reliable tool for collecting information and data from the given respondents. The questionnaire includes 35 questions and it is been filled by 115 respondents, thus showing that the data collected is reliable.

Statistical tools

The purpose of the data analysis and interpretation is to transform the collected data into credible
evidence about the statistical data view that is been calculated based on the research conducted.

The following tools are used in the analysis:

- ANOVA
- Regression

Regression

H0: there exist no significant relationship between socio-demographic profile of the respondents with the expectation of cannabis in India

H1: there exist significant relationship between socio-demographic profile of the respondents with the expectation of cannabis-based medicine in India

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TABLE 3

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.784	3	.928	.848	.470[b]
	Residual	120.339	110	1.094		
	Total	123.123	113			
a. Dependent Variable: soon can we expect cannabis-based medicines in India						
b. Predictors: (Constant), Educational qualifications, gender, age						

ANOVA[a]

Interpretation: the null hypothesis is accepted that is there exist significant relationship between socio-demographic profile of the respondents with the expectation of cannabis-based medicine in India. This shows that yet India has to spread wide knowledge in allowing to use cannabis as medicine with restrictions and also people need to get aware of the medicine by the awareness created by the Indian medical council.

ANOVA

H2: there is no exist significant relationship of impact of cannabis is for medical treatment as a new era of treatment
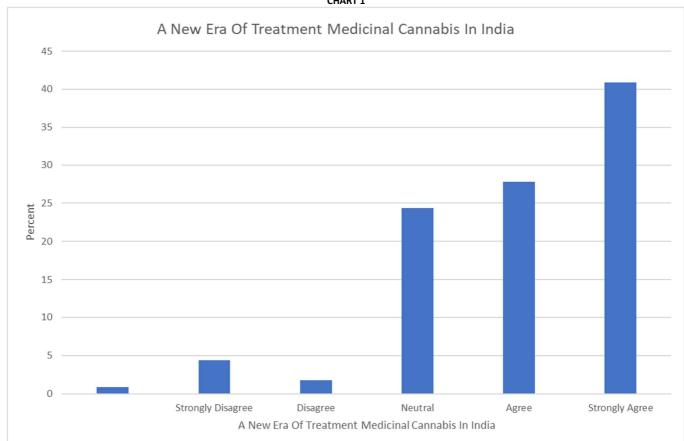
H3: there is exist significant relationship of impact of cannabis is for medical treatment as a new era of treatment

TABLE 4

ANOVA

A New Era Of Treatment Medicinal Cannabis In India

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	8.796	4	2.199	2.011	.098
Within Groups	119.204	109	1.094		
Total	128.000	113			

TABLE 5

ANOVA Effect Sizes[a, b]

		Point Estimate	95% Confidence Interval	
			Lower	Upper
A New Era of Treatment Medicinal Cannabis In India	Eta-squared	.069	.000	.145
	Epsilon-squared	.035	-.037	.114
	Omega-squared Fixed-effect	.034	-.036	.113
	Omega-squared Random-effect	.009	-.009	.031
a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.				
b. Negative but less biased estimates are retained, not rounded to zero.				

Interpretation: there is no significant relationship that exist in the impact of a new era of treatment medical cannabis in India. The Indian government should come forward in using cannabis as medicine and launch an era of cannabis for medical uses.

CHART 1

This graph shows the relationship between A new era of treatment medicinal cannabis in India and the percentage of respondents' agreement to the same. As seen the majority of the respondents' have strongly agreed to the new era of treat medicinal cannabis in India and are ready to uses the benefits of it to cure various diseases.

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12

CHART 2

The bar graph above shows the relationships between the use of medicinal cannabis for the treatment of pain in adults and the percentage of respondents' agreement. The results show that the population is strongly ready to uses medicinal cannabis to treat chronic pain in adults.

CHART 3

The line graph shows the relationship between the mean of an era of treatment medicinal cannabis in India and the medicinal use of cannabis embraced by other countries. This shows a missed result that is strongly disagreeing for the same culture to be followed but the other respondents agree that we can slowly reach the stage. It is a slow process but we can get there.

FINDINGS AND SUGGESTIONS
FINDINGS
The research analysis using regression it is clear that there exists significant relationship between socio-demographic profile of the respondents with the expectation of cannabis-based medicine in India.

This shows that yet India has to spread wide knowledge in allowing to use cannabis as medicine with restrictions and also people need to get aware of the medicine by the awareness created by the Indian medical council.

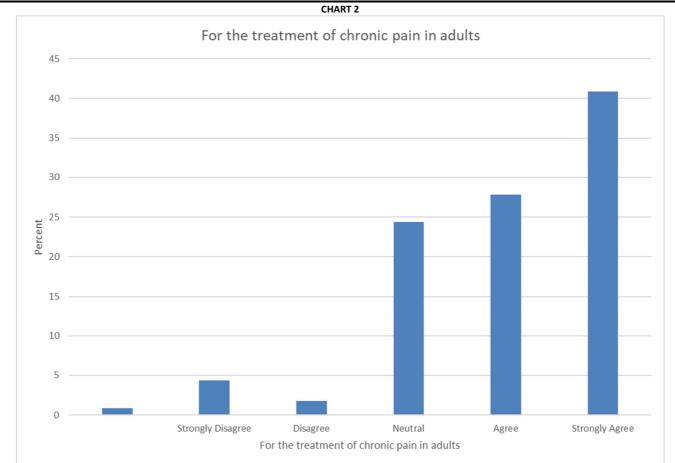The one-way Anova analysis brings to light that there is no significant relationship that exist in the impact of a new era of treatment medical cannabis in India. This proves that the Indian government should have more steps to promote the uses of medicinal cannabis and its' significance.

SUGGESTIONS

- The findings of the Analysis have a clear conclusion that India and its population are ready for the use of medicinal cannabis as a remedy for various diseases.
- The Indian government have to take more steps towards legalizing the consumption of cannabis for medicinal purpose and levy strict laws on the possession and consumption
- More awareness and education should be brought to the Indian population about the uses and benefits of medicinal cannabis.
- The social taboo of this subject should slowly be eradicated and this form of treatment should be educated to the population in their early stages of life.

CONCLUSION

Despite the ongoing debate, the use of medicinal cannabis for medical purposes signifies the re-emergence of a historically important plant in healthcare. Legislation governing the use of medicinal cannabis is continually evolving, requiring pharmacists and other clinicians to stay up to date on new or changing state regulations as well as institutional consequences. As the medicinal cannabis landscape evolves, hospitals, acute care institutions, clinics, hospices, and long-term care facilities must assess the consequences, solve logistical concerns, and examine the practicality of allowing patients access to this medicine. It has to be seen how much national policy, particularly under a new administration, will provide some clarity or further complicate regulation of this procedure.

The exclusive use of this for a natural and organic form of treatment with phenomenal results should be taken into lighter and laws should be formed to make it available to all those in need of such treatment.

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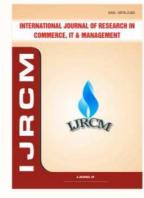
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