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**FACTORS INFLUENCING EMPLOYEE EFFICACY WITH RESPECT TO SOFTWARE QUALITY ASSURANCE: A STUDY**

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**ABSTRACT**

*Effective implementation of IT (information technology) projects is a critical strategic and competitive necessity for firms in all industrial sectors today. Though, due to cost overruns, schedule delays, unfilled requirements, and poor quality, it is reported that IT Employees are perceived to be successful. Much has been written about the causes of project failure and many employees have provided best practices and critical success factors for effective management projects, yet projects continue to fail. As a first step to overcoming systemic causes of inefficiency, we study focusing on developing and expanding the efficiency of the employees working in Software Quality.*

**KEYWORDS**

software quality assurance, employee efficiency, effective management.

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**INTRODUCTION**

 Quality assurance techniques are seeking to prevent, spot, and correct glitches in the quality of services provided to individuals and populations. Quality perfection plans an effort to enhance quality through continuous study and adjustment of the services being provided. Although these approaches tend to have different quantitative, they are inextricably linked. In another way, an effective quality assurance program is not an end in itself; rather, it is a means of maintaining and improving care. Quality measures: To assess the quality of service, three fundamentals or types of measures need to be considered: structure, process, and outcomes. Structural measures refer to the group and elements of the system of care. Process measures study how the care is provided. Outcomes relate to the final effects or results of the care rendered. Software fortifies nearly every business process. Therefore, sinking the cost of testing and improving the quality of your software is important. These four indicators will help you improve software quality and improve testing efficiency. Test at the right time: Testing in advance helps detect and solve bugs rather than having to solve them at the end of the release. The later software defects are detected, the longer and further expensive they are to solve. Fixing defects early can be a game-changer. In a client case study, documented in experiments 'Shift left and compress' white paper, the firm cut development time by 25 percent and bug fixing costs by 31 percent. Get test engineers involved during the requirements and design stage so they can help frame a more effective test agenda. More than 70 percent of software issues in a production environment can be traced back to poor requirements. Implementing Static quality tests early in the life cycle to give immediate reactions on quality issues regarding the software development. Improve testing organization: Is professional in testing or risk spoiling the business. Innovation leads to development: Every software development group quality test its products, yet delivered software always has bugs. Test engineers strive to catch them before the product is released but they always creep in and they often reappear, even with the best manual testing procedures. Automation software testing is the best way to increase the success, efficiency, and coverage of software quality testing. Buy into automated testing wherever possible to make the testing process more effective and make sure testing is targeted too. By using test design techniques and risk-based testing one can make sure to use fewer, but more worthwhile tests. Keep reviewing: Just for the reason, that those certain methods have worked in the past doesn't mean they always will. Processes of assessment and refactoring allow the testing team to maximize efficiency by reviewing what worked well. Implementing a Root cause analysis process that decides whether issues were a 'testing miss', a 'development miss', or a 'requirements or design miss'. This will help to identify areas for improvement throughout the whole software development process [1]. Industry Profile: While speaking about software quality assurance, it is valuable to talk about the history of quality assurance and how we have come to use certain approaches, such as Agile and Waterfall, because, in many ways, the disappointments and achievements of the past have had an impact on our perception of quality today. Quality has constantly been something civilization has strived for since early human evolution. It can derive back as far as stipulations for constructions in olden Greece to the Egyptian's construction of the pyramids. For the sake of quality in products, the ideologies seen in contemporary quality testing first came glaringly with unions in the Middle Ages. Unions were formed in part to figure a standard of quality uttered by sovereigns for certain trades, such as blacksmithing. Goods would be inspected by other union masters to ensure that a standard of quality was maintained by members within the union. Adding to this, you could not officially master a trade until you had created a masterpiece of quality. Unions lasted until the late 19<sup>th</sup> century, and degenerate, at least in part, due to the Industrial Revolution. The unions stalled free trade, so they were done away with almost completely. The Industrial Revolution started the contemporary ideology of quality assurance. Instead of skilled workers joining Unions to make a living, these workers had to work in factories. This was due to the methods prescribed by Frederick Winslow Taylor. Taylor was an American mechanical engineer whose ideas pushed the methods of efficacy and production in manufacturing. These methods included training employees rather than having them train themselves, employing and enforcing stringent documentation and practice based on scientific study, and dispersing work equally among workers and managers. This viewpoint became known as methodical administration. From the methods of scientific management came the work of Walter Shewhart, who, in the 1930s, improved on the system Taylor had made famous. Shewhart was an expert in quality at Bell Labs and saw that there was an increasing need for quality developments. He familiarized the use of plan-do-study-act (PDSA) in the expansion process. It was this structure that first introduced cycles for maintaining quality. After WWII, General MacArthur worked to prop up Japan after their defeat. With the help of a man named W. Edwards Deming, the idea was to make Japan an industrial force. Due to his work, which led to a rise in factory efficiency and quality, Deming is considered a hero in Japan. Contrary to previous methods, the idea was that more time would be attentive to the quality of products instead of upsetting about the total cost. Due to this better form of the PDSA model, particularly in the auto industry, clients started selecting to buy goods from Japan over the United States due to the noticeably sophisticated quality of goods. Therefore, we see two different types of expansion methodology today. Waterfall progress's emphasis on documents and spending more time to flawless the code, while Agile was built upon the success of quick sprints, such as in the case of the Trident submarine command and control console. Either of the mockups

has its rewards and drawbacks, but it is most important to understand that each of these ideas was created from the achievements and disappointments of previous projects.[2]

**SCOPE AND OBJECTIVES OF THE STUDY**

The comprehensive objective of this project is to bring out significant efficiency by evaluating the testing and execution of the various changes made in the existing functionalities and assessing the new features of the application to come up with information about the level of quality products and provide a real picture to the stakeholders. Insure2Save, UK has contracted with BB Technologies, to test the reports of their new software applications. This article will report the different standards that will apply to the unit, integration, and system testing of the specified web application. The design, development, and testing of these reports will be based on the client’s “Release 98” management project. Throughout the testing process, we will be applying the test documentation specifications described in the standard BB processes for Software Testing.

**RESEARCH METHODOLOGY**

Sample Size – Number of people (Lead + Employee) The sample size contains all the employees working under the project to reduce the errors. The sample must take CFTs per representation which contain differential roles effecting the total outcome of the project. Roles are as follows: Project Manager, Manager QA, Team Lead, Senior Tester/Senior Test Engineer, Associate Test Engineer, Junior Tester Total number of employees selected for Sampling methodology is 50. Sampling Method to improve the quality process Anonymous questionnaire feedback – OFAT (One factor at a time) was chosen. The questionnaire was circulated in two methods a) Questionnaire printout/Pamphlet and b) Google Forms. **The following for data and methodology** A questionnaire format is given for the survey.

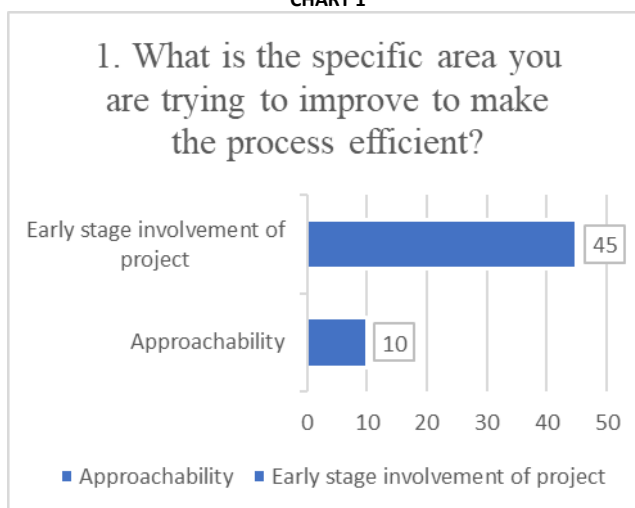
**EMPLOYEE OPINION SURVEY**

1. What is the specific area you are trying to improve to make the process efficient?
  - (a) Approachability
  - (b) Early-stage involvement of project
2. How can you measure our success?
  - (a) Defect leakages
  - (b) Communication channels
3. Who are the people that must support our goal to improve efficacy?
  - (a) Learning & Development
  - (b) Business
4. Are you clear about the requirements or changes which we are working on?
  - (a) Yes
  - (b) No
5. Has timely feedback resulted in improvement in work?
  - (a) Yes
  - (b) No
6. On what specific process would you like to be involved in?
  - (a) Early-stage process
  - (b) Late-stage process
7. Is there anything we could have improved related to application process you have been through so far?
  - (a) Performance
  - (b) Ability to prioritize tasks
8. What factors influences most for the increase in efficiency of the process?
  - (a) Technology
  - (b) Communication Channels
9. What suggestions would you make for the effective workers participation in management for improving production?
  - a) Refresher training program
  - (b) Motivation made by supervisors
10. What is your view that workers participation in management tend to promote?
  - (a) Increase in production
  - (b) Improve relation b/w Workers & management

**ANALYSIS AND INTERPRETATION**

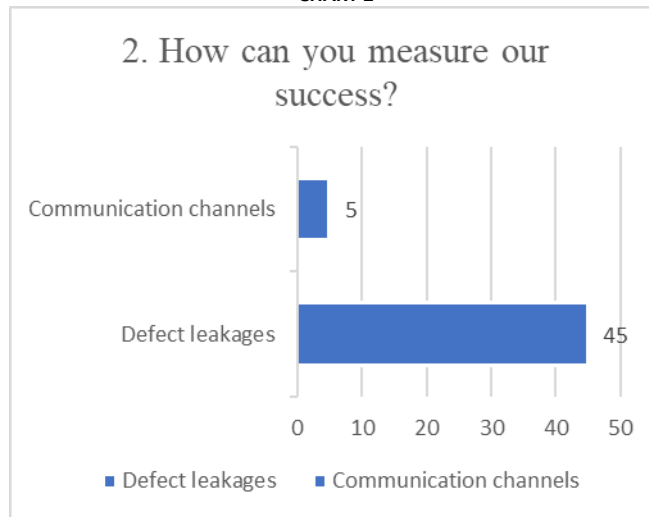
Considering the primary objective in lieu of the title the survey was conducted as per the questionnaire format the employees were given with the standard set of questions as per annexure 1 based on the survey analytical tools were used to interpret the outcomes.

CHART 1



As per the survey above for question 1, it can be interpreted that the majority of the sample population(employees) 82% feel that they get owning and are responsible for the project if they are involved from the initiation or from the early-stage involvement of the project that projects the self-interest eventually leading to improving efficiency.

CHART 2



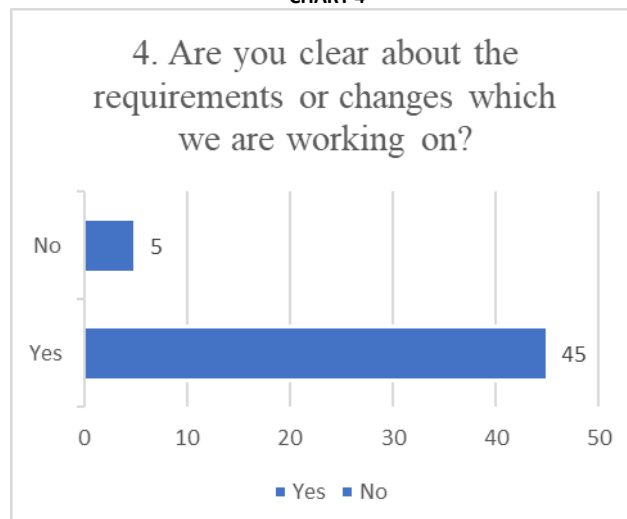
Defect Leakage is the Metric that is used to identify the efficiency of the QA testing. Although both communication channels and defect leakages are major factors influencing the process efficacy as per the survey above for question 2, it can be interpreted that the majority of the sample population (employees) 90% feel defect leakages are major influences.

CHART 3

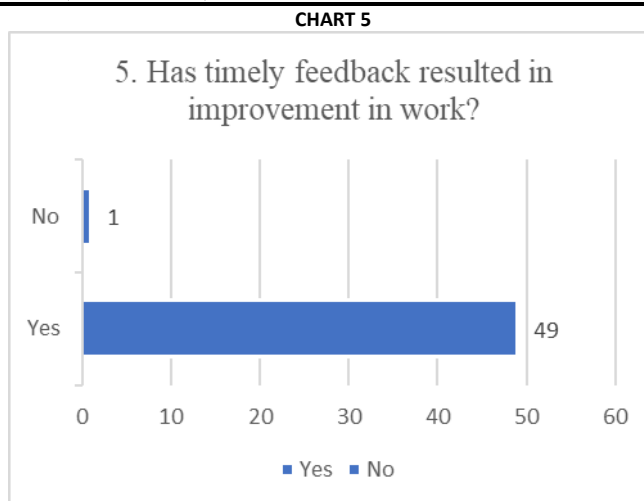


From a quality perspective, the goal is improving the effectiveness of the unit process, among the two factors in the survey 60% of the employees feel that they should have more Learning & Development towards the assigned tasks over Business. But increasing the Learning & Development eventually increases the brand value on the Business.

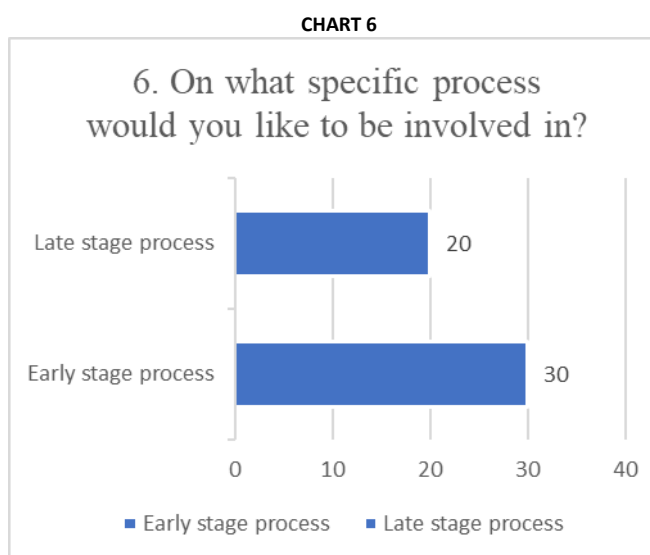
CHART 4



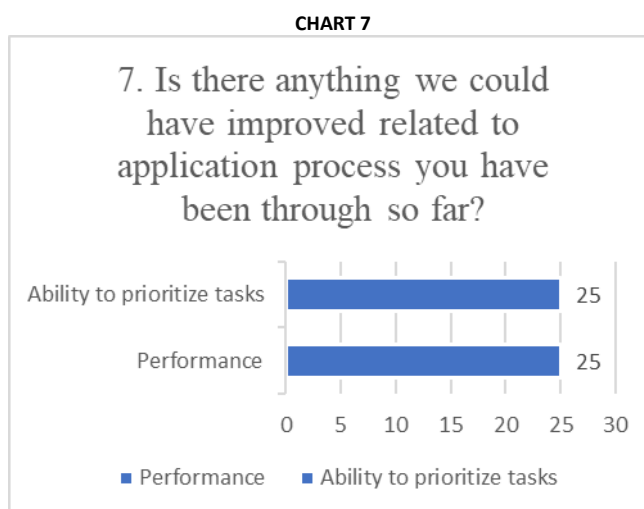
90% of the employee feels that they are clear about the requirements and changes in the process they are working on which helps in identifying bugs and improving efficacy.



Feedback for the employee during the execution is a general process that improves confidence, empowerment, and capabilities. In this scenario, 98% of the employees feel that timely feedback has improved their effort effectiveness.

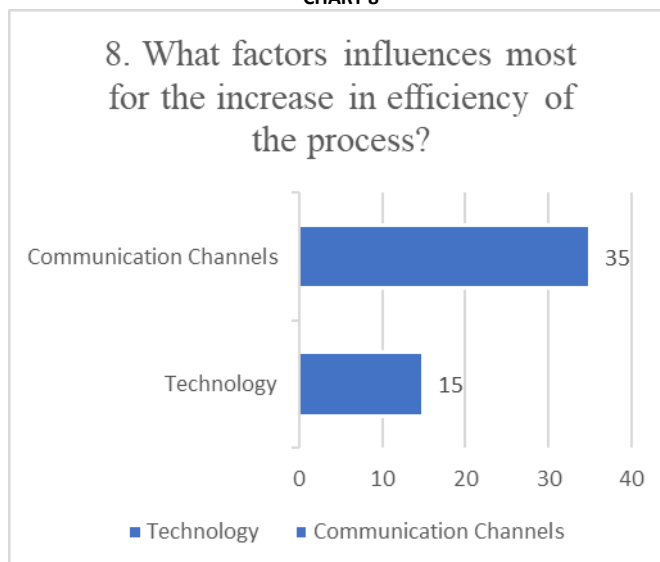


For any process, both early stage and late stage are major influencer and important for successful completion of that project or unit process. But, as per the survey in this scenario, a few percent of S.D standard deviation or biasness can be observed since the employees have a customized skill set for their respective roles. Hence, the employees feel that early-stage process involvement helps to learn more about the products and process they will be working on which eventually bring out a better outcome.



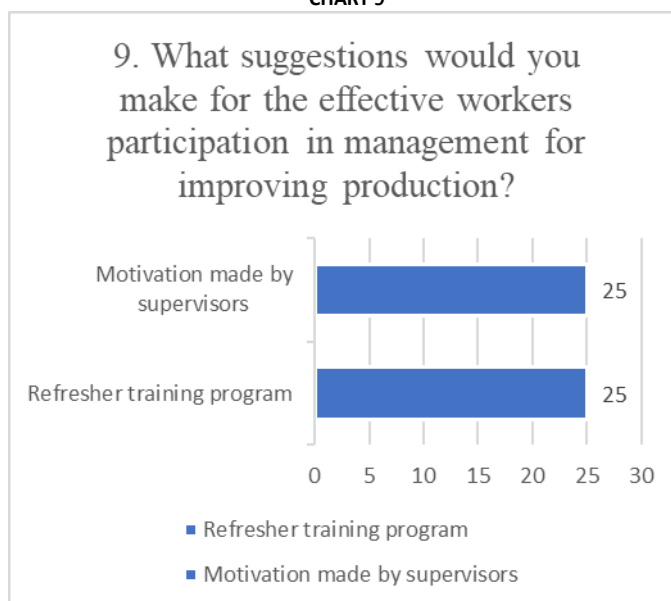
Scheduling tasks and unit performance are independent entities for an application process. The performance of an employee has been judged both ways by the employee and his manager. Whereas scheduling the task and its priorities are managed by the project manager the prioritizing of the tasks is influenced based on delivery, timeline, and need of the client. According to the survey, the employees have split opinions on the above matter. Here, we should also consider the fact regarding the scope and tenure of employees.

CHART 8



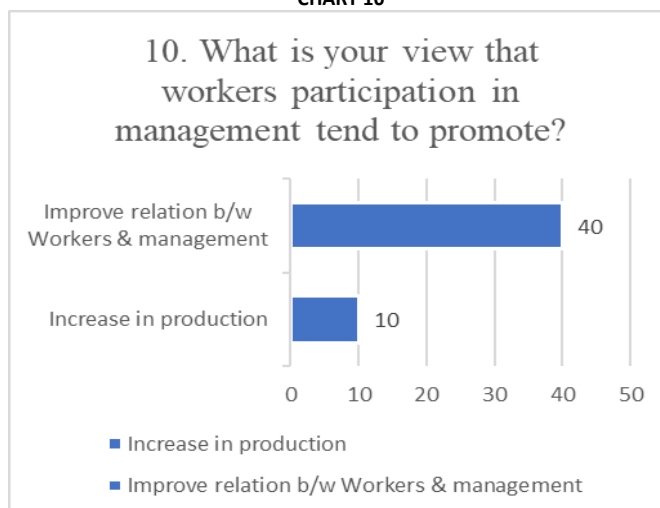
Though technology plays a major role in digital development today, Communication channels are also an influencing factor through which the information flows in any process from within. 70% of the employees in this survey select communication channels as a factor for improving efficacy.

CHART 9



Suggestions are subjective to an individual in improvement view. Here, the scope has been divided into two choices refresher training program and motivation made by supervisors. These two are convergent factors that that and in hand. Refresh. The refreshing program is conducted with the purpose to train employees with the new skills, methods, and processes required to improve their performance on the job. According to the survey, the employees have split opinions on the above matter. Here, we should also consider the fact regarding the scope and tenure of employees.

CHART 10



Views are subjective to an individual and can be biased. Here, the scope of view is reduced to two opinions an Increase in production and improved relationship between workers & management. As per the survey, 80% of the employee population thinks that improving relations between the workers and management significantly tend to promote participation in the assigned task which eventually increases the efficiency of the process.

### **CONCLUSION**

The study indicates through sampling methodology that most of the employees were satisfied with the process they follow, and new pieces of training should be implemented to improve the services of the employees within the project. A skilled resource can serve the best. The support of supervisors is important for employees to effectively implement what they learn during training in their organizations. recognizing their employees and highlighting the importance to the organization of the skills gained can help build that support among controllers. Educating the employees on how to prioritize to get more out of the limited time they have each day. It's one of the cornerstones of efficiency and once they know how to properly prioritize, it can help with time management. These interpretations were discussed and are to be implemented in the next project releases during the next financial year which also helps in dropping the budget of the project.

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**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.

**JEL CODE**

I18

**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 the 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 1<sup>st</sup> 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 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 has 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, Kulhali 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 neuro-logical 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  $\geq 3$  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 to 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.

**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 unpublished 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  | .150 <sup>a</sup> | .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

TABLE 3

| ANOVA <sup>a</sup> |            |                |     |             |      |                   |
|--------------------|------------|----------------|-----|-------------|------|-------------------|
| Model              |            | Sum of Squares | df  | Mean Square | F    | Sig.              |
| 1                  | Regression | 2.784          | 3   | .928        | .848 | .470 <sup>b</sup> |
|                    | 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

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 |             |       |      |

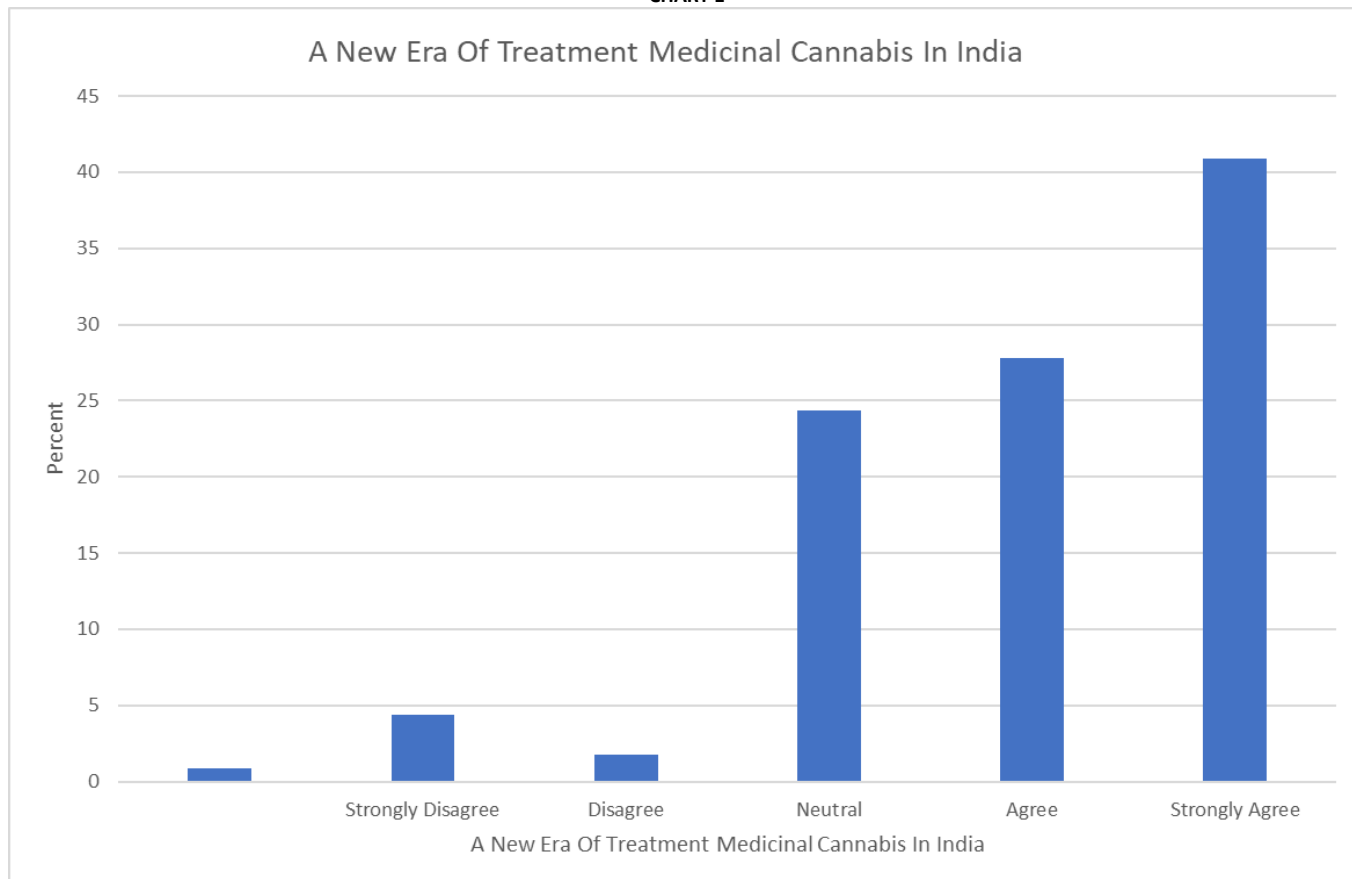
TABLE 5

| ANOVA Effect Sizes <sup>a, b</sup>                 |                             |                |                         |       |
|--|-----------------------------|----------------|-------------------------|-------|
| A New Era Of Treatment Medicinal Cannabis In India | Eta-squared                 | Point Estimate | 95% Confidence Interval |       |
|  |                             |                | Lower                   | Upper |
|  | Epsilon-squared             | .069           | .000                    | .145  |
|  | Omega-squared Fixed-effect  | .035           | -.037                   | .114  |
|  | Omega-squared Random-effect | .034           | -.036                   | .113  |
|  |                             | .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.

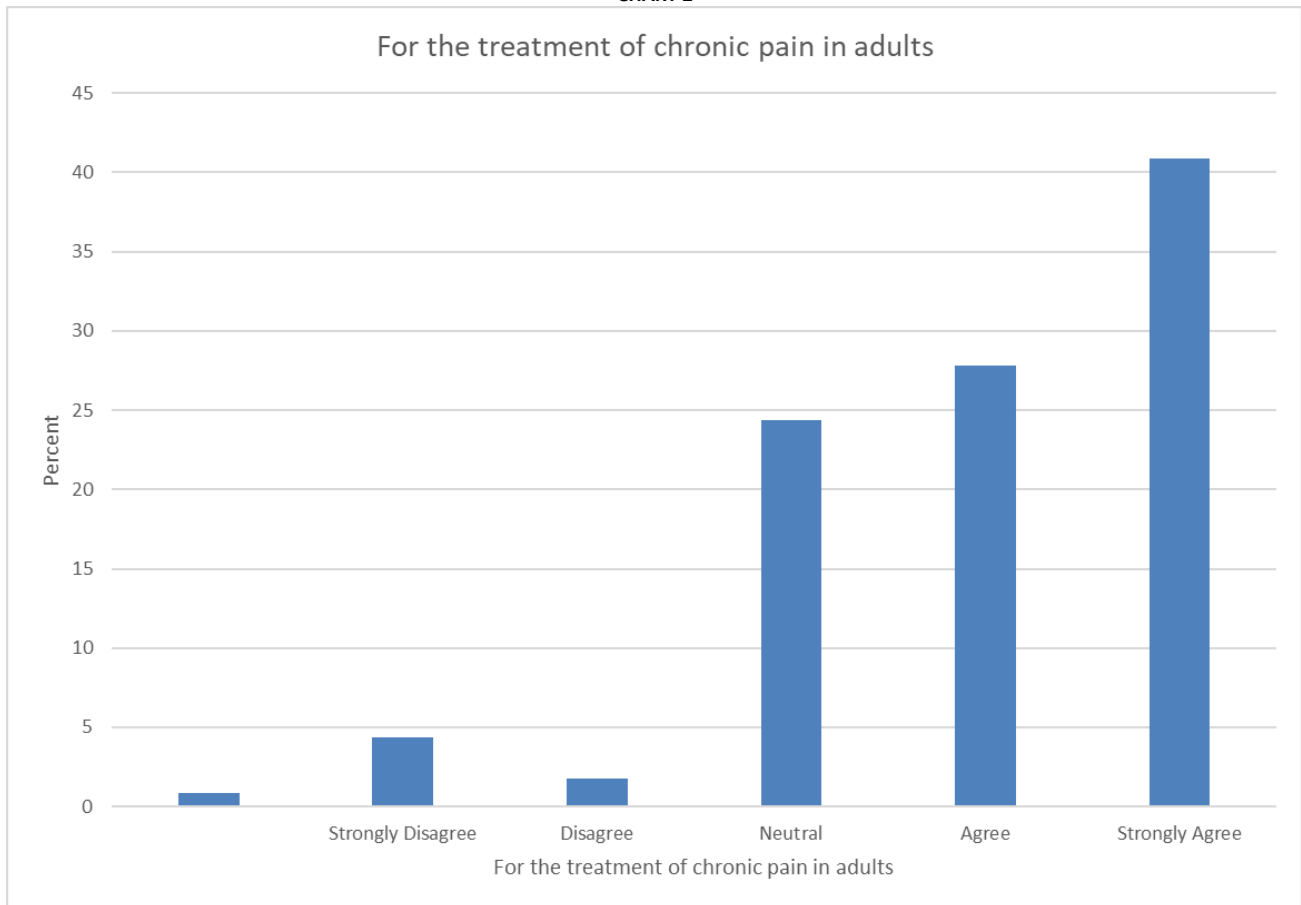
Interpretation: there is no significant relationship that exist in the impact of a new era of treatment medical cannabis in India. The Indian government should come forward in using cannabis as medicine and launch an era of cannabis for medical uses.

CHART 1



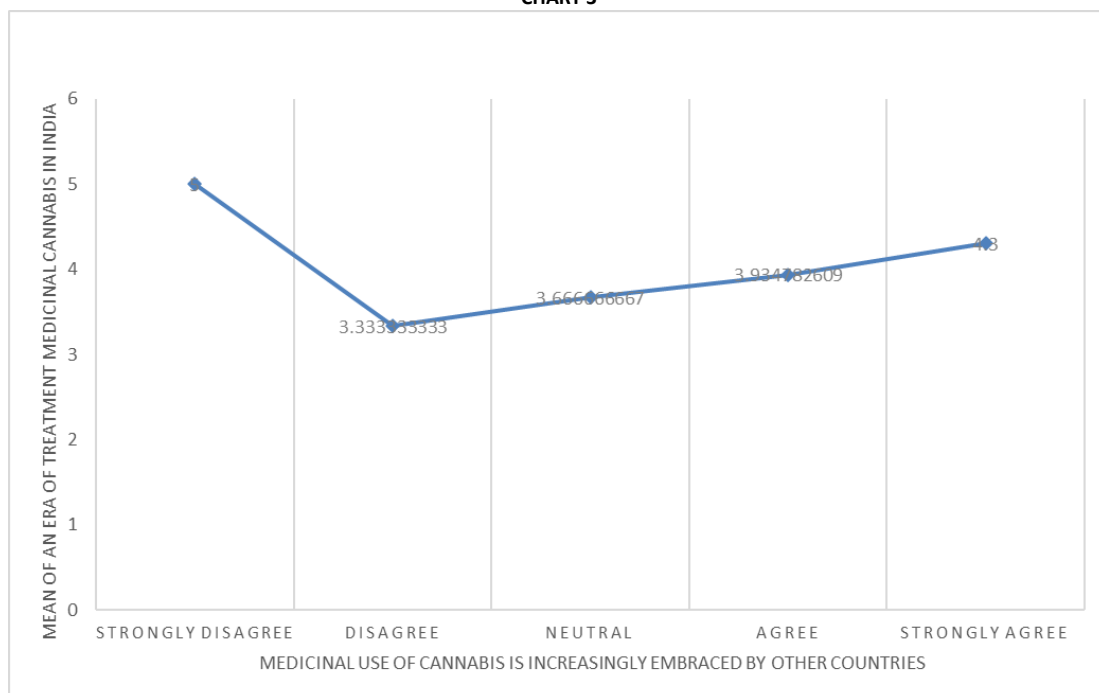
This graph shows the relationship between A new era of treatment medicinal cannabis in India and the percentage of respondents' agreement to the same. As seen the majority of the respondents' have strongly agreed to the new era of treat medicinal cannabis in India and are ready to uses the benefits of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

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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