

# Kamini Vidrawan Ras

(Papaver Somniferum)

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# Special Thanks

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- Dr. Thileepan Naren – GP and Addiction Medicine Registrar – Western Health
- Novel Opioids – Case Series on the use of Kamini - YouTube
  - Drug and Alcohol Research and Innovation Active – Learning (DARIA)
  - National Centre for Clinical Research on emerging drugs

# What is Kamini?

- Kamini Vidrawan Ras (Papaver Somniferum)
- Ayurvedic medicine - Opium “balls” – handmade
- Vary in weight ~ 200-400mg and contain various opiate alkaloid derivatives (i.e. codeine, morphine, papaverine, noscapine). ~2mg – 20mg opium.
- Also known to contain traces of heavy metals: lead, arsenic, mercury – have been cases of lead poisoning
- Indication: Aphrodisiac (ED/Impotence/Premature Ejaculation), Stimulant
- Nickname: “Indian Viagra”



Figure 1: Opium poppy



# TGA Restrictions

- 2016 – Kamini Vidrawan Ras – prohibited
  - Customs (Prohibited Imports) Regulations Act 1956
  - Australian Border Force + TGA – Seizure/destruction
- Despite restrictions, it appears to be readily available
  - Purchased online
  - Ongoing supply in Indian Grocery stores

Consumers are advised that substances in Multani Kamini Vidrawan Ras tablets and Ayurvedant Kamini Vidrawan Ras tablets are prohibited imports under the *Customs (Prohibited Imports) Regulations 1956* if licensing and permit requirements are not met before importation into Australia.

The supply of Multani Kamini Vidrawan Ras tablets and Ayurvedant Kamini Vidrawan Ras tablets in Australia is illegal.



Figure 2: Adapted from TGA [Multani Kamini Vidrawan Ras tablets and Ayurvedant Kamini Vidrawan Ras tablets](#) | Therapeutic Goods Administration (TGA)

# Ayurvedic Medicine

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- Ayurveda, a natural system of medicine, native to India based on ancient writings that rely on holistic approaches to physical and mental health
- Ayurveda encourages natural therapies, mainly derived from plants but also animal/mineral or metals) and lifestyle interventions regain a balance between the body, mind, spirit and the environment
- In India, Ayurveda is considered a form of Medical care – equivalent to Western Medicine, Traditional Chinese Medicine
- Ayurvedic Practitioners in India undergo state-recognized institutionalized training with a governing body (Central Council of Indian Medicine)



# Cultural views on Mental Health/Wellness

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- Punjabi barriers to mental health and addiction
  - Ideas of Masculinity (Hard work and providing for loved ones – Top of the hierarchy)
  - If unable to achieve these goals (i.e. unemployment/inadequate remuneration)– lowered self esteem/identity loss
  - Can be compounded by limited recognition of qualifications in Western countries leading to increased blue-collar labour employment
  - To increase the amount a person works – increase risk (driving long hours –taxi/truck)/ working multiple jobs/overtime shifts
  - Culturally acceptable to take medication including opium to deal with stress and productivity to support the family unit
- Requires culturally appropriate responses and education



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Health

## Herbal product Kamini may be causing opioid dependence in Australia, doctors warn

Use of Ayurvedic medicine Kamini Vidrawan Ras resulted in 24 reported presentations to addiction clinics in Queensland and Victoria

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Melissa Davey

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Tue 27 Sep 2022 03:30 AEST



## 'Indian Viagra' – herbal drug Kamini contains morphine and can quickly lead to dependence

Published: October 4, 2022 6.03am AEDT

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The herbal formulation Kamini has been in the [news](#) with a Brisbane drug and alcohol treatment program [reporting](#) 12 men accessing the service because they could not stop taking Kamini. A [second group](#) of 12 patients in Melbourne sought help for opioid dependency from taking the herbal medicine, which is usually illegally imported from India.

[Kamini Vidrawan Ras](#) causes drug dependence in people using it regularly, because it contains opium, among other plant and mineral ingredients. [Opium](#) is a plant product refined to make

Author



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Figure 1. Kamini container





# Sale in Australia

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- TGA – not listed on ARTG & illegal to import or supply
- Sold in Indian Grocery stores – ? Incentivised
- Cost: approx. \$100/bottle
- Taken by night-shift workers – (i.e. taxi drivers/truck drivers /rideshare drivers)



# Impact of COVID

- Supply chain issues
- Cost: Increased to  $\geq \$180/\text{bottle}$
- Opioid withdrawal presentations
- Case reports of spending  $> \$200/\text{day}$
- Issues:
  - Opioid use disorder
  - Loss of employment
  - Financial hardship
  - Withdrawal



Figure 6: Adapted from [Shortage of illegal Kamini balls due to COVID pandemic sees more people seeking help for opioid dependency - ABC News](#)



# Issues

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- Opioid Use disorder
- Readily available/unregulated opioid
- Variable doses/amounts/ half-life
- Heavy metal toxicity
- Treatment options
- Cultural issues



# Case Report

## **The Successful treatment of Kamini dependence with depot Buprenorphine (Buvidal) – a case report**

Ivy Kwon, Alison Blazey & Mark Montbello  
Sydney, NSW

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- 33 yo Male referred by GP to Opioid Treatment program in Northern Sydney – Kamini dependence
- 3 year hx of Kamini use – given by friend for stress relief/aphrodisiac
- Dose: 5 – 40 /day - stabilizing at 18 (in three divided doses)
- Unsuccessful efforts to cease use + withdrawal sx (anxiety/muscle aches, headache, emesis, diarrhoea) – given Diazepam by GP with nil effect
- Financial stress - \$200/day – Protective/Motivating factors: wife and young son
- Trial of oral Opium at 15 yo and IVDU Heroin on one occasion 7 years prior – nil other substance use

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- Physical/Cognitive exam –unremarkable
- Pathology – serum Pb ( $7\mu\text{g/dL}$ ) and GGT ( $57\text{U/L}$ ) – secondary to lead exposure
- Initiated on Suboxone – titrated to  $16\text{mg/day}$  – switched to weekly Buvidal  $24\text{mg}$  for 2 weeks then  $96\text{mg}$  monthly for 2 months before disengaging from treatment
- 3 months later - reported that he was doing well, remained abstinent from opioids including Kamini – did not feel he required further tx
- Endorsed – ↓ financial stress, improved relationships & functions at work (reliable historian)



# Case Series

## **Kamini, a little recognized source of illicit opioid: A Case series of 12 patients**

Tabibul Khan, Pem Ariyawansa, Janette Quinn & Jeremy Hayllar

Addiction service – Logan, Gold Coast, Brisbane

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### Cohort:

- 12 patients (11 – migrants born in India)
- Median age: 32 / duration of use 1.5 years/ daily use 13 “balls”
- Sx: poor sleep, agitation, inability to stop using Kamini, opioid withdrawal (dilated pupils, rhinorrhea, moist palms)
- Told by Indian grocers – increase ability to work longer hours or relieve stress/ dental pain
- 2 patients had not hx of substance use (others – ETOH/THC/Methamphetamine/tobacco)
- 1 patient given Naltrexone by GP – intense withdrawal – nil OST
- Reason for presenting: Withdrawal sx - Cost/Supply + desire to cease

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- 10 patients – ( 9 – Buprenorphine/1 – Methadone)
- 2 patients – topical ( low qty/short term use/stable social background)

**Table 1.** *Kamini users and their treatment*

Patient	Years use	Balls/day	Treatment
1	8	2	Lost after 2 days, later injectable buprenorphine 64 mg/month
2	4	5	24 mg buprenorphine/naloxone
3	1	5	buprenorphine patch 20 µg/hr + taper
4	0.67	6	12 mg buprenorphine/naloxone
5	0.75	6	buprenorphine patch 25 µg/hr + taper
6	0.5	10	8 mg buprenorphine/naloxone
7	5	16	30 mg buprenorphine/naloxone
8	1.5	20	Injectable buprenorphine 100 mg/month
9	Unknown	25	Used heroin next day, later methadone
10	0.5	30	4 mg buprenorphine/naloxone
11	7	30	18 mg buprenorphine/naloxone
12	8	30	Injectable buprenorphine 64 mg/month
Median 1.5 years		Median 13	—



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What was found?

- Kamini related opioid dependence can be successfully treated following current guidelines for OST
- TGA tested doses - < 3mg oral morphine equiv.
- Buprenorphine doses required to stabilize most patients exceeded the predicted dose based on stated daily use
  - ? Variable dose/understated use

# Discussion

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- Kamini Vidrawan Ras – Ayurvedic medicine (Cultural Implications)
- TGA restricted (2016), however remains readily available (anecdotal) and unregulated
- Variable doses of opioids + Treatment options
- De-Novo opioid use disorder
- Heavy metal toxicity
- Evidence (case series) re: Successful Treatment with OST (Methadone/Buprenorphine (PO/IM))
- Risk to self/others ( i.e. driving/heavy machinery)



# References

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