



PRIORITY POPULATIONS

CHAIR: JAMES PETTY, ADRIA PROJECT LEAD, VAADA

1. Addressing the challenges of Dual Diagnosis treatment in a Forensic Mental Health Hospital

2. Kamini: An over-the-counter opiate containing Ayurvedic medicine

3. Project Sunrise: Self-Determined Holistic Approaches to AOD treatment for African Australian Young People

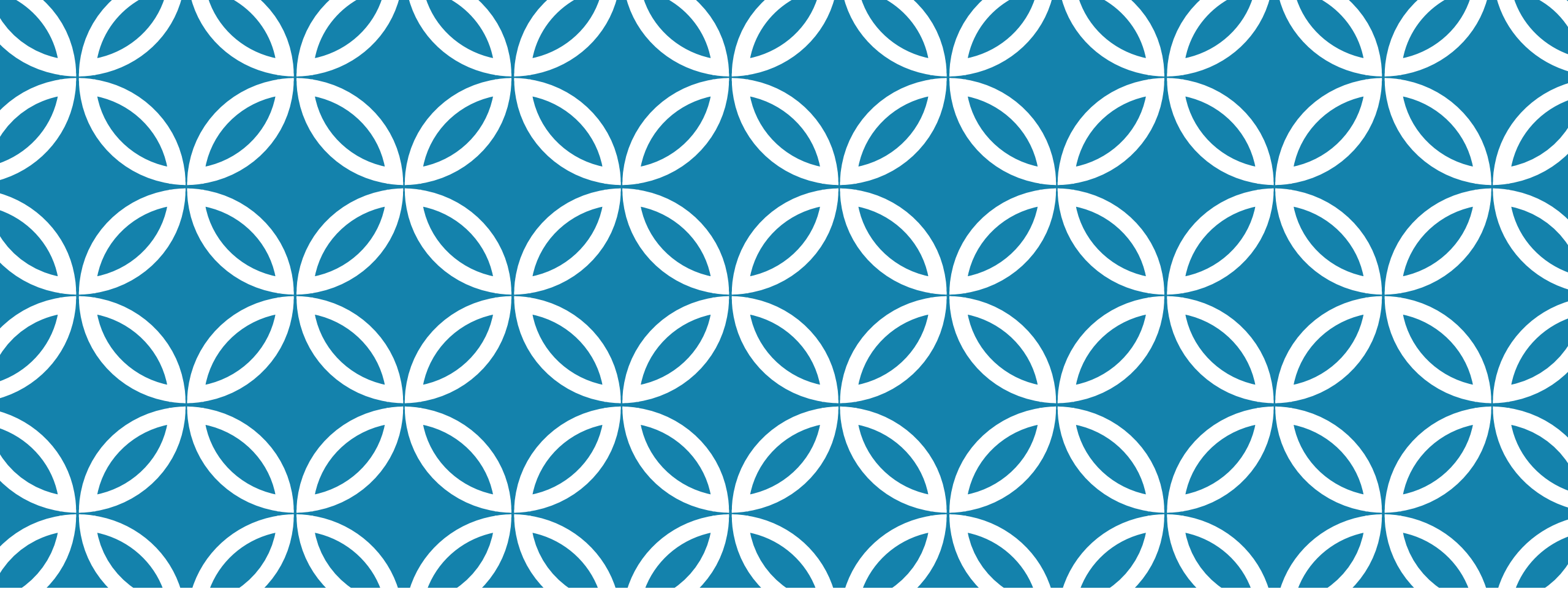
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Kamini: An over-the-counter opiate containing Ayurvedic medicine

Thileepan Naren, Western Health
Jon Cook, Western Health

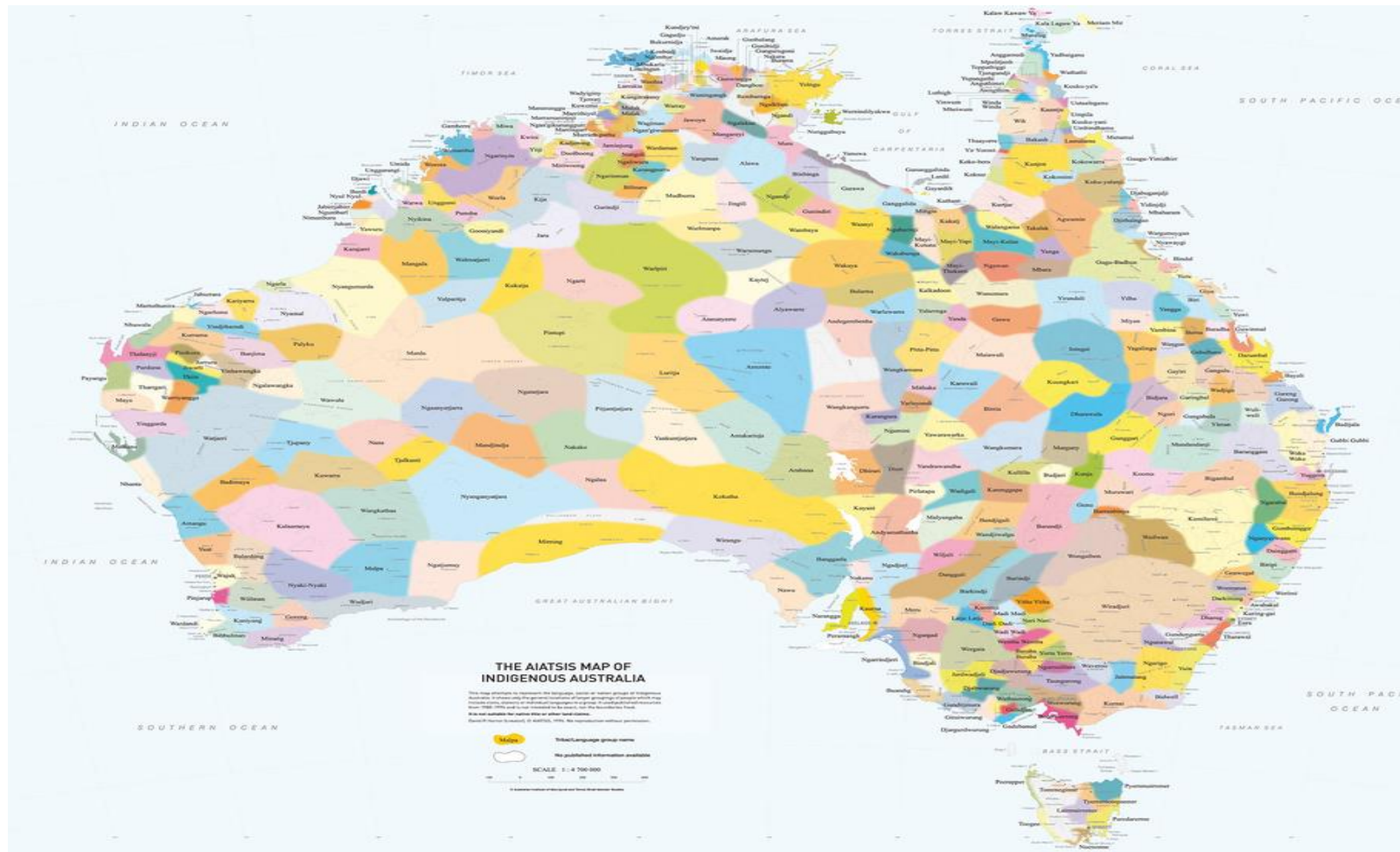
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KAMINI: AN OVER-THE-COUNTER OPIATE
CONTAINING AYURVEDIC MEDICINE

DR THILEEPAN NAREN & DR JON COOK

ACKNOWLEDGMENT OF COUNTRY



CASE STUDY 1

39 yo Indian man referred to Addiction Medicine Clinic by GP due to 'Kamini addiction' – first consultation was a phone consultation

Substance use history:

Kamini-used for last five years. 7 tablets bd (down from 7 tablets tds).

Alcohol-drinks half a bottle of whisky one day per month in a single sitting. No daily drinking and no withdrawal symptoms.

Cigarettes-1-2 daily for 12 years

No other substance use history and no history of IVDU

No past withdrawal management or rehabilitation admissions

No legal or forensic history

CASE STUDY 1

No past medical history

No regular medications

NKDA

Social history:

Construction worker – working full time

Married and lives with wife in own house

CASE STUDY 1

Patient goals : 'Come off Kamini'

Treatment options:

- slow wean of Kamini
- residential withdrawal admission and symptomatic management of withdrawal and/or buprenorphine (short term)
- opioid substitution therapy – Suboxone +/- LAIB

ISSUES

Is this opioid use disorder?

Timing of cessation of Kamini prior to commencing Suboxone?

Type of opiate in Kamini and half life?

Starting dose of Suboxone?

SECOND APPOINTMENT

Urine drug screen positive for opiates

Broached stopping Kamini for one day and then presenting in withdrawal for assessment and commencing Suboxone. Patient felt that this was impossible due to significant opiate cravings.

Compromise: 2 tablets in the morning and present to pharmacy in evening and if in withdrawal to have a test dose of 2mg of Suboxone and then further 2mg dose 1-2 hours later.

FOLLOW UP

Transition to Suboxone completed successfully

Patient now stabilised on 12mg dose of Suboxone

Patient has ceased using Kamini

CASE STUDY 2

34 year old Iranian man referred to service for opioid substitution therapy

Substance use history:

- Opioids-prescribed post MBA 13 years ago in Iran and post developing dependence commenced on Methadone in 2018 in Australia
- Cigarettes-20/day. Started smoking at age 16.
- Alcohol-previous heavy alcohol intake but ceased upon commencing Methadone
- Benzodiazepines-prescribed for short course but ceased usage for a number of years

No other substance use history and no history of IVDU

KAMINI USAGE AS A SUBSTITUTE FOR OST

Developed prescription opioid dependence

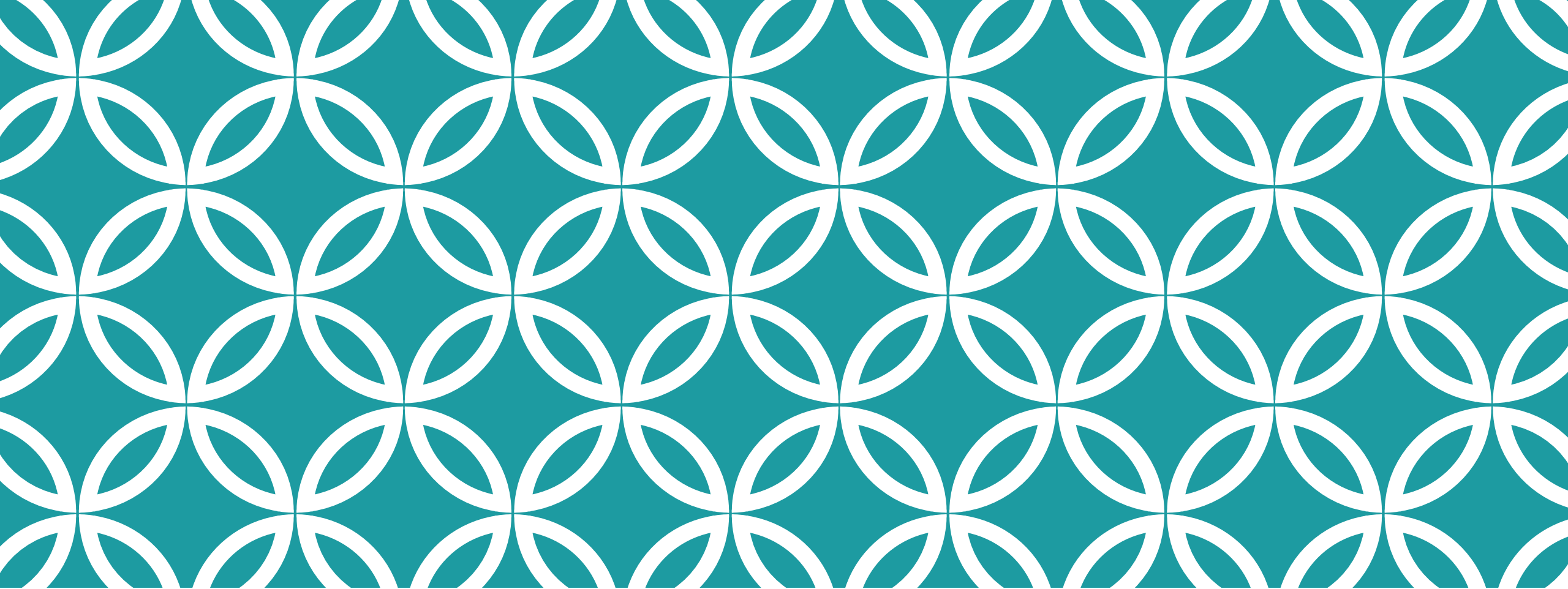
GP commenced on Methadone in 2018-was 80mg dose but split between two pharmacies – total daily dose was 160mg

GP received DHHS notification and decreased dose of Methadone to 95mg daily

Patient sourced 35-40mg Methadone for non-prescribed sources

Took 10-11 Kamini tablets to manage opioid withdrawal symptoms

Ceased Kamini usage once Methadone dose was up-titrated – currently stabilised on 220mg daily



KAMINI VIDRAWAN

RAS

KAMINI VIDRAWAN RAS

Opiate containing Ayurvedic herbal medication

Comes in the form of tablets or pellets which are swallowed whole

Promoted as a cure for impotence and erectile dysfunction but also as increasing energy and stamina

Readily available OTC in India and prescribed by traditional Ayurvedic practitioners



AYURVEDIC MEDICINE

Ayurveda, a natural system of medicine, originated in India more than 3,000 years ago.

Ayurveda encourages certain lifestyle interventions and natural therapies to regain a balance between the body, mind, spirit, and the environment

In India, Ayurveda is considered a form of medical care, equal to conventional Western medicine, traditional Chinese medicine, naturopathic medicine, and homeopathic medicine.

Practitioners of Ayurveda in India undergo state-recognized, institutionalized training overseen by the Central Council of Indian Medicine

KAMINI VIDRAWAN RAS INGREDIENTS

Shuddha Ahiphena

White Sandalwood

Pippali

Cloves

Kesar

Nutmeg

Mace

Akarakara

Ginger

Shuddha Gandhak

Shuddha Hingala

Betel leaves extract

DOSAGE OF KAMINI

As per product information Kamini Vidrawan Ras is normally recommended at a dosage of ½-1 tablets per day

Pills are hand made and variable in size

Tablets within same bottle showed a variability between 2-20mg of opium (Abeysondera & Singh 2019)

Chemical analysis of tablets revealed opium alkaloids, codeine, morphine, papaverine and noscapine. Also traces of heavy metals: lead, arsenic and mercury (Kwon, Blazey & Montebello 2021)

Abeysondera H, Singh S. Is Kamini becoming an endemic within the migrant Indian community in Australia? Aust N Z J Psychiatry. 2019 Dec;53(12):1225-1226.

Kwon I, Blazey A, Montebello M. The successful treatment of Kamini dependence with depot buprenorphine (Buvidal) - a case report. Australas Psychiatry. 2021 Dec;29(6):707

CULTURAL VIEWS ON MEDICATION

In Punjab it is culturally acceptable to use substances to increase productivity and deal with stress. Opium has a long history in Punjab and many farmer used to take opium prior to performing physical labour on farm (Dhaliwal, 2020)

Dhaliwal, R. (2020 December 14). Why Punjabi Men Get Addicted: Being a Man, Hard Work, and Sex. ASRA: The Punjabi Alcohol Resource. Accessed from: <https://asranow.ca/2020/12/14/why-punjabi-men-get-addicted-being-a-man-hard-work-and-sex/>

LITERATURE REVIEW

The American Journal on Addictions, 19: 193–194, 2010
Copyright © American Academy of Addiction Psychiatry
ISSN: 1055-0496 print / 1521-0391 online
DOI: 10.1111/j.1521-0391.2009.00016.x

Abuse of Opium-Containing Indian Herbal Medicines: A Case Report

Debasish Basu, MD, Partha Pratim Das, MD, Rajarshi Neogi, MBBS

Drug De-addiction & Treatment Centre, Department of Psychiatry, Postgraduate Institute of Medical Education & Research, Chandigarh, India

First documented report was a case study from 2010

35 yo man who became dependent on another opiate containing Ayurvedic herbal preparation called Barshara and then switched to using Kamini

Treated with Naltrexone pharmacoprophylaxis, psychoeducation, motivational enhancement and psychosocial rehabilitation

LITERATURE REVIEW

Case study: **Ten men addicted to Ayurvedic medicines (Kamini and Barshasha)** presenting for opioid substitution treatment

We present a special edition "Case of the week" submitted by Drs Jo Lane and Susan Lane, Addiction Specialists from Waitemata DHB. If you would like to submit a case, please email: editor@bpac.org.nz

Case series of ten men from New Zealand who were dependent on Kamini Vidrawan Ras and Barshasha (another herbal preparation containing opiates)

Patient series from 2013 to 2020


All patients treated with OST

9 out of 10 remain in treatment

7 out of 10 are now abstinent of Kamini and Barshasha

LITERATURE REVIEW — AUSTRALIAN EXPERIENCE

**Is Kamini becoming
an endemic within the
migrant Indian community
in Australia?**

*Hesitha Abeysundera¹  and
Sohni Singh²*

¹Department of Psychiatry, Gold Coast
University Hospital, Gold Coast, QLD, Australia

²Bond University, Gold Coast, QLD, Australia

Corresponding author:
Hesitha Abeysundera, Department
of Psychiatry, Gold Coast University
Hospital, Gold Coast, QLD 4215,
Australia.
Email: drhesitha@hotmail.com

DOI: 10.1177/0004867419864430

Case report on two patients who were dependent on Kamini Vidrawan Ras who were treated with opioid substitution therapy


Another case report of patient taking 18 Kamini tablets per day stabilised on 96mg Buprenorphine injection for two months before discontinuing treatment

The successful treatment of Kamini dependence with depot buprenorphine (Bupival) - a case report

Ivy Kwon, Alison Blazey and Mark Montebello

LITERATURE REVIEW — AUSTRALIAN EXPERIENCE

Kamini, a little recognised source of illicit opioid: A case series of 12 patients

TABIBUL KHAN¹, PEM ARIYAWANSA², JANETTE QUINN³ & JEREMY HAYLLAR⁴ 

¹Addiction Service, Metro South Health, Logan, Australia, ²Alcohol and Other Drug Service, Gold Coast Health, Gold Coast, Australia, ³Alcohol and Drug Service, West Moreton Health, Ipswich, Australia, and ⁴Alcohol and Drug Service, Metro North Health, Brisbane, Australia

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	—

LITERATURE REVIEW – AUSTRALIAN EXPERIENCE

CASE SERIES

Drug and Alcohol REVIEW  WILEY

Case series on treatment of dependence to Kamini Vidrawan Ras with opioid substitution therapy

Thileepan Naren  | David Silkoff | Marcus Forsythe | Jon Cook

WESTERN HEALTH EXPERIENCE

Case number	Gender	Ethnicity	Age	Kamini usage	Previous substance use history	Dose and type of opioid substitution therapy	Months in treatment*	Current engagement in treatment	Current employment
1	Male	Indian	33	15 tablets	Alcohol	Methadone 20mg	40	Yes	Full-time
2	Male	Indian	28	6 tablets	Nil	Suboxone 6mg	53	Yes	Full-time
3	Male	Indian	32	4 tablets	Opium, Heroin, Tramadol	Buvidal 128mg	13	Yes	Full-time
4	Male	Indian	32	32 tablets	Nil	Suboxone 10mg	69	Yes	Full-time
5	Male	Indian	28	5 tablets	Nil	Buvidal 64mg	52	Yes	Full-time
6	Male	Indian	41		Nil	Suboxone 2mg	83	Yes	Full-time
7	Male	Indian	35	30 tablets	Nil	Suboxone 24mg	2	No	Unknown**
8	Male	Indian	36	4 tablets	Alcohol	Suboxone 20mg	2	No	Unknown**
9	Male	Indian	39	14 tablets	Cigarettes	Suboxone 12mg	5	Yes	Full-time
10	Male	Indian	34	8 tablets	Nil	Suboxone 12mg	16	Yes	Full-time
11	Male	Iranian	34	11 tablets	Tramadol, Oxycontin, Cigarettes, Alcohol	Methadone 220mg	11	Yes	Unemployed
12	Male	Indian	27		Heroin, Opium, Kamini, Amphetamines, Cigarettes	Buvidal 64mg	10	Yes	Full-time

OPIOID SUBSTITUTION THERAPY

Current treatment and management of Kamini Vidrawan Ras dependence based around OST

Evidence for OST is mainly based around the harms and risks associated with heroin

No evidence Kamini Vidrawan Ras usage leads to significantly increased risks of mortality (limited evidence base)

Is this the most appropriate treatment?

TGA RESTRICTIONS ON KAMINI VIDRAWAN RAS IMPORTATION

In 2016 Kamini Vidravan Ras tablets became prohibited imports under the *Customs (Prohibited Imports) Regulations 1956*

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

The TGA and the Australian Border Force (ABF) are working together to prevent further importation of these tablets into Australia and will destroy seized or impounded tablets

AVAILABILITY

Despite TGA restrictions Kamini Vidrawan Ras is still readily available

Anecdotal reports state that it is still available in some Indian stores

Concerns people from other ethnic groups are now using Kamini given ease of access

CONCLUSION

Kamini Vidrawan Ras usage is present in the community and possibly under reported

Easily available through some traditional Indian stores though there is some increased difficulty sourcing tablets

Significant variability between tablets with regards to opiate content

Limited evidence and literature on treatment options though patients respond well to OST

Limited evidence appears to show that patients respond well and remain engaged with treatment with good recovery capital

There are both case reports and case series of patients suffering significant harms from heavy metal poisoning post ingestion of Ayurvedic medicines

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