ISAM 2026 • ROTTERDAM

Kamini Use in Canada

An Emerging Substance of Concern Identified in Alberta, Canada

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Presented on behalf of City Centre Medical Clinic &
Addiction Healing and Recovery Centre

Why should addiction clinicians care?

01 It is an opioid

Kamini Vidrawan Ras is an Ayurvedic/herbal product associated with opium-derived opioid exposure.

02 It can cause OUD

Case series document tolerance, Craving and clinically significant opioid withdrawal requiring opioid agonist treatment.

03 It may be toxic

Published cases identify serious lead toxicity and product adulteration.

CA CANADIAN SIGNAL

A North American case report described opioid dependence after Kamini purchased from a Punjabi grocery store in Canada.

Palmer & Palatnick, NACCT 2023; Naren et al. 2022; Abhilasha et al. 2024

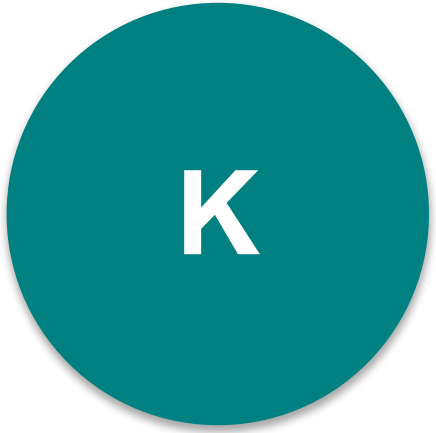
What is Kamini?

Traditional product

Marketed as an Ayurvedic / herbal medicine.

Promoted benefits

Vitality, stamina and sexual functioning.



Kamini Vidrawan Ras

Small pellets

Easy to swallow; products and contents vary.

Opioid exposure

Associated with Papaver somniferum / opium alkaloids.

Naren et al. 2022; Naren & Cook 2023; Abhilasha et al. 2024

The product is pharmacologically unpredictable

◆ Opioid component

Published clinical literature identifies opium-derived opioid exposure;exact composition can vary.

✦ Variable ingredients

Reports describe other botanical ingredients, but the formulation is not equivalent across products.

⚠ Toxic adulterants

Lead contamination has been demonstrated in products associated with severe toxicity.

“Herbal” does not mean predictable dose, purity or safety.

Naren & Cook 2023; Abhilasha et al. 2024

From “herbal remedy” to opioid dependence



? High-yield question

“What happens if you do not take Kamini for a day?”

Conceptual synthesis from Naren et al. 2022; McLachlan et al. 2022

Canadian signal: a North American case



39 y
Indian immigrant truck driver

Canada
Purchased Kamini at Punjabi grocery

Reason
Used to stay awake while driving

Exposure
Repeated oral use

Outcome
Opioid dependence + withdrawal

⚠ Why it matters

The case demonstrates Canadian access, opioid dependence and an occupational/public-safety dimension.

What international experience tells us

AU Australia

12 patients with Kamini-related opioid dependence were identified across four public opioid-treatment clinics. Patients presented with withdrawal and sought OAT after months to years of use.

OAT Treatment

A separate Australian case series described stabilization with buprenorphine and/or methadone, reinforcing that dependence can be managed as anopioid-use disorder.

! Recognition gap

Patients may not recognize Kamini as an opioid. The product can therefore remain outside conventional drug histories until withdrawal or loss of supply prompts presentation.

McLachlan et al. 2022; Naren et al. 2022

Do not stop at opioid withdrawal: consider lead toxicity

⚠ Clinical clues

- Abdominal pain / colic
- Fatigue and weakness
- Severe or refractory anemia
- Basophilic stippling
- Neurologic or multisystem features
- Compatible exposure history

LAB When to test

Kamini use + abdominal pain and/or unexplained anemia → maintain a low threshold for blood lead testing.

▣ Product testing

In the 2024 case series, analysis of the consumed product demonstrated substantial lead contamination.

Abhilasha et al. 2024

The lead-toxicity signal is clinically serious

1

Case series

Three opioid-dependent men developed abdominal pain, weakness and marked lead toxicity.

2

Laboratory phenotype

All had high blood lead levels and anemia; basophilic stippling was described.

3

Product evidence

Product testing detected 53,654 µg lead/g dry weight in the tested herbal product.

Abhilasha et al. 2024; Indian Journal of Psychological Medicine

Treatment: manage the opioid disorder—not the label

1 Recognize

Confirm pattern of use and withdrawal

2 Assess

OUD severity, co-use, toxicity and overdose risk

3 Treat

Use established OAT principles and local protocols

4 Monitor

Withdrawal, sedation, adherence and toxicity

✓ Evidence signal

Published case series describe successful stabilization with buprenorphine and/or methadone.
Titrate using clinical response and established Canadian/local OAT protocols.

Naren et al. 2022; McLachlan et al. 2022

A practical Canadian clinic approach

1 ASK

Kamini / Kamini Vidrawan Ras?

2 CHARACTERIZE

Source, dose, frequency, duration, last use

3 ASSESS

Withdrawal, OUD, sedation, overdose risk

4 SCREEN

CBC ± blood lead when indicated

5 TREAT

OAT + harm reduction + naloxone

6 MONITOR

Withdrawal, sedation, function, toxicity

7 REPORT / LEARN

Document product; consider toxicology/public health

★ Remember

Culturally sensitive, non-judgmental questioning is often the key.

Clinical synthesis; adapt to Alberta/Canadian protocols

Public-safety dimension: the transportation signal

A Why might it be used?

Perceived wakefulness, endurance or ability to sustain long working/driving hours.

B Why it matters

Opioid exposure may impair psychomotor function even when a person reports feeling more alert.

C Clinical response

Ask about driving and machinery; counsel regarding impairment and occupational safety.

→ Canadian case lesson

Substance use can intersect with occupational risk even when the patient does not identify it as opioid use.

Palmer & Palatnick 2023

What we still do not know in Canada

1 Prevalence

No robust Canadian prevalence estimate identified.

2 Geography

Spread beyond the reported Canadian case is uncertain.

3 Products

Brand/batch variability may alter opioid and toxicant exposure.

4 Surveillance

Routine drug testing may miss the product history.

→ Research priority

Systematically capture Kamini exposure in addiction, toxicology and poison-centre surveillance.

Evidence gap based on published literature identified through August 2026

Take-home messages

1. Kamini can represent an opioid exposure—not simply an “herbal” remedy.
2. Dependence and clinically significant withdrawal are documented.
3. Canada has a published North American case signal.
4. Lead toxicity is an additional concern in compatible presentations.
5. Ask specifically. Treat the OUD. Improve surveillance.

Thank you • Questions & Discussion

Acknowledgements & selected references

Research Team

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