

# Echinacea pallida

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ECHINACEA - ECHINACEA PALLIDA Help on accessing alternative formats, such as Portable Document Format ( PDF ), Microsoft Word and PowerPoint ( PPT ) files, can be obtained in the alternate format help section. (PDF Version - 84.6 KB) This monograph is intended to serve as a guide to industry for the preparation of Product Licence Applications (PLAs) and labels for natural health product market authorization. It is not intended to be a comprehensive review of the medicinal ingredient. Notes Text in parentheses is additional optional information which can be included on the PLA and product label at the applicant's discretion. The solidus (/) indicates that the terms and/or statements are synonymous. Either term or statement may be selected by the applicant. Date December 18, 2018 Proper name(s), Common name(s), Source material(s) Table 1. Proper name(s), Common name(s), Source material(s) Proper name(s) Common name(s) Source material(s) Proper name(s) Part(s) Preparation(s) Echinacea pallida Echinacea Echinacea pallida Pale echinacea Pale-flower echinacea Pale purple-coneflower Purple cone flower Echinacea pallida Root Dried References: Proper name: USDA 2018, Upton 2010; Common names: ITIS 2018, USDA 2018, Upton 2010, McGuffin et al. 2000; Source material: Blumenthal 2003, Dorn et al. 1997. Route of Administration Oral Dosage Form(s) This monograph excludes foods or food-like dosage forms as indicated in the Compendium of Monographs Guidance Document. Children 2 years: The acceptable dosage forms are limited to emulsion/suspension and solution/ liquid preparations (Giacchia et al. 2008; EMEA/CHMP 2006). Children 3-5 years: The acceptable dosage forms are limited to chewables, emulsion/ suspension, powders and solution/ liquid preparations (Giacchia et al. 2008; EMEA/CHMP 2006). Children 6-11 years, Adolescents 12-17 years, and Adults 18 years and older: The acceptable dosage forms for this age category and specified route of administration are indicated in the Compendium of Monographs Guidance Document. Use(s) or Purpose(s) Traditionally used in Herbal Medicine to help relieve cold symptoms (Blumenthal et al. 2000; Moerman 1998). Traditionally used in Herbal Medicine to help relieve symptoms of upper respiratory tract infections (Blumenthal et al. 2000; Moerman 1998). Supportive therapy in the treatment of upper respiratory tract infections (e.g., common colds) (EMA 2009; Dorn et al. 1997). Helps to relieve the symptoms and shorten the duration of upper respiratory tract infections (e.g., common cold) (Dorn et al. 1997). The following combined use(s) or purpose(s) is/are also acceptable: Traditionally used in Herbal Medicine to help relieve symptoms of colds and upper respiratory tract infections (EMA 2009; Blumenthal et al. 2000; Moerman 1998; Dorn et al. 1997). Note Claims for traditional use must include the term "Herbal Medicine" ", "Traditional Chinese Medicine", or "Ayurveda". Dose(s) Subpopulation(s) As specified below. Quantity(ies) Methods of preparation: Dry, Powder, Non-Standardised Extracts (Dry extract, Tincture, Fluid extract, Decoction, Infusion) Table 2. Dose information for Echinacea pallida root per day Subpopulation(s) Dried root (gram/day) Minimum Maximum Children 1 2-4 years 0.06 0.5 5-9 years 0.09 0.8 10-11 years 0.18 1.5 Adolescents 1 12-14 years 0.18 1.5 15-17 years 0.36 3.0 Adults 2,3 18 years and older 0.36 3.0 1 Children and adolescent doses were calculated as a proportion of the adult dose (JC 2018). The use of Echinacea pallida in children is supported by the following references: Bove 2001; Schilcher 1997. 2 Adult dose supported by the following references: EMA 2009; Blumenthal 2003; Blumenthal et al. 2000; Blumenthal et al. 1998; Dorn et al. 1997. 3 Includes pregnant and breastfeeding women. Direction(s) for use Start treatment at first signs of common cold (EMA 2009). Duration(s) of Use Consult a health care practitioner /health care provider/health care professional/doctor/physician for use beyond 8 weeks (ESCP 2003; Blumenthal et al. 1998). Risk Information Caution(s) and warning(s) Consult a health care practitioner/health care provider/health care professional/doctor/ physician if symptoms persist or worsen. Consult a health care practitioner/health care provider/health care professional/doctor/ physician prior to use if you have a progressive systemic disease such as tuberculosis, collagenosis, multiple sclerosis, AIDS and/or HIV infection or an auto-immune disorder (Brinker 2010; EMA 2009; McGuffin et al. 1997). Consult a health care practitioner /health care provider/health care professional/doctor/ physician prior to use if you are taking medications to suppress the immune system (immunosuppressive medications) (Brinker 2010; Mills et al. 2006). Contraindication(s) No statement required. Known adverse reaction(s) No statement required. Non-medicinal ingredients Must be chosen from the current Natural Health Products Ingredients Database (NHPID) and must meet the limitations outlined in the database. Storage conditions No statement required.

Specifications The finished product specifications must be established in accordance with the requirements described in the Natural and Non-prescription Health Products Directorate (NNHPD) Quality of Natural Health Products Guide. The medicinal ingredient must comply with the requirements outlined in the NHPID.

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## MEDICINAL INGREDIENT(S)

Must be chosen from the current Natural Health Products Ingredients Database (NHPID) and must meet the limitations outlined in the database. Storage conditions No statement required.

## DOSAGE FORM(S)

Children 2 years: The acceptable dosage forms are limited to emulsion/suspension and solution/ liquid preparations (Giaccoia et al. 2008; EMEA/CHMP 2006). Children 3-5 years: The acceptable dosage forms are limited to chewables, emulsion/ suspension, powders and solution/ liquid preparations (Giaccoia et al. 2008; EMEA/CHMP 2006). Children 6-11 years, Adolescents 12-17 years, and Adults 18 years and older: The acceptable dosage forms for this age category and specified route of administration are indicated in the Compendium of Monographs Guidance Document.

## RISK INFORMATION

Caution(s) and warning(s) Consult a health care practitioner/health care provider/health care professional/doctor/ physician if symptoms persist or worsen. Consult a health care practitioner/health care provider/health care professional/doctor/ physician prior to use if you have a progressive systemic disease such as tuberculosis, collagenosis, multiple sclerosis, AIDS and/or HIV infection or an auto-immune disorder (Brinker 2010; EMA 2009; McGuffin et al. 1997). Consult a health care practitioner /health care provider/health care professional/doctor/ physician prior to use if you are taking medications to suppress the immune system (immunosuppressive medications) (Brinker 2010; Mills et al. 2006). Contraindication(s) No statement required. Known adverse reaction(s) No statement required.

## NON-MEDICINAL INGREDIENTS

Must be chosen from the current Natural Health Products Ingredients Database (NHPID) and must meet the limitations outlined in the database. Storage conditions No statement required.

## STORAGE CONDITION(S)

No statement required.

## SPECIFICATIONS

The finished product specifications must be established in accordance with the requirements described in the Natural and Non-prescription Health Products Directorate (NNHPD) Quality of Natural Health Products Guide. The medicinal ingredient must comply with the requirements outlined in the NHPID.

## REFERENCES

Route of Administration Oral

Proper name(s)	Common name(s)	Source material(s)		
Proper name(s)	Part(s)	Preparation(s)		
Echinacea pallida	EchinaceaEchinacea pallidaPale echinaceaPale echinacea	EchinaceaEchinacea pallidaPale echinaceaPale echinacea	RootDried	Purple cone flower

Population(s)	Dried root (gram/day)								
Children	Maximum								
Adults1	2-4 years	0.06	0.5						
Children1	12-14 years	0.18	1.5	15-17 years	0.36	3.0	Adults2,3	18 years and older	0.36
Children1	12-14 years	0.18	1.5						