

Echinacea GLYCERITE

PREVENTS COLDS
Cold & Flu

NPN 80017613 30 ml

Each ml contains					
Echinacea purpurea	fresh root	Echinacea purpurea	1:4	224 mg	Organic
Echinacea angustifolia	fresh root	Echinacea angustifolia	1:4	56 mg	Organic
Pure vegetable glycerin, certified organic					

DOSAGE

TODDLER UNDER 2 YEARS

Consult a health care practitioner.

CHILDREN 2-4 YEARS

INTERVENTION: 0.2 ml, 4 to 6 times per day, maximum of 3 days.

TREATMENT: 0.33 ml, 2 to 3 times per day.

CHILDREN 5-9 YEARS

INTERVENTION: 0.37 ml, 4 to 6 times per day, maximum of 3 days.

TREATMENT: 0.5 ml, 2 to 3 times per day.

ADOLESCENT 10-14 YEARS

INTERVENTION: 0.75 ml, 4 to 6 times per day, maximum of 3 days.

TREATMENT: 1 ml, 2 to 4 times per day.

DIRECTION FOR USE

Dilute in a mouthful of water. Take 15 to 30 minutes before meals.

MODE OF ACTION

Echinacea glycerite is used mainly to prevent infection in children. As per the North-American tradition, we use echinacea roots to make this extract because they contain more active principles than the aerial parts. This compound is particularly efficient because it is made from two species of echinacea, *E. purpurea* and *E. angustifolia*, which contain complementary active principles. Many of echinacea's constituents support the immune system and increase the body's defense mechanisms against pathogens. Studies have shown that the proper use of echinacea decreases the frequency of bacterial and viral infections. It can also be used as a treatment to reduce the intensity of infections, which reduces the risk of complications. The antibacterial and antiviral properties of this extract, as well as its capacity to activate the immune system, help the body fight infection efficiently.

One of the main actions of echinacea is to inhibit hyaluronidase, an enzyme which degrades hyaluronic acid. An increased amount of hyaluronic acid increases the integrity of the tissues, thereby slowing the propagation of pathogens. The alkylamides contained in echinacea inhibit the inflammation of the mucus membranes and significantly reduce symptoms of cold and flu. Its analgesic and anti-inflammatory actions help relieve sore throat and muscle pain and reduce nasal drip.

Echinacea inhibits the *Herpes simplex* virus and acts on many strains of the *Candida* yeast. It is especially interesting for systemic

Candida infections. It can also be used as an antimicrobial to treat urinary tract infections.

The main constituents of echinacea are polysaccharides (inulin, echinacin B), phenolic compounds (derived from caffeic acid, cichoric acid and echinacoside), flavonoids, fatty acids, polyacetalenes, alkylamides and volatile compounds.

HELPFUL ASSOCIATIONS

ELDER BERRY in prevention or treatment for viral infections.

ASTRAGALUS decoction to prevent recurring infections.

COLD & FLU TEA to reduce symptoms of cold and flu.

PLANTAIN SYRUP for cough, irritation and congestion of the bronchi.

SWEET MALLOW for sore throat.

MARSHMALLOW decoction for irritation of respiratory tract and dry cough.

LULLABY for fitful sleep during an infection.

THYME infusion for respiratory catarrh, spasmodic cough and yeast infection.

ETHNOBOTANY

Immune system: recurring infection, immune tonic, cold, flu, ear ache, sinusitis, respiratory tract infection, sore throat, tonsillitis, laryngitis, viral infection (herpes, mononucleosis).

HISTORY

Many varieties of echinacea have long been used by First Nations for their medicinal virtues. They used the root to heal wounds, sore throat, respiratory infections, fever and snake bites. John King wrote an article in 1887 to introduce *E. angustifolia* to the medical community and in 1895, John Uri Lloyd added the first product made with echinacea to the American pharmacopeia. In the same year, German homeopathic doctors started using echinacea. Since the 1940's, over 350 scientific studies have been conducted on echinacea and have proven its effectiveness on many conditions.

CONTRA-INDICATIONS

Consult a health care practitioner if symptoms persist or worsen or if using for longer than 8 weeks.

INTERACTIONS

Do not take if using immune suppressors.

ECHINACEA GLYCERITE JUNIOR

REFERENCES

AHPA. Botanical Safety Handbook, 2nd Edition. Boca Raton: CRC Press; 2013.

Alschuler Lise. Southwest Conference on Botanical Medicine. Botanical Medicine; 2017.

Benson J.M. et al. Echinacea purpurea extracts modulate murine dendritic cell fate and function. Food Chem Toxicol. 2010 May; 48(5): 1170–1177. doi: 10.1016/j.fct.2010.02.007; 2010.

Blumenthal, Goldberg, Brinckmann. Herbal Medicine: Expanded Commission E Monographs. Newton: Integrative Medicine Communications; 2000.

Blumenthal, Mark. The ABC Clinical Guide to Herbs. Austin: American Botanical Council. 2003.

Bone, Kerry. A clinical Guide to Blending Liquid Herbs. St. Louis: Churchill Livingston; 2003.

Boon H., Smith M. The Complete Natural Medicine Guide to the 50 Most Common Medicinal Herbs. Toronto: Robert Rose; 2004.

Bove Mary. An Encyclopedia of Natural Healing for Children and Infants. New York: Keats Publishing; 2001.

Bove Mary. Medicines From the Earth: Botanical Medicine; 2017.

Bradley Peter. British Herbal Compendium, Volume 2. Bournemouth: British Herbal Medicine Association; 2006.

Caruso T.J., Gwaltney J.M. Jr. Treatment of the common cold with echinacea: a structured review. Clin Infectious Diseases. 2005;40 807-810; 2005.

Chandler Frank. Herbs Everyday Reference for Health Professionals. Nepean: Canadian Pharmacists Association and the Canadian Medical Association; 2000.

Cohen H.A. et al. Effectiveness of an herbal preparation containing echinacea, propolis, and vitamin C in preventing respiratory tract infections in children: A randomized, double-blind, placebo-controlled, multicenter study. Arch Pediatr Adolesc Med. 2004; 158:217–221; 2004.

Donadieu Yves. La Propolis, 4ème Édition. Paris: Maloine; 1986.

European Scientific Cooperative On Phytotherapy. ESCOP Monographs: The Scientific Foundation for Herbal Products, 2nd Edition. New York: Thieme; 2003.

Fetrow C.W., Avila J.R. Professional's Handbook of Complementary & Alternative Medicines, 3rd Edition. Springhouse: Lippincott Williams & Wilkins; 2004.

Fonsecaa F.N. et al. Echinacea purpurea (L.) Moench modulates human T-cell cytokine response. Int Immunopharmacol. 2014 March; 19(1): 94–102. doi:10.1016/j.intimp.2013.12.019; 2014.

Gagnon C., Lanctôt-Bédard V. Materia Medica: Flora Medicina; 2009.

Ghaemi A., Soleimanjahi H., Gill P., Arefian E., Soudi S., Hassan Z. Echinacea purpurea Polysaccharide Reduces the Latency Rate in Herpes Simplex Virus Type-1 Infections. Intervirology 2009; 52:29–34 DOI: 10.1159/000212988; 2009.

Gladstar Rosemary. Herbal Remedies For Children's Health. North Adams: Storey Publishing; 1999.

Gladstar R., Hirsch P. Planting the Future. Rochester: Healing Arts Press; 2000.

Hall H., Fahlman M.M., Engels H.J. Echinacea purpurea and mucosal immunity. Int J Sports Med. Apr 13; 2007.

Hobbs Christopher. Echinacea, The Immune Herb. Loveland: Interweave Press; 1990.

Health Canada. Monograph on Echinacea Angustifolia. 2013.

Health Canada. Monograph on Echinacea Purpurea. 2013.

Hoffmann David. Medical Herbalism. Rochester; Healing Arts Press; 2003.

Hudson James B. Review Article Applications of the Phytomedicine Echinacea purpurea (Purple Coneflower) in Infectious Diseases. Vancouver: Hindawi Publishing Corporation Journal of Biomedicine and Biotechnology Volume 2012, Article ID 769896, doi:10.1155/2012/769896; 2011.

Islam J., Carter R. Use of Echinacea in upper respiratory tract infection. Southern Med J. March 2005:98(3) 311-318; 2005.

LaLone C.A. et al. Endogenous levels of Echinacea alkylamides and ketones are important contributors to the inhibition of prostaglandin E2 and nitric oxide production in cultured macrophages. J Agric Food Chem. 2009 October 14; 57(19): 8820–8830. doi:10.1021/jf901202y; 2009.

Leung A.Y., Foster S. Encyclopedia of Common Natural Ingredients Used in Food, Drugs, and Cosmetics, 2nd Edition. New York: Wiley-Interscience Publication; 1996.

Peirce Andrea. Practical Guide to Natural Medicines. New York: The Stonesong Press; 1999.

Ragupathi G., Hood C., Simon Yeung K., Vickers A., Hood C., Deng G., Cheung N.-K., Vickers A., Cassileth B., Livingston P. Evaluation of Widely Consumed Botanicals as Immunological Adjuvants. Vaccine. 2008 September 2; 26(37): 4860–4865. doi:10.1016/j.vaccine.2008.06.098.

Rauš K., Pleschka S., Klein P., Schoop R., Fisher P. Echinaforce Hotdrink versus oseltamivir in influenza: A randomized, double-blind, double dummy, multicenter, noninferiority clinical trial. Curr Ther Res. 2015; [epub ahead of print]. doi: 10.1016/j.curtheres.2015.04.001; 2015.

Riggs Maribeth. Natural Child Care: A Complete Guide. New York; Harmony Hardcover: 1988.

Romm Aviva. Naturally Healthy Babies and Children. New York: Celestial Arts; 2003.

Schilcher Heinz. Phytotherapy in Paediatrics. Stuttgart: Medpharm; 1997.

Stargrove M.B., Treasure J., McKee D.L. Herb, Nutrient and Drug Interactions. St-Louis: Mosby Elsevier; 2008.

Stevenson L.M. Modulation of macrophage immune responses by Echinacea. Molecules 2005, 10, 1279–1285; 2005.

Upton Roy. AHP Therapeutic Compendium: Echinacea purpurea Root. Denver: American Herbal Pharmacopoeia; 2004.

Weiss R.F., Fintelmann V. Herbal Medicine, 2nd Edition. New York, Thieme, 2000.

Winston David. Southwest Conference on Botanical Medicine. Botanical Medicine; 2017.

Woelkart K., Koidl C., Grisold A. et al. Bioavailability and pharmacokinetics of alkamides from the roots of Echinacea angustifolia in humans. J Clin Pharmacol. 2005;45 683–689; 2005.

Organic, fresh herbs from the garden.

Made according to GMP.

Kosher, vegan and non-irradiated.

NO additives, colouring, added sugar, gluten or GMOs.











