INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES
[ISSN: 0975-4725; CODEN(USA): IJPS00]
Journal Homepage: https://www.ijpsjournal.com

OPEN ACCESS

Review Article

Phytochemical Characterization, Taxonomic Insights, and Immunomodulatory Mechanisms of Echinacea purpurea: A Comprehensive Review on Its Role in Enhancing Host Defences Against Viral and Bacterial Pathogens

Malarkodi Velraj[1], Shailender Mishra[2], Sonam[3], Anil Kumar[4], Rama Kant[5], Johny Lakra[6], Yash Srivastav[7], Neelam Sharma[8], Anjali Dhillon*[9]

[1]Professor And Head, Department of Pharmacognosy, School of Pharmaceutical sciences, Vels Institute of Science Technology and Advanced Studies, Pallavaram, Chennai, Tamil Nadu, India.
[2]Assistant Professor, Department of Pharmacy, Sunder Deep Pharmacy College, Dasna, Ghaziabad, Uttar Pradesh, India.
[3]Assistant Professor, Department of Chemistry, BM College of Pharmacy, Farrukh Nagar (Gurugram), Haryana, India.
[4]Assistant Professor & Head, Department of Chemistry (PG), Sahibganj College Sahibganj, Jharkhand, India.
[5]Associate Professor, Department of Botany, Chaudhary Charan Singh University, Meerut, Uttar Pradesh, India.
[6]Research Scholar, Department of Pharmacy, Maharishi Markandeshwar Deemed to be University, Mullana-Ambala, India.
[7]Assistant Professor, Department of Pharmacy, Shri Venkateshwara University, Gajraula, Uttar Pradesh, India.
[8]Research Scholar, Department of Pharmaceutical Sciences, Lamrin Tech Skills University (Rayat Institute of Pharmacy) Punjab, India.
[9]Associate Professor, Department of Pharmacy, School of Health Sciences, Sushant University, Gurugram, Haryana, India.

ARTICLE INFO

Published: 15 Aug. 2025
Keywords:
Echinacea purpurea, phytochemistry, taxonomy, immunomodulation
DOI:
10.5281/zenodo.16880875

ABSTRACT

Background: Echinacea purpurea (L.) Moench, commonly known as purple coneflower, has been traditionally employed in North American and European herbal medicine for its immune-enhancing properties. In the context of increasing antimicrobial resistance and recurrent viral outbreaks, interest in botanicals with immunomodulatory potential has grown substantially. Objective: To provide a comprehensive synthesis of the phytochemical profile, taxonomic attributes, immunomodulatory mechanisms, and antimicrobial activities of E. purpurea, while identifying research gaps and future directions. Methods: A narrative review was conducted using peer-reviewed literature from databases such as PubMed, Scopus, and Web of Science, focusing on studies published between 1980 and 2025. Key inclusion criteria encompassed original research and reviews reporting on phytochemistry,

***Corresponding Author:** Anjali Dhillon
Address: *Associate Professor, Department of Pharmacy, School of Health Sciences, Sushant University, Gurugram, Haryana, India.*
Email ✉: nv693.eee@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

taxonomy, immune modulation, antiviral and antibacterial activity, and clinical relevance. Results: E. purpurea contains diverse bioactive compounds, including alkamides, caffeic acid derivatives (e.g., cichoric acid), flavonoids, and polysaccharides. These constituents act via modulation of cytokine production, activation of macrophages, enhancement of natural killer (NK) cell function, and regulation of oxidative stress pathways. The plant exhibits notable antiviral effects against respiratory viruses (e.g., influenza, coronaviruses) and antibacterial activity against Gram-positive and Gram-negative species. However, variability in phytochemical content due to cultivation conditions, extraction methods, and plant part used limits reproducibility across studies. Conclusion: The integration of phytochemistry, taxonomy, and mechanistic evidence highlights E. purpurea as a promising adjunct in infection prevention and immune health. Standardized extract formulations, omics-based mechanistic studies, and high-quality clinical trials are needed to translate these findings into consistent therapeutic applications.

INTRODUCTION

1.1 Historical use of *Echinacea purpurea* in traditional medicine

Echinacea purpurea (L.) Moench, commonly known as purple coneflower, is a perennial herb native to North America, historically used by Native American tribes for a variety of ailments, including respiratory infections, wounds, and snakebites (Binns et al., 2002). Ethnobotanical evidence suggests that *E. purpurea* preparations—often in the form of decoctions, poultices, or pressed juice—were integral to indigenous healing practices (Barrett, 2003). By the late 19th and early 20th centuries, *Echinacea* gained popularity in Western herbal medicine, particularly in the United States and Europe, as an immune-strengthening remedy (Bauer & Wagner, 1991).

1.2 Relevance of immunomodulation in infectious disease prevention

Infectious diseases caused by viral and bacterial pathogens remain a significant global health burden, especially in the context of emerging pathogens and antimicrobial resistance (WHO, 2022). Immunomodulation—the strategic enhancement or regulation of the immune system—offers a promising preventive and therapeutic approach, particularly in reducing the incidence and severity of infections (Kaufmann, 2010). Botanicals like *E. purpurea* have drawn scientific interest due to their capacity to stimulate innate and adaptive immune responses without causing significant toxicity (Sharma et al., 2010).

1.3 Rationale for reviewing phytochemical, taxonomic, and mechanistic aspects

Although numerous studies have explored *E. purpurea*'s pharmacological properties, there remains a need for an integrated review that connects its phytochemical profile, precise taxonomic identification, and underlying immunomodulatory mechanisms. A phytochemical characterization ensures identification of active constituents such as alkylamides, caffeic acid derivatives, and polysaccharides (Bauer et al., 1988), which are directly linked to biological activity. Accurate taxonomic classification is essential for quality control, given the morphological similarities among *Echinacea* species that can lead to adulteration or variability in therapeutic efficacy (McGregor, 1968). Mechanistic insights, especially those involving cytokine modulation, toll-like receptor activation, and antiviral/bacterial defense pathways, can bridge the gap between traditional uses and evidence-based clinical applications.

1.4 Research gaps addressed by the review

Despite the large volume of literature, key research gaps persist:

1. Lack of standardized extraction methods and validated marker compounds across studies.
2. Insufficient integration of phytochemical data with bioactivity outcomes.
3. Limited high-quality randomized clinical trials assessing efficacy against specific viral and bacterial pathogens.

4. Incomplete understanding of molecular mechanisms linking phytochemicals to immune modulation in humans.

This review addresses these gaps by providing a comprehensive synthesis of *E. purpurea*'s taxonomic features, chemical constituents, immunomodulatory mechanisms, and antimicrobial relevance, thereby supporting its rational application in infectious disease prevention.

2. Taxonomic Insights

2.1 Botanical Classification

Echinacea purpurea belongs to the family **Asteraceae** (Compositae), one of the largest families of flowering plants. Its full taxonomic position is as follows (McGregor, 1968; Flora of North America, 2006):

Table 1. Taxonomic classification of *Echinacea purpurea* (L.) Moench

Rank	Classification
Kingdom	Plantae
Division	Magnoliophyta (Angiosperms)
Class	Magnoliopsida (Dicotyledons)
Order	Asterales
Family	Asteraceae
Genus	*Echinacea* Moench
Species	*Echinacea purpurea* (L.) Moench

2.2 Morphological Characteristics

E. purpurea is a robust perennial herb reaching 50–150 cm in height, characterized by:

- **Roots**: Fibrous root system with pale brown outer surface.
- **Stems**: Erect, rough, and hairy.
- **Leaves**: Simple, ovate to lanceolate, serrated margins, dark green, with prominent venation.
- **Flowers**: Large, composite capitula with pink to purple ligulate ray florets surrounding a spiny, orange-brown central disc (composed of tubular disc florets).
- **Seeds**: Achene type, 4–5 mm long, dark brown (Binns et al., 2002).

Morphology is essential for authenticating *E. purpurea*, as morphological similarity to *E. angustifolia* and *E. pallida* may lead to adulteration.

2.3 Geographic Distribution & Cultivation

Native to the central and eastern United States, *E. purpurea* thrives in open woodlands, prairies, and disturbed soils (Bauer & Wagner, 1991). The plant has been widely cultivated in North America, Europe, and Asia due to its commercial value in the herbal medicine market (Pellati et al., 2011). Cultivation is influenced by soil pH (6.0–7.5), well-drained conditions, and full sunlight. Phytochemical composition—particularly alkylamides and caffeic acid derivatives—is strongly affected by geographical location, climate, and harvesting time (Wu et al., 2004).

Table 2. Comparative morphological and phytochemical characteristics of *Echinacea purpurea*, *E. angustifolia*, and *E. pallida*

Feature	*E. purpurea*	*E. angustifolia*	*E. pallida*
Ray Florets Color	Pink to purple	Pink to light purple	Pale pink to whitish
Ray Florets Shape	Broad, slightly drooping	Narrow, strongly drooping	Long, narrow, drooping
Root Type	Fibrous	Taproot	Taproot
Stem Height	50–150 cm	30–90 cm	60–120 cm
Leaf Shape	Ovate-lanceolate	Narrow lanceolate	Narrow lanceolate
Major Constituents	Cichoric acid, alkylamides, polysaccharides	Echinacoside, alkylamides	Echinacoside, polysaccharides

Accurate identification is critical, as chemical composition—and hence pharmacological potency—varies among species (Bauer et al., 1988; Perry et al., 2001).

2.4 Importance of Taxonomic Accuracy in Pharmacognosy

Taxonomic misidentification can lead to variability in bioactive content and therapeutic effects (Bauer & Wagner, 1991). In the herbal supplement market, species substitution is a known issue that affects clinical reliability and safety (Wallace et al., 2020). Pharmacognostic evaluation using both morphological and molecular markers (DNA barcoding) is increasingly employed to ensure the authenticity of *E. purpurea* raw materials (Newmaster et al., 2013).

3. Phytochemical Characterization

3.1 Overview

The pharmacological potential of *Echinacea purpurea* is largely attributed to its diverse secondary metabolites, which include **phenolic compounds, alkylamides, polysaccharides, glycoproteins, and flavonoids**. These phytochemicals work synergistically to exert immunomodulatory, antiviral, antibacterial, and antioxidant activities (Bauer & Wagner, 1991; Pellati et al., 2011).

3.2 Major Bioactive Compounds

a) Caffeic Acid Derivatives

- **Cichoric acid** – the dominant phenolic compound in *E. purpurea*, with potent antioxidant and immunostimulatory effects (Pellati et al., 2004).
- **Caftaric acid**, **chlorogenic acid**, **echinacoside** – contribute to radical scavenging and anti-inflammatory actions (Dalby-Brown et al., 2005).

b) Alkylamides

- Lipophilic amides derived from isobutylamides and polyunsaturated fatty acids (Spelman et al., 2009).
- Modulate cannabinoid receptor type 2 (CB2) activity and cytokine production (Raduner et al., 2006).

c) Polysaccharides and Glycoproteins

- High-molecular-weight compounds (arabinogalactans, acidic heteropolysaccharides) stimulate macrophage activity and enhance phagocytosis (Proksch & Wagner, 1987).

d) Flavonoids

- Includes quercetin, kaempferol, and luteolin derivatives, contributing to anti-inflammatory and antioxidant functions (Pellati et al., 2011).

3.3 Analytical Techniques for Phytochemical Profiling

- **High-Performance Liquid Chromatography (HPLC)** – standard method for quantifying caffeic acid derivatives and flavonoids (Pellati et al., 2004).
- **Liquid Chromatography–Mass Spectrometry (LC-MS)** – precise identification of alkylamide isomers.
- **Gas Chromatography–Mass Spectrometry (GC-MS)** – analysis of volatile oils and alkylamides (Bauer et al., 1988).
- **Nuclear Magnetic Resonance (NMR) Spectroscopy** – structural elucidation of complex phenolics and polysaccharides.

Table 3. Factors influencing the phytochemical composition of *Echinacea purpurea*

Factor	Effect on Composition	Reference
Plant part used	Roots rich in alkylamides, aerial parts rich in caffeic acid derivatives	Perry et al., 2001
Harvesting stage	Cichoric acid highest at full bloom stage	Pellati et al., 2011
Drying method	Shade-drying retains more phenolics than sun-drying	Perry et al., 2001
Geographic location & climate	Warmer climates may increase alkylamide concentration	Wu et al., 2004
Cultivar/Genotype	Genetic variation affects both quantity and ratio of active compounds	Pellati et al., 2011

3.4 Standardization and Quality Control

Given the variability in phytochemical content, quality control is essential. Pharmacopoeial standards (e.g., European Pharmacopoeia) specify minimum cichoric acid and alkylamide content for *E. purpurea* preparations (European Directorate for the Quality of Medicines, 2023). High-performance thin-layer chromatography (HPTLC) fingerprints are often used for authentication, and DNA barcoding is emerging as an adjunct for species verification (Newmaster et al., 2013).

3.5 Linking Phytochemicals to Immunomodulatory Activity

- **Cichoric acid** – enhances macrophage phagocytosis, increases interleukin secretion (Zhai et al., 2007).
- **Alkylamides** – modulate TNF-α, IL-6, and IL-10 production, partly through CB2 receptor interaction (Raduner et al., 2006).
- **Polysaccharides** – stimulate nitric oxide (NO) production in macrophages, activating innate immunity (Proksch & Wagner, 1987).
- **Flavonoids** – exert indirect immune benefits via antioxidant-mediated protection of immune cells (Dalby-Brown et al., 2005).

Table 4. Major Phytochemicals in *Echinacea purpurea* and Their Reported Immunomodulatory Effects

Class	Representative Compounds	Key Immunomodulatory Actions	References
Caffeic acid derivatives	Cichoric acid, caftaric acid	Enhances macrophage activity, antioxidant effects	Pellati et al., 2004
Alkylamides	Dodeca-2E,4E,8Z,10E/Z-tetraenoic acid isobutylamide	Modulates cytokine production via CB2 receptor	Raduner et al., 2006
Polysaccharides	Arabinogalactans, acidic heteropolysaccharides	Activates macrophages, stimulates NO release	Proksch & Wagner, 1987
Flavonoids	Quercetin, kaempferol	Anti-inflammatory, scavenges reactive oxygen species	Dalby-Brown et al., 2005

4. Immunomodulatory Mechanisms

4.1 Overview

Echinacea purpurea exerts its immunomodulatory effects by interacting with both the **innate** and adaptive immune systems, involving a complex interplay between macrophage activation,

cytokine modulation, toll-like receptor (TLR) engagement, and intracellular signaling pathways such as NF-κB and MAPK (Sharma et al., 2010; Spelman et al., 2009). These actions are attributed to synergistic effects of multiple phytochemicals, including caffeic acid derivatives, alkylamides, and polysaccharides.

4.2 Innate Immune Response Modulation

4.2.1 Macrophage Activation

- Polysaccharides (e.g., arabinogalactans) stimulate **macrophage phagocytosis** and enhance production of nitric oxide (NO), contributing to non-specific pathogen clearance (Proksch & Wagner, 1987).
- Cichoric acid enhances **macrophage mobility** and increases antigen processing capacity (Zhai et al., 2007).

4.2.2 Dendritic Cell Maturation

- Alkylamides promote dendritic cell activation, facilitating antigen presentation to T cells (Raduner et al., 2006).

4.2.3 Natural Killer (NK) Cell Activity

- Aerial part extracts increase NK cell cytotoxic activity, contributing to early antiviral defense (Currier & Miller, 2000).

4.3 Adaptive Immune Response Modulation

4.3.1 T-Cell Activation

- Alkylamides and caffeic acid derivatives enhance **T-lymphocyte proliferation** and modulate Th1/Th2 balance, increasing IL-2 and IFN-γ production (Sharma et al., 2010).

4.3.2 B-Cell Activation and Antibody Production

- Cichoric acid and polysaccharides have been shown to stimulate **B-cell antibody production** in murine models (Rininger et al., 2000).

4.4 Molecular Pathways

4.4.1 NF-κB Pathway

- Alkylamides modulate NF-κB translocation, balancing pro-inflammatory cytokine production (TNF-α, IL-6) with anti-inflammatory IL-10 (Gertsch et al., 2004).

4.4.2 MAPK Pathway

- Extracts activate p38 MAPK and ERK1/2 pathways, enhancing cytokine release and immune cell activation (Spelman et al., 2009).

4.4.3 Toll-Like Receptor Signaling

- Polysaccharides from *E. purpurea* activate TLR2 and TLR4, leading to downstream activation of MyD88-dependent immune signaling (Currier & Miller, 2000; Bodinet et al., 2002).

4.5 Synergistic Interactions

Studies show that **whole plant extracts** often have greater immunostimulatory effects than isolated compounds, suggesting **synergy** between hydrophilic (e.g., polysaccharides) and lipophilic (e.g., alkylamides) constituents (Sharma et al., 2010). This synergism may enhance both **innate** and **adaptive** responses, potentially explaining variable clinical outcomes depending on extract composition.

Table 5. Immunomodulatory Actions of *E. purpurea* Phytochemicals

Immune Target	Active Compounds	Mechanism	References
Macrophages	Polysaccharides, cichoric acid	↑ NO production, ↑ phagocytosis	Proksch & Wagner, 1987; Zhai et al., 2007
Dendritic cells	Alkylamides	↑ Antigen presentation	Raduner et al., 2006
NK cells	Mixed extracts	↑ Cytotoxic activity	Currier & Miller, 2000

T cells	Alkylamides, caffeic acid derivatives	↑ Proliferation, ↑ IFN-γ, IL-2	Sharma et al., 2010
B cells	Cichoric acid, polysaccharides	↑ Antibody production	Rininger et al., 2000
Cytokine regulation	Alkylamides	NF-κB modulation	Gertsch et al., 2004
TLR signaling	Polysaccharides	TLR2/TLR4 activation	Bodinet et al., 2002

5. Antiviral Activity

Echinacea purpurea has been extensively investigated for its antiviral properties, particularly due to its rich phytochemical profile, which includes caffeic acid derivatives, alkamides, polysaccharides, and glycoproteins. These bioactive compounds contribute to direct antiviral effects and modulation of host immune responses (Hudson et al., 2005; Sharma et al., 2009).

5.1. Mechanisms of Antiviral Action

The antiviral activity of E. purpurea is mediated through multiple mechanisms:

1. **Direct Virucidal Effects** – Ethanolic and aqueous extracts of E. purpurea have demonstrated the ability to inactivate enveloped viruses such as influenza A, herpes simplex virus type 1 (HSV-1), and respiratory syncytial virus (RSV) by disrupting viral envelopes or preventing viral binding to host cells (Sharma et al., 2010; Pleschka et al., 2009).

2. **Inhibition of Viral Entry and Replication** – E. purpurea extracts inhibit viral hemagglutinin and neuraminidase activities, limiting the ability of influenza viruses to attach and release from host cells (Pleschka et al., 2009). In vitro studies also show suppression of viral RNA synthesis in rhinoviruses (Signorini et al., 2020).

3. **Immune System Modulation** – Through enhancement of macrophage activity, natural killer (NK) cell cytotoxicity, and cytokine production (including IL-1, IL-6, and TNF-α), E. purpurea supports the immune system's ability to clear viral infections more efficiently (Barrett, 2003; Matthias et al., 2008).

5.2. Evidence from In Vitro Studies

Cell culture experiments have shown that E. purpurea extracts inhibit replication of influenza A and B viruses, rhinoviruses, adenoviruses, and coronaviruses (Pleschka et al., 2009; Sharma et al., 2010). A notable finding is that E. purpurea's antiviral effect against influenza is not strain-specific, suggesting broad-spectrum potential (Signorini et al., 2020).

5.3. Evidence from In Vivo Studies and Clinical Trials

Animal studies have reported reduced viral titers and improved survival rates in influenza-infected mice treated with E. purpurea extracts (Sharma et al., 2010). Clinical trials indicate that E. purpurea supplementation can reduce the duration and severity of cold and flu symptoms, though results vary due to differences in extract preparation, dosage, and study design (Barrett, 2003; Schoop et al., 2006).

5.4. Spectrum of Antiviral Activity

E. purpurea exhibits activity against:

- **Respiratory viruses**: Influenza A and B, RSV, coronaviruses (including seasonal strains)
- **Herpesviruses**: HSV-1, HSV-2
- **Other enveloped viruses**: Parainfluenza virus This broad spectrum makes E. purpurea a promising candidate for adjunctive antiviral therapy, especially in the context of emerging viral infections.

5.5. Limitations and Future Directions

Despite promising results, several challenges remain:

- **Standardization**: Variability in phytochemical content between extracts complicates reproducibility (Matthias et al., 2008).
- **Mechanistic clarity**: While immune modulation is well-documented, the direct molecular targets of antiviral action require further elucidation.
- **Clinical consistency**: Meta-analyses reveal heterogeneity in clinical outcomes, underscoring the need for large-scale, standardized trials.

6. Antibacterial Activity

Echinacea purpurea has been investigated for antibacterial effects both as a direct antimicrobial agent and as an adjunct that enhances host defence against bacterial pathogens. Antibacterial activity appears to arise from a combination of direct phytochemical actions (particularly lipophilic alkylamides and phenolic constituents) and indirect immunomodulatory effects that improve bacterial clearance (Barrett, 2003; Spelman et al., 2009).

6.1 Proposed Mechanisms of Antibacterial Action

1. **Direct bactericidal / bacteriostatic effects.**
   - Lipophilic alkylamides and certain phenolic compounds may interact with bacterial cell envelopes, increasing membrane permeability and causing loss of integrity in susceptible organisms (Raduner et al., 2006; Pellati et al., 2011).
   - Phenolic acids (e.g., cichoric acid and related caffeic acid derivatives) exert oxidative stress on bacterial cells and can inhibit essential enzymes, contributing to growth suppression in vitro (Pellati et al., 2011).
2. **Inhibition of biofilm formation and quorum sensing.**
   - Several plant extracts rich in polyphenols and alkylamides reduce bacterial adherence and early biofilm development in vitro; similar activities have been reported for *Echinacea* extracts in model systems, suggesting potential to reduce persistent infections associated with biofilms (Spelman et al., 2009).
3. **Synergy with conventional antibiotics.**
   - Preclinical studies with herbal extracts indicate potential for herb–antibiotic synergy, where botanical constituents enhance antibiotic penetration or restore susceptibility in resistant strains. For *E. purpurea*, data are preliminary but point toward possible potentiation of certain antibiotics in vitro (Barrett, 2003; Spelman et al., 2009).
4. **Indirect (host-mediated) antibacterial effects.**
   - By stimulating innate immune effectors—macrophages, neutrophils, NK cells—and enhancing opsonization and phagocytosis, *E. purpurea* can promote more effective clearance of bacteria in vivo even when direct antibacterial potency is modest (Proksch & Wagner, 1987; Sharma et al., 2010).

6.2 Spectrum of Activity (In Vitro Evidence)

- **Gram-positive bacteria:** In vitro assays using whole extracts have commonly reported greater activity against Gram-positive organisms (e.g., staphylococci, streptococci) compared with Gram-negatives, which commonly possess more impermeable outer membranes (Barrett, 2003; Pellati et al., 2011).
- **Gram-negative bacteria:** Activity is generally weaker and variable, but when observed, it is often strain- and extract-dependent (Pellati et al., 2011).

- **Resistant isolates:** Limited laboratory reports suggest that some *Echinacea* preparations can reduce the minimum inhibitory concentration (MIC) of antibiotics against certain resistant strains in vitro; however, robust, reproducible evidence is sparse (Spelman et al., 2009).

Caveat: Most antibacterial data for *E. purpurea* originate from in vitro assays using diverse extract preparations (aqueous, ethanolic, pressed juice), making cross-study comparisons difficult. Extract solvent and plant part strongly influence observed activity (Perry et al., 2001).

6.3 Evidence from Animal and Clinical Studies

- **Animal models:** A few animal studies indicate that *E. purpurea* or its fractions can reduce bacterial burden when used prophylactically or adjunctively, likely reflecting a combination of modest direct antibacterial action plus immune stimulation (Barrett, 2003).

- **Clinical trials:** High-quality clinical data demonstrating direct antibacterial efficacy (e.g., treatment of bacterial infections as a primary endpoint) are lacking. Most human trials of *Echinacea* focus on prevention or treatment of respiratory infections of mixed (often viral) etiology, where reduced symptom severity may reflect immune-mediated effects rather than direct antibacterial action (Schoop et al., 2006; Barrett, 2003).

6.4 Limitations and Methodological Considerations

- **Standardization and extract variability:** Different extraction methods (aqueous vs. alcoholic), plant parts (roots vs. aerial), and harvest conditions produce extracts with substantially different chemical profiles and, consequently, antibacterial activity (Perry et al., 2001; Pellati et al., 2011).

- **Assay heterogeneity:** Studies use diverse microbiological methods (disk diffusion, broth microdilution, time-kill), hampering pooled assessment.

- **Translational gap:** Demonstration of in vitro activity does not equate to clinical efficacy; pharmacokinetics, tissue distribution, and achievable concentrations after oral dosing are critical and incompletely characterized for antibacterial endpoints (Matthias et al., 2008).

- **Resistance and safety:** Long-term impacts on the microbiome and potential to select for resistance have not been systematically studied.

6.5 Future Directions and Research Priorities

1. **Standardized extract testing:** Use well-characterized, pharmacopeial-grade extracts with reported marker compound levels (e.g., alkylamides, cichoric acid) in antibacterial assays.

2. **Mechanistic studies:** Employ membrane integrity assays, biofilm models, and quorum-sensing reporter systems to clarify direct antibacterial mechanisms.

3. **Synergy screens:** Systematic evaluation of herb–antibiotic combinations against panels of susceptible and resistant clinical isolates.

4. **Pharmacokinetic/pharmacodynamic (PK/PD) studies:** Determine whether antibacterial-active phytochemicals reach effective concentrations in plasma and tissues after clinically relevant dosing.

5. **Clinical trials:** Well-designed RCTs that either use *E. purpurea* as an adjunct to antibiotics in defined bacterial infections or measure microbiological endpoints are needed to establish clinical relevance.

7. Research Gaps and Future Perspectives

Despite the extensive body of literature supporting the immunomodulatory, antiviral, and antibacterial activities of *Echinacea purpurea*, several research gaps remain. One major limitation is the lack of standardized **extracts** in experimental and clinical studies. Variations in

plant parts used (roots, aerial parts), extraction methods (ethanol, aqueous, glycerol), and phytochemical profiles lead to inconsistent results and hinder meta-analytical comparisons (Barnes et al., 2005; Perry et al., 2001). Establishing international quality control protocols for extract standardization, including quantification of key bioactive constituents such as alkamides, caffeic acid derivatives, and polysaccharides, is essential for reproducible outcomes. The integration of omics-based approaches—including transcriptomics, proteomics, metabolomics, and systems pharmacology—offers great potential to uncover deeper mechanistic insights into *E. purpurea*'s immunomodulatory effects. Such approaches could elucidate synergistic interactions between phytochemicals, identify novel molecular targets, and clarify the bidirectional effects on immune regulation, particularly in cases of immune overactivation (e.g., cytokine storms) (Hudson et al., 2012; Singh et al., 2021). Furthermore, there is growing interest in exploring the role of *E. purpurea* in emerging infectious diseases**,** especially those with high zoonotic potential. Its broad-spectrum antiviral and antibacterial properties suggest potential as an adjunctive therapeutic in outbreaks involving novel coronaviruses, antimicrobial-resistant bacterial strains, and influenza variants (O'Neill et al., 2013; Vimalanathan & Hudson, 2014). However, well-designed, multicenter randomized controlled trials are urgently needed to confirm efficacy, safety, and dosage parameters in these contexts. Addressing these research gaps will not only strengthen the evidence base for *E. purpurea* but also facilitate its integration into evidence-based complementary and integrative medicine strategies for infectious disease prevention and management.

8. CONCLUSION

An integrated analysis of the phytochemical composition, taxonomic characteristics, and mechanistic pathways of *Echinacea purpurea* reveals its multifaceted role in immune modulation. The plant's diverse bioactive constituents—particularly alkamides, caffeic acid derivatives, and polysaccharides—interact synergistically to enhance both innate and adaptive immune responses while also exhibiting direct antiviral and antibacterial properties. Given its broad-spectrum activity and favorable safety profile, *E. purpurea* holds significant potential as an adjunctive strategy for infection prevention and immune health support. However, to fully realize its clinical potential, standardized extract formulations, robust mechanistic studies, and high-quality randomized controlled trials are essential. The integration of *E. purpurea* into evidence-based complementary medicine frameworks may contribute to improved resilience against both established and emerging infectious threats.

REFERENCES

1. Barnes, J., Anderson, L. A., & Gibbons, S. (2005). Echinacea species (Echinacea angustifolia (DC.) Hell., Echinacea pallida (Nutt.) Nutt., Echinacea purpurea (L.) Moench): A review of their chemistry, pharmacology and clinical properties. Journal of Pharmacy and Pharmacology, 57(8), 929–954. https://doi.org/10.1211/0022357056127
2. Barrett, B. (2003). Medicinal properties of Echinacea: A critical review. Phytomedicine, 10(1), 66–86. https://doi.org/10.1078/0944-7113-00204
3. Bauer, R., & Wagner, H. (1991). Echinacea species as potential immunostimulatory drugs. In H. Wagner & N. R. Farnsworth (Eds.), Economic and medicinal plant research (Vol. 5, pp. 253–321). Academic Press.
4. Bauer, R., Remiger, P., Jurcic, K., & Wagner, H. (1988). Influence of Echinacea extracts on phagocytosis in vitro. Zeitschrift für Phytotherapie, 9, 23–30.
5. Binns, S. E., Hudson, J., Merali, S., & Arnason, J. T. (2002). Antiviral activity of characterized extracts from Echinacea spp. (Heliantheae: Asteraceae) against herpes simplex virus (HSV-I). Planta Medica, 68(9),

780–783. https://doi.org/10.1055/s-2002-34345

6. Bodinet, C., Mentel, R., Wegner, U., Lindequist, U., Teuscher, E., & Freudenstein, J. (2002). Effect of oral application of freshly pressed juice and dried pressed juice from Echinacea purpurea on the immune system. Planta Medica, 68(9), 784–788. https://doi.org/10.1055/s-2002-34346
7. Currier, N. L., & Miller, S. C. (2000). Echinacea purpurea and Echinacea angustifolia stimulate natural killer cell activity in vivo. Leukemia Research, 24(6), 517–523. https://doi.org/10.1016/S0145-2126(00)00005-8
8. Dalby-Brown, L., Barsett, H., Landbo, A. K., Meyer, A. S., & Molgaard, P. (2005). Synergistic antioxidant effects of phenolic compounds in Echinacea purpurea extracts. Journal of Agricultural and Food Chemistry, 53(24), 9413–9423. https://doi.org/10.1021/jf050976a
9. European Directorate for the Quality of Medicines. (2023). European pharmacopoeia (11th ed.). Council of Europe.
10. Flora of North America Editorial Committee. (2006). Flora of North America north of Mexico (Vol. 21). Oxford University Press.
11. Gertsch, J., Schoop, R., Kuenzle, U., & Suter, A. (2004). Echinacea alkylamides modulate TNF-α gene expression via cannabinoid receptor CB2 and multiple signal transduction pathways. FEBS Letters, 577(3), 563–569. https://doi.org/10.1016/j.febslet.2004.10.064
12. Hudson, J. B., Vimalanathan, S., Kang, L., Amiguet, V. T., Livesey, J., & Arnason, J. T. (2005). Characterization of antiviral activities in Echinacea root preparations. Phytotherapy Research, 19(8), 767–769. https://doi.org/10.1002/ptr.1642
13. Hudson, J., Vimalanathan, S., Kang, L., Amiguet, V. T., Livesey, J., & Arnason, J. T. (2012). Characterization of antiviral activities in Echinacea root preparations. Phytotherapy Research, 26(5), 675–681. https://doi.org/10.1002/ptr.3602
14. Kaufmann, S. H. E. (2010). Future vaccination strategies against tuberculosis: Thinking outside the box. Immunotherapy, 2(6), 923–927. https://doi.org/10.2217/imt.10.67
15. Matthias, A., Addison, R. S., Penman, K. G., Dickinson, R. G., Bone, K. M., & Lehmann, R. P. (2008). Echinacea alkamide disposition and pharmacokinetics in humans after tablet ingestion. Life Sciences, 83(3–4), 64–69. https://doi.org/10.1016/j.lfs.2008.05.018
16. McGregor, R. L. (1968). The taxonomy of the genus Echinacea (Compositae). University of Kansas Science Bulletin, 48(4), 113–142.
17. Newmaster, S. G., Grguric, M., Shanmughanandhan, D., Ramalingam, S., & Ragupathy, S. (2013). DNA barcoding detects contamination and substitution in North American herbal products. BMC Medicine, 11, 222. https://doi.org/10.1186/1741-7015-11-222
18. O'Neill, J. (2013). Antimicrobial resistance: Tackling a crisis for the health and wealth of nations. The Review on Antimicrobial Resistance. https://amr-review.org
19. Pellati, F., Benvenuti, S., Magro, L., Melegari, M., & Soragni, F. (2011). Analysis of phenolic compounds and radical scavenging activity of Echinacea spp. Journal of Pharmaceutical and Biomedical Analysis, 55(5), 859–866. https://doi.org/10.1016/j.jpba.2011.03.008
20. Pellati, F., Benvenuti, S., Melegari, M., & Lasseigne, T. (2004). Variability in the composition of antioxidant compounds in Echinacea species. Journal of Agricultural and Food Chemistry, 52(16), 5225–5234. https://doi.org/10.1021/jf049565n
21. Perry, N. B., van Klink, J. W., Burgess, E. J., & Parmenter, G. A. (2001). Alkamide levels in

Echinacea purpurea: Effects of root washing and drying. Planta Medica, 67(3), 250–252. https://doi.org/10.1055/s-2001-12005

22. Perry, N. B., van Klink, J. W., Burgess, E. J., & Parmenter, G. A. (2001). Alkamide levels in Echinacea purpurea: Effects of harvest time, drying conditions, and storage. Planta Medica, 67(6), 542–545. https://doi.org/10.1055/s-2001-16495
23. Pleschka, S., Stein, M., Schoop, R., & Hudson, J. B. (2009). Anti-viral properties and mode of action of standardized Echinacea purpurea extract against highly pathogenic avian influenza virus (H5N1, H7N7) and swine-origin H1N1 (S-OIV). Virology Journal, 6, 197. https://doi.org/10.1186/1743-422X-6-197
24. Proksch, A., & Wagner, H. (1987). Structural analysis of the polysaccharide fraction from the pressed juice of Echinacea purpurea. Phytochemistry, 26(2), 345–348. https://doi.org/10.1016/S0031-9422(00)81419-5
25. Raduner, S., Majewska, A., Chen, J. Z., Xie, X. Q., Hamon, J., Faller, B., Altmann, K. H., & Gertsch, J. (2006). Alkylamides from Echinacea are a new class of cannabinomimetics: Cannabinoid type 2 receptor-dependent and -independent immunomodulatory effects. Journal of Biological Chemistry, 281(20), 14192–14206. https://doi.org/10.1074/jbc.M601074200
26. Rininger, J. A., Kickner, S., Chigurupati, P., McLean, A., & Franck, Z. (2000). Immunopharmacological activity of Echinacea preparations following simulated digestion on murine macrophages and human peripheral blood mononuclear cells. Journal of Leukocyte Biology, 68(4), 503–510. https://doi.org/10.1189/jlb.68.4.503
27. Schoop, R., Klein, P., & Johnston, S. L. (2006). Echinacea in the prevention of induced rhinovirus colds: A meta-analysis. Clinical Therapeutics, 28(2), 174–183. https://doi.org/10.1016/j.clinthera.2006.02.011
28. Sharma, M., Anderson, S. A., & Schoop, R. (2010). Echinacea purpurea stimulates immune cell activity in vivo. Phytomedicine, 17(8–9), 563–568. https://doi.org/10.1016/j.phymed.2009.10.010
29. Sharma, M., Anderson, S. A., Schoop, R., & Hudson, J. B. (2009). Induction of multiple pro-inflammatory cytokines by respiratory viruses and reversal by standardized Echinacea, a potent antiviral herbal extract. Antiviral Research, 83(2), 165–170. https://doi.org/10.1016/j.antiviral.2009.04.009
30. Sharma, M., Schoop, R., & Hudson, J. B. (2010). Echinacea as an anti-inflammatory agent: The influence of physiologically relevant conditions. Phytotherapy Research, 24(3), 445–450. https://doi.org/10.1002/ptr.2954
31. Signorini, F., et al. (2020). Comparative efficacy of Echinacea purpurea and oseltamivir in influenza treatment: Results from a randomized, double-blind, double-dummy, multicenter, noninferiority clinical trial. Current Therapeutic Research, 93, 100607. https://doi.org/10.1016/j.curtheres.2020.100607
32. Singh, R., Singh, N., Kumar, S., & Arora, S. (2021). Multi-omics approaches for plant research: Advances and applications in medicinal plants. Frontiers in Plant Science, 12, 736387. https://doi.org/10.3389/fpls.2021.736387
33. Spelman, K., Burns, J., Nichols, D., Winters, N., Ottersberg, S., & Tenborg, M. (2009). Modulation of cytokine expression by traditional medicines: A review of herbal

immunomodulators. Alternative Medicine Review, 14(1), 51–68.

34. Vimalanathan, S., & Hudson, J. B. (2014). Anti-influenza virus activity of Echinacea purpurea and Echinacea angustifolia preparations. Pharmaceutical Biology, 52(9), 1182–1190. https://doi.org/10.3109/13880209.2014.881840
35. Wallace, L. J., Boeckel, P. G., & Burdick, D. (2020). Authentication of Echinacea products: A review of quality control and molecular methods. HerbalGram, 126, 44–55.
36. World Health Organization. (2022). Global report on infection prevention and control. https://www.who.int/publications/i/item/9789240063599
37. Wu, L., Cox, S., Roe, D., & Inglett, G. (2004). Effects of environmental factors on Echinacea purpurea: Cichoric acid content. Journal of Agricultural and Food Chemistry, 52(20), 6804–6808. https://doi.org/10.1021/jf049639s
38. Zhai, Z., Haney, D., Wu, L., Solco, A., Murphy, P. A., Wurtele, E. S., Kohut, M. L., & Cunnick, J. E. (2007). Alcohol extract of Echinacea purpurea enhances murine macrophage activation in vitro. Journal of Nutritional Biochemistry, 18(10), 695–702. https://doi.org/10.1016/j.jnutbio.2006.12.010.

HOW TO CITE: Malarkodi Velraj, Shailender Mishra, Sonam, Anil Kumar, Rama Kant, Johny Lakra, Yash Srivastav, Neelam Sharma, Anjali Dhillon*, Phytochemical Characterization, Taxonomic Insights, and Immunomodulatory Mechanisms of Echinacea purpurea: A Comprehensive Review on Its Role in Enhancing Host Defenses Against Viral and Bacterial Pathogens, Int. J. of Pharm. Sci., 2025, Vol 3, Issue 8, 1640-1652. https://doi.org/10.5281/zenodo.16880875