Open Access

Epidemiology & Public Health

Article Type: Research Article

Volume 4 Issue 3 - 2026

Evaluating the efficacy of treatment of common cold in older children and adults, 2016-2026: A systematic review

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Abstract

Common cold or acute nasopharyngitis is the commonest infection known to humans, substantially attributed to rhinoviruses. It is the significant cause of absenteeism and presenteeism with immense health cost to individuals and nations. Unfortunately, there is no efficacious medication against common cold. Hence, this review sets to evaluate an effective treatment for common cold in recent times. By conducting a systematic review on selected articles from major databases, we found out a synergistic action of a Nonsteroidal Inflammatory Drug (NSAIDS) naproxen and an antihistamine, fexofenadine reduced appreciably the duration and severity of common cold. Therefore, we hypothesized that other NSAIDS and antihistamines could have similar beneficial effects on common cold symptoms. However, a double-blind clinical trial in large populations is imperative to prove the efficacy of NSAIDS and antihistamine as a viable treatment regimen for acute nasopharyngitis.

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Received: Sep 28, 2026

Accepted: Nov 02, 2026

Published: Nov 09, 2026

Epidemiology & Public Health - www.jpublichealth.org

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Citation: Ojo OB, Otto G, Aggrey-Mills J. Evaluating the efficacy of treatment of common cold in older children and adults, 2016-2026: A systematic review. Epidemiol Public Health. 2026; 4(3): 1109.

Keywords: Common cold; Acute nasopharyngitis; NSAIDS; Antihistamines; Clinical trial.

Introduction and background

The common cold, also known as nasopharyngitis remains the most common disease globally [1]. In 2019, data from 204 countries including the Global Burden of Disease, Injury and Risk Factors research, estimated 17.2 billion cases of upper respiratory tract infections [2]. Altogether, the common cold accounted for roughly half of this health burden [2]. Common cold is primarily caused by viruses and about 80 percent of infections are caused by rhinoviruses [3]. Other viruses such as parainfluenza virus, adenovirus, coronavirus and respiratory syncytial virus and enterovirus may cause acute nasopharyngitis [4]. Common clinical symptoms include sore throat, sneezing, coughing, headaches, body pains and weakness [5]. The usual duration is 7-10 days [6]. The first phase is the incubation period lasting 1-3 days marked by the appearance of symptoms. The next phase, the acute period, is characterized by the advancement of symptoms to peak severity lasting 4-7 days. The remission phase comes thereafter with gradual disappearance of symptoms [5].

The common cold is predominantly self-limiting and lasts usually less than 10 days. However, the intervals of the phases are flexible and may take up to 2-3 weeks for older children and adults to recuperate completely and function normally [4]. Typically, a healthy adult experiences common cold 2-3 times per year and children may experience more frequent episodes. Adults and older children with impaired immune status or pulmonary disease such as asthma or bronchitis may present with prolonged cases of the common cold that may progress to pneumonia [7]. Thus, it causes a substantial health burden and cost on individuals, communities and nations. Acute nasopharyngitis remains one of the commonest reasons for doctors' visitations [8]. They cause a significant dip in productivity through absenteeism and presenteeism [9]. They have been known to hamper mood and normal functioning [10]. They could impair daily common activities such as driving and operation heavy machinery [11]. Thus, an effective therapy for common cold is imperative to reduce the overwhelming health cost on individuals, families and the nations. Presently, there is

no effective medication capable of reducing the duration and severity of common cold. Thus, this review attempts to address this gap.

The rationale behind this systematic review is to identify effective management for the common cold. One review assessed the effectiveness of probiotics for the treatment of the common cold [12]. Another one evaluated the efficacy of bloodletting in the management of the common cold [13]. To our knowledge, no current review has comprehensively evaluated the efficacy of the current and emerging treatment modalities for common cold in older children and the adults in recent times. Hence, this review examines the efficacy of present and emerging treatment of the common cold in the older children and adults over the last decade. This would enhance our insights regarding the quest for a truly effective treatment for the common cold.

Methods

Study designs

In accordance with the Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) 2020 guidelines [14].

Eligibility

The eligible articles for the study were selected based on inclusion and exclusion criteria highlighted in Table 1.

Table 1: Inclusion and exclusion criteria.

Criterion	Inclusion	Exclusion
Population	Healthy adults and older children at risk of common cold.	Infants, toddlers and preschool children below 6 years. Subjects prone to common cold such as smokers, COPD, immunosuppressed patients
Exposure	Studies with at least one modality of treating common cold	Natural remedies and alternative medical modalities of treating common cold e.g herbs and acupuncture
Comparison	Studies with comparison e.g case control or cohort control or without comparison e.g cross sectional studies	----------
Outcome	Severity and duration of common cold treatment	Purely clinical outcomes without a detailed link to treatment of common cold
Study Design	Original research including observational (case control, cohort, time series) Interventional, qualitative, mixed methods and modelling studies	Narrative reviews Short reports and non- peer reviewed articles

Information sources and search strategy

We conducted a comprehensive search in the PubMed and Cochrane databases from 2016 to 2026. The final search was conducted in July 2026. The references of the included articles were further screened manually to identify additional suitable studies. We searched common keywords relating to the subject matter of this study. The basic keyword searched in databases was common cold treatment. Other keywords incorporated in the search engine included ''common cold'', ''acute coryza'', ''cold'', "nasopharyngitis'', and "rhinitis''. The protocol was prospectively registered with the International Prospective Register of Systematic Reviews in adherence to PRISMA-P guidelines (CRD420261462312) [15].

Study selection

All studies identified through PubMed and Cochrane databases were later imported into the reference management software to identify duplicates, which were subsequently removed. Titles and abstracts were screened based on the predefined inclusion and exclusion criteria above, and the remaining articles were assessed for final inclusion.

Data collection process

A single reviewer reviewed the data using a standard extraction form. The derived studies were further synthesized based on author, year, country, study design, population, sample size, and key findings. The primary data outcomes were particularly analyzed on two grounds. We gauged the efficacy of treatment options based on their capacity to reduce the severity and duration of the common cold. Another reviewer checked and rechecked the extracted data for accuracy and consistency before we conducted the final data synthesis.

Risk of bias

We deployed Joanna Briggs Institute (JBI) Critical Appraisal Tools to assess the methodological quality and integrity of the selected articles. JBI Critical Appraisal Checklist was deployed for systematic reviews, clinical trials, and case reports. Each checklist was graded as ''Yes'' or ''No'', ''Unclear'' or ''Partial''. No numerical score was applied for the included articles. Instead, we graded an overall risk of bias judgement as ''low'', ''low-moderate'', ''moderate'', or ''moderate-high'' and '' high'' across the domains (Tables 3-6). This assessment was conducted by a single reviewer using standardized criteria to ensure consistency. Any uncertainties were resolved through reevaluation of the original articles.

Data synthesis

Due to the heterogeneity of study designs, populations, and outcomes, meta-analysis was not performed. Findings were narratively and descriptively summarized, focusing on key outcomes of treatment of the common cold. We focused on the efficacy of recent treatment options for the common cold. Included data were synthesized around two main research questions. One, how does each treatment outcome influence the duration of the common cold? Two, how does each treatment regimen impact the severity of the common cold? Thus, duration and severity of treatment of the common cold are the outcome variables in this review. Quantitative effect measures were not performed because we did not use meta-analysis in this review. Likewise, reporting of bias assessment was not conducted due to the deployment of narrative analysis in this study. Lastly, certainty assessment such as GRADE was not performed due to the diversity of study designs, population, and outcomes.

Result

The literature search identified 3,938 articles, including 3,887 from PubMed and 51 from Cochrane databases. After removing 12 duplicates, 3,926 titles and abstracts were screened. 3,892 were excluded for not meeting the predefined inclusion criteria. Thirty-four full articles were assessed. 21 were excluded due to population and study design mismatch and irrelevant outcomes. Consequently, 13 articles met the eligibility criteria and were included in this systematic review. The selection process is shown in the figure 1.

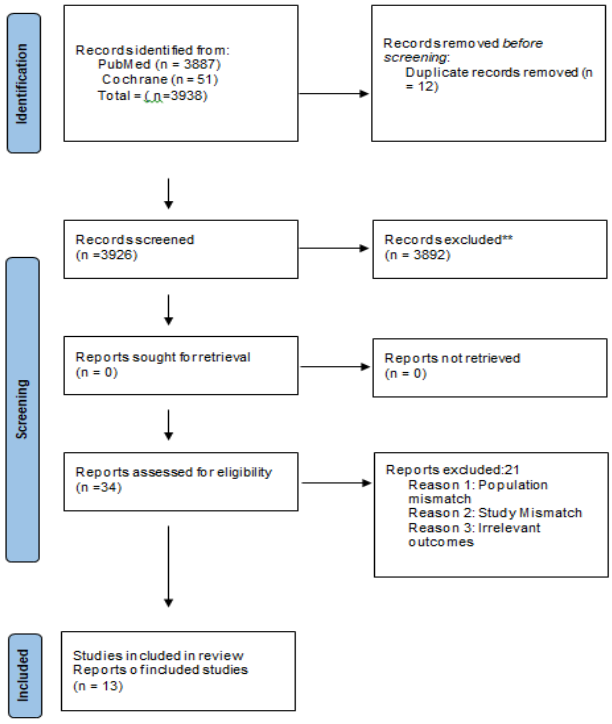


Figure 1: Characteristics of included articles.

In all, we included 13 studies for the final analysis. They comprised 4 randomized clinical trials, 8 systematic reviews and meta-analytical studies, and 1 clinical case report. Regarding the risk of bias assessment report, 2 independent reviewers assessed and categorized included studies using the JBI worklist. They reported 3 moderate and 10 moderate to high studies. There were no high- or low-risk studies categorized in this review (this is depicted in supplementary tables 3-6). The geographical spread of the selected articles spanned 10 countries, namely, the United States, Australia, New Zealand, Chile, Sweden, Finland, India, China, the Netherlands, and Belgium. As highlighted, there are no effective anti-cold remedies that could reduce the duration and severity of the common cold. Hence, the main objective of the included studies was to assess the efficacy of various medications previously deployed and others under consideration for future use for acute rhinitis. Hemila and Chalker, Quidel et al., and Ran et al. evaluated the efficacy of Vitamin C for common cold symptoms. Similarly, Hemila et al. and Nault et al. investigated the impacts of zinc on the duration and severity of the common cold. Moreover, some studies evaluated the effectiveness of new medications to redress the burden of the common cold. Lindberg et al. explored the role of cold zyme in the treatment of the common cold, while Iseri et al. examined the efficacy of the combination of naproxen and fexofenadine in the management of common cold symptoms and duration of infection.

The findings in this review were diverse. Only Iseric et al. found that the combination of naproxen, a NSAID, and fexofenadine, an antihistamine, and a mast cell stabilizer reduced the severity and the duration of cold symptoms in four clinical case reports. Conversely, De Sutter et al. discovered that the mixture of analgesics, paracetamol, nasal decongestants, and antihistamine did not result in a significant decrease in the duration and severity of symptoms. Similarly, other results were largely ambiguous and ineffective at alleviating common cold symptoms and their duration. Hemilla and Chaulker discovered Vitamin C alleviated the duration of severe common cold symptoms. Likewise, Ran et al. revealed Vitamin C reduced symptoms associated with the common cold. However, Quidel et al. found no significant impact of Vitamin C on the duration of the common cold. Nault et al. and Hemila et al. reported no beneficial impacts of zinc on the duration and severity of the common cold. They discovered no substantial effects of zinc on the common cold. Similarly, according to Bird et al. and Singh et al., rhinothermy and hot air inhalation had no significant impact on the duration or severity of symptoms resulting from acute rhinitis. Concerning the use of antibiotics for acute purulent rhinitis, Kenealy and Arroll discovered no beneficial impacts. Conversely, Lindberg et al. linked a faster recovery from common cold symptoms to Cold Zyme, a glycerol mouth spray containing cold-adapted cod trypsin.

The characteristics of the selected studies deployed in this systematic review is displayed in Table 2.

Table 2: Characteristics of included articles.

Author and Year	Country	Objective	Study design/ Method	Key Findings / Outcomes: Treatment and efficacy of treatment for common cold
Nault et al. (2024) [16]	USA	To determine the efficacy of zinc on the treatment and prevention of common cold	Systematic review	Findings suggested reduction in the duration of ongoing common cold with an increase in non-serious adverse effect.
De Sutter et al. (2022) [17]	Belgium	To assess the efficacy of oral antihistamine-decongestant-analgesic combinations in comparison with placebo in reducing the duration of common cold	Systematic review and meta- analysis	They found lack of data to substantiate the effectiveness of antihistamine-analgesic-decongestant combinations for the common cold.
Hemila and Chalker (2023) [18]	Finland	To determine the impact of vitamin C on the duration of mild and severe cold symptoms	Systematic review and meta-analysis	Vitamin C had significant impact on the duration of severe symptoms. However, it had no significant effect the duration of mild common cold symptoms.
Ran et al. (2020) [19]	China	To investigate whether vitamin C performs well as an adjuvant treatment for common cold	Meta -analysis.	Vitamin C could be used as a supplementary therapy along with antiviral regimens to relieve patients from the symptoms of common cold

Hemila et al. (2020) [20]	Finland	To evaluate the efficacy of commercially available zinc acetate lozenge for treating the common cold	Randomized clinical trial	Findings showed no evidence that zinc acetate used for 5 days was beneficial to the severity or duration of common cold symptoms.
Singh et al. (2017) [21]	India	To investigate the effects of inhaling heated water vapor (steam) in the treatment of the common cold by comparing symptoms, viral shedding, and nasal resistance	Systematic review and meta-analysis	This study did not show any benefits or harms from the use of heated, humidified air delivered via the Rhinothermy device for the treatment of the common cold.
Bird et al. (2021) [22]	New Zealand	To assess the efficacy of rhinothermy nasal air flow(rNHF) in the treatment of common cold	Randomized clinical trial	There was no statistical evidence that 5 days of rNHF (100% humidified air heated to 41°C delivered at 35 L/min for 2 hours daily) reduces common cold symptom severity or duration.
Kenealy and Arroll (2025) [23]	New Zealand	To investigate the efficacy of antibiotics compared with placebo for reducing general and specific nasopharyngeal symptoms of common cold. To determine if antibiotics have any influence on the outcomes for acute purulent rhinitis and acute clear rhinitis lasting less than 10 days before the intervention.	Meta- analysis	There was no beneficial impact of antibiotics for the common cold or for persisting acute purulent rhinitis in children or adults.
Quidel et al. (2018) [24]	Chile	To determine the effect of Vitamin C on the duration and severity of common cold	Systematic review and meta-analysis	Findings concluded vitamin C has minimal or no impact on the duration of common cold or in the number of days at home or out of work.
Dennie (2019) [25]	USA	To assess the safety and Efficacy of 0.5% Carbomer 980 Gel for treatment of symptoms of common cold	Randomized clinical trial	0.5% carbomer 980 gel nasal spray did not significantly impact the course of infection or resolution of cold symptoms in subjects with common cold
Lindberg et al. (2023) [26]	Sweden	To evaluate the efficacy of the medical device Cold Zyme, a glycerol mouth spray containing cold-adapted cod trypsin for a naturally occurring common cold versus placebo spray.	Randomized clinical trial	The study established evidence of a faster recovery from common cold symptoms
Deckx et al. (2016) [27]	Australia	To determine the efficacy, and short- and long-term safety, of nasal decongestants used in monotherapy to reduce symptoms of the common cold in adults and children.	Systematic Review.	The study did not elicit the effectiveness of single-dose nasal decongestants due to the limited evidence available. However, it suggested small positive effect on subjective measures of nasal congestion in adults with the common cold.
Iseric et al. (2023) [28]	The Nether-lands	To determine the efficacy of SJP – 002 (naproxen and fexofenadine) on the severity and duration of common cold	Clinical case report	SJP – 002 (naproxen and fexofenadine) reduced symptom severity by two-third, and the duration of the common cold episode approximately by half.

Risk of bias assessment tables

Table 3: JBI revised checklist tools for randomized clinical studies.

Random clinical trials	Was true randomization used for assignment of participants to treatment groups?	Was allocation to treatment groups concealed?	Were treatment groups similar at the baseline?	Were participants blind to treatment assignment?	Were those delivering the treatment blind to treatment assignment?	Were treatment groups treated identically other than the intervention of interest?	Were outcome assessors blind to treatment assignment?	Were outcomes measured in the same way for treatment groups?	Were outcomes measured in a reliable way	Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?	Were participants analyzed in the groups to which they were randomized?	Was appropriate statistical analysis used?	Was the trial design appropriate and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?	Total Assessment
Hemila et al. 2021	Yes	Yes	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Moderate
Bird et al.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Unclear	Moderate
Denie	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Moderate to High
Lindberg	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes	Yes	Moderate to High

Table 4: JBI critical appraisal checklist for systematic reviews and research syntheses.

Systematic Reviews	Is the review question clearly and explicitly stated?	Were the inclusion criteria appropriate for the reviewquestion?	Was the search strategy appropriate?	Were the sources and resources used to search forstudies adequate?	Were the criteria for appraising studies appropriate?	Was critical appraisal conducted by two or more reviewers independently?	Were there methods to minimize errors in dataextraction?	Where the method used to combine studies appropriate?	Was the likelihood of publication bias assessed?	Were recommendations for policy and/or practicesupported by the reported data?	Were the specific directives for new research appropriate?	Total Assessment
Nault et. al	Yes	Yes	yes	yes	yes	yes	Yes	yes	No	Yes	Yes	Moderate to High
De Sutter el al.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	No	Yes	Yes	Moderate to high
Hemila and Chalker	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes	No	Yes	Yes	Moderate to high
Ran et al.	yes	yes	yes	yes	yes	yes	yes	yes	Unclear	Yes	yes	Moderate to high
Kenealy and Arroll	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	yes	Moderate to high
Quidel et al.	yes	yes	yes	yes	yes	yes	yes	yes	No	Yes	Yes	Moderate to High
Deckx	Yes	yes	yes	yes	yes	yes	unclear	Yes	No	Yes	Yes	Moderate
Singh et al	yes	yes	yes	yes	Yes	Yes	Yes	Yes	unclear	Yes	Yes	Moderate to High

Table 5: JBI case report checklist.

Case Report	Were patient's demographic characteristics clearly described?	Was the patient's history clearly described and presented as a timeline?	Was the current clinical condition of the patient on presentation clearly described?	Were diagnostic tests or assessment methods and the results clearly described?	Was intervention(s) or treatment procedure(s) clearlydescribed?	Was the post-intervention clinical condition clearly described?	Were adverse events (harms) or unanticipated events identified and described?	Does the case report provide takeaway lessons?	Total Assessment
Iseric et al.	Yes	yes	yes	no	yes	yes	yes	yes	Moderate to high

Table 5: JBI case report checklist.

Studies	Numbers
High	0
Moderate to High	10
Moderate	3
Low	0
Total	13

Discussion

The common cold, or rhinitis, is the most common human disease [1]. Hence, there are a variety of treatment options and combinations ranging from vitamins, minerals, and even herbal products. Nevertheless, compelling evidence of their efficacy is deficient [29]. Aligning with previous studies, our review did not establish convincing evidence to support the efficacy of common treatments such as paracetamol, intranasal steroids, and ipratropium bromide [30-32]. Combination medications did not fare better than monotherapies in our study. A combination of analgesics, antihistamines, and decongestants was not more effective than Vitamin C, zinc, or decongestant monotherapies concerning the treatment of acute rhinitis. Even though paracetamol reduces fever and body pain accruing from rhinitis, it has no significant impact on other symptoms such as rhinorrhea, coughing, and nasal blockage [17]. The use of decongestants is associated with some adverse effects such as dry mouth, insomnia, and dizziness, hence limiting their effectiveness. Zinc has been shown to reduce the duration, but not the severity, of the common cold, and its use is associated with bad taste and nausea [33].

Our review discovered a much safer and more tolerable option, combining a nonsteroidal anti-inflammatory drug, naproxen, with a second-generation non-sedating antihistamine, fexofenadine. It alleviated the severity of symptoms associated with acute rhinitis by two-thirds and decreased the duration of the common cold episode by half [28]. The synergistic actions of the mast cell stabilizing effects of fexofenadine and the prostaglandin inhibiting effects of NSAIDs were deployed in the case report. The combination reduced the duration and severity of symptoms associated with the common cold with an excellent safety profile. This finding is reinforced by previous research regarding the effectiveness of antihistamine and NSAIDS combinations in conditions that are characterized by inflammatory responses of the body. For example, naproxen and fexofenadine substantially reduced the untoward side effects of travel and influenza vaccinations and the severity of patients with alcoholic hangovers [34,35]. In preclinical research, the combination of indomethacin and ketotifen was successful in inhibiting 2019 coronavirus replication [36].

Given the overwhelming health burden on individuals and economies, a combination of an antihistamine and a NSAID

might indicate the availability of a truly effective medication for acute rhinitis. If the results are replicated in larger populations, then it could alleviate health costs and drastically reduce overwhelming absenteeism and presenteeism occasioned by the common cold. Non-sedating antihistamines or second-generation antihistamines are lipophobic and cross the blood-brain barrier to a much smaller extent [37]. Hence, we hypothesize that second-generation antihistamines such as fexofenadine, loratadine and cetirizine could be effectively combined with NSAIDs such as naproxen, diclofenac, ibuprofen and indomethacin for effective relief of the common cold. The efficacy of NSAIDS in the treatment of the common cold has been proven in a recent review [38]. However, the unwanted side effects of NSAIDS such as epigastric or gastric irritation, discomfort, or pain might limit administration in some individuals. In such instances, patients could use celecoxib, a selective COX-2 inhibitor that spares COX-1, which protects stomach mucosa [39]. Those with allergic conditions or asthmatics should not use NSAIDS to forestall untoward outcomes.

Conclusion

The common cold remains one of the most common infections afflicting mankind. Even though the mortality is low except in immunosuppressed subjects, the health burden remains substantial globally. It is the commonest cause of presenteeism and absenteeism worldwide. Given the diverse respiratory viral causes and their mutations, there is no effective treatment or vaccination. Hence, this systematic review assessed relevant works regarding the efficacy of acute nasopharyngitis over the past 10 years. We discovered that the synergistic actions of naproxen, an NSAID, and fexofenadine, an antihistamine, reduced the severity and duration of common cold symptoms. Hence, we hypothesized that other NSAIDS and antihistamines could have similar beneficial impacts on patients with acute rhinitis.

However, the limitation of this assertion is that the referred clinical trial was conducted in only four individuals with the common cold. A double-blind clinical trial in larger populations is essential to further prove the efficacy of naproxen and fexofenadine as an effective treatment regimen for the common cold. If the efficacy is replicated in larger populations, then we have a proven remedy for the common cold.

References

1. Eccles R. Common cold. Front Allergy. 2023; 4: 1224988.
2. Jin X, Ren J, Li R, et al. Global burden of upper respiratory infections in 204 countries and territories, from 1990 to 2019. E Clinical Medicine. 2021; 37: 100986.
3. Al-Haddad MS, Abdallah QM, Alhamyani AH, et al. General public knowledge and practices about the common cold. J Taibah Univ Med Sci. 2016; 11: 104-109.
4. Incze M, Grady D, Gupta A. I have a cold—what do I need to know? JAMA Intern Med. 2018; 178: 1288.
5. Thomas M, Bomar PA. Upper respiratory tract infection. StatPearls. StatPearls Publishing. 2022. Available from: https://www.ncbi.nlm.nih.gov/books/NBK532961/. Accessed February 5, 2023.
6. Healthline. Lifecycle of a common cold. Available from: https://www.healthline.com/health/life-cycle-of-the-common-cold. Accessed February 5, 2023.
7. Zhou G, Liu H, He M, et al. Smoking, leisure-time exercise and frequency of self-reported common cold among the general population in northeastern China: a cross-sectional study. BMC Public Health. 2018; 18: 294.
8. Fendrick AM, Monto AS, Nightengale B, et al. The economic burden of non-influenza-related viral respiratory tract infection in the United States. Arch Intern Med. 2003; 163: 487-494.
9. Bramley TJ, Lerner D, Sames M. Productivity losses related to the common cold. J Occup Environ Med. 2002; 44: 822-829.
10. Dicpinigaitis PV, Eccles R, Blaiss MS, et al. Impact of cough and common cold on productivity, absenteeism, and daily life in the United States: ACHOO survey. Curr Med Res Opin. 2015; 31: 1519-1525.
11. Smith AP, Jamson S. An investigation of the effects of the common cold on simulated driving performance and detection of collisions: a laboratory study. BMJ Open. 2012; 2: e001047.
12. Kang EJ, Kim SY, Hwang IH, et al. The effect of probiotics on prevention of common cold: a meta-analysis of randomized controlled trial studies. Korean J Fam Med. 2013; 34: 2-10.
13. Lee JA, Hong M, Lee MS, et al. Blood-letting therapy for the common cold: a protocol for a systematic review of controlled trials. Medicine (Baltimore). 2017; 96: e9315.
14. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021; 372: n71.
15. PROSPERO. 2026. Available from: https://www.crd.york.ac.uk/PROSPERO/view/CRD420261462312.
16. Nault D, Machingo TA, Shipper AG, et al. Zinc for prevention and treatment of the common cold. Cochrane Database Syst Rev. 2024; 5: CD014914.
17. De Sutter AI, Eriksson L, van Driel ML. Oral antihistamine-decongestant-analgesic combinations for the common cold. Cochrane Database Syst Rev. 2022; 1: CD004976.
18. Hemilä H, Chalker E. Vitamin C reduces the severity of common colds: a meta-analysis. BMC Public Health. 2023; 23: 2468.
19. Ran L, Zhao W, Wang H, et al. Vitamin C as a supplementary therapy in relieving symptoms of the common cold: a meta-analysis of 10 randomized controlled trials. Biomed Res Int. 2020; 2020: 8573742.
20. Hemilä H, Haukka J, Alho M, Vahtera J, Kivimäki M. Zinc acetate lozenges for the treatment of the common cold: a randomised controlled trial. BMJ Open. 2020; 10: e031662.
21. Singh M, Singh M, Jaiswal N, et al. Heated, humidified air for the common cold. Cochrane Database Syst Rev. 2017; 8: CD001728.
22. Bird G, Braithwaite I, Harper J, et al. Rhinothermy delivered by nasal high flow therapy in the treatment of the common cold: a randomised controlled trial. BMJ Open. 2021; 11: e047760.
23. Kenealy T, Arroll B. Antibiotics for the common cold and acute purulent rhinitis. Cochrane Database Syst Rev. 2025; 11: CD000247.
24. Quidel S, Gómez E, Bravo-Soto G, et al. What are the effects of vitamin C on the duration and severity of the common cold? Medwave. 2018; 18: e7261.
25. Dennie L. Safety and efficacy of 0.5% carbomer 980 gel for treatment of symptoms of common cold: results of 2 randomized trials. Drugs R D. 2019; 19: 191-200.

26. Lindberg BF, Nelson I, Ranstam J, Riker DK. Early intervention with ColdZyme mouth spray after self-diagnosis of common cold: a randomized, double-blind, placebo-controlled study. PLoS One. 2023; 18: e0279204.

27. Deckx L, De Sutter AI, Guo L, et al. Nasal decongestants in monotherapy for the common cold. Cochrane Database Syst Rev. 2016; 10: CD009612.

28. Išerić E, Dahl TA, Scholey A, et al. The efficacy of a combination of naproxen and fexofenadine (SJP-002) to inhibit the symptoms that are associated with viral upper respiratory tract infection: four case reports of individuals with common cold. Clin Case Rep. 2023; 11: e7682.

29. Arroll B. Common cold. BMJ Clin Evid. 2011; 2011: 1510.

30. Li S, Yue J, Dong BR, et al. Acetaminophen (paracetamol) for the common cold in adults. Cochrane Database Syst Rev. 2013; 2013: CD008800.

31. Hayward G, Thompson MJ, Perera R, et al. Corticosteroids for the common cold. Cochrane Database Syst Rev. 2012; 8: CD008116.

32. AlBalawi ZH, Othman SS, Alfaleh K. Intranasal ipratropium bromide for the common cold. Cochrane Database Syst Rev. 2013; 2013: CD008231.

33. Singh M, Das RR. Zinc for the common cold. Cochrane Database Syst Rev. 2013; 6: CD001364.

34. Kiani P, Dahl TA, Iversen J, et al. Efficacy of naproxen/fexofenadine (SJP-003) in the prevention of side effects of influenza vaccination: four case studies. Clin Pract. 2022; 12: 734-737.

35. Kiani P, Iversen J, Scholey A, et al. The efficacy of the combination of naproxen and fexofenadine (SJP-003) to prevent or reduce side effects of receiving multiple travel vaccines: a case report. Vaccine. 2022; 10: 1128.

36. Kiani P, Scholey A, Dahl TA, et al. In-vitro assessment of the antiviral activity of ketotifen, indomethacin and naproxen, alone and in combination, against SARS-CoV-2. Viruses. 2021; 13: 558.

37. De Sutter AI, Saraswat A, van Driel ML. Antihistamines for the common cold. Cochrane Database Syst Rev. 2015; 11: CD009345.

38. Azh N, Barzkar F, Motamed-Gorji N, et al. Nonsteroidal anti-inflammatory drugs in acute viral respiratory tract infections: an updated systematic review. Pharmacol Res Perspect. 2022; 10: e00925.

39. Gong L, Thorn CF, Bertagnolli MM, et al. Celecoxib pathways: pharmacokinetics and pharmacodynamics. Pharmacogenet Genomics. 2012; 22: 310-318.