DIET & WEIGHT

Can Zinc Really Shorten Your Cold?

Zinc may shave time off an existing cold, but uncertain evidence and more side effects make the decision less straightforward than the claim.

The promise inside the lozenge

Your throat starts to scratch. Your nose follows. Somewhere between the first sneeze and the search for tissues, you remember zinc: the supplement that is supposed to stop a cold gathering momentum-or at least hurry it towards the exit.

That promise has some evidence behind it, but not the kind that fits neatly on a supplement label. A 2024 systematic review found that zinc taken to treat a cold may shorten its average duration. The estimated difference was a little more than two days, but the certainty of that evidence was low.

Low certainty does not mean zinc definitely does nothing. It means the true effect could be meaningfully different from the review's estimate. The studies produced highly inconsistent results, and most had an unclear or high risk of bias in at least one area. Zinc might help, but "two days shorter" is not a reliable promise to carry to the checkout.

The distinction between possibility and promise matters here. The common cold is an acute, self-limiting viral respiratory illness, and there is no established intervention that reliably shortens it. Zinc is best understood as an option with a signal of benefit, not a settled remedy.

Why one answer is so difficult

"Zinc" sounds like one intervention. In the trials, it was many. The 2024 review included 34 studies involving 8,526 adults and children. Nineteen examined treatment, while 15 looked at prevention. Researchers tested lozenges, tablets, syrups, dissolved powders, capsules and zinc given through the nose.

The chemical forms varied too. Lozenges contained zinc acetate, gluconate or orotate, and some studies combined different routes or included other therapies. Treatment periods and the amounts used also differed considerably. Pooling those studies can reveal an overall pattern, but it cannot make the products interchangeable.

Lozenges were the most frequently studied form: 17 of the 34 trials used them, including 14 treatment trials. Zinc gluconate lozenges were the most common. Even so, the review did not

establish that any particular shop-bought formulation will reproduce the average result across the research.

The outcomes were uneven as well. Eight studies involving 972 participants contributed to the finding on average cold duration, and their results differed sharply. Meanwhile, evidence was very uncertain about whether people were less likely still to have a cold at the end of follow-up. That leaves a frustrating but honest conclusion: a shorter average cold is possible, yet the chance that zinc will noticeably change your particular cold remains unclear.

The possible benefit is supported by low-certainty evidence, while the increase in minor unwanted effects is supported by moderate-certainty evidence.

Shorter does not mean easier

Duration is only one part of being ill. Congestion, nasal discharge, sneezing, sore throat, cough and general malaise are what make a cold feel like a cold. On symptom severity, zinc's case is weaker than its reputation suggests.

The review found very-low-certainty evidence about zinc's effect on overall symptom severity during treatment. Two studies involving 261 participants produced no clear indication that zinc made symptoms milder. Another study found little or no difference in the likelihood that overall severity would change.

In other words, a possible reduction in days does not necessarily mean more comfortable days. Zinc may affect how long an illness lasts without producing a clearly detectable improvement in how bad it feels along the way. The available trials do not let you assume both benefits come together.

That gap is easy to miss when "shortens a cold" becomes "works for colds." The first is a narrow and uncertain research finding. The second sounds as if zinc reliably relieves the whole experience. The trials do not support that broader claim.

The trade-off is not imaginary

Zinc treatment also came with more non-serious adverse events. Across 16 studies involving 2,084 participants, the risk was about one-third higher with zinc than with placebo. That finding was based on moderate-certainty evidence-stronger evidence than the estimate that treatment shortens a cold.

Reported adverse events included unpleasant taste, vomiting, stomach cramps and diarrhoea; loss of smell was also among the events the review set out to assess. The studies did not

provide clear information about possible complications of the cold itself, and none of the treatment studies reported information on serious adverse events.

This creates an unusually lopsided decision. The possible benefit is supported by low-certainty evidence, while the increase in minor unwanted effects is supported by moderate-certainty evidence. That does not make zinc an automatic "no." It does mean the downside should be part of the decision, rather than treated as fine print.

Supplements also do not have to undergo the same testing as drugs. General safety guidance is to tell your healthcare provider about supplements you use and not to take more than the label recommends. If you have questions about your health or whether a supplement is appropriate for you, that is where this stops being a checkout decision and becomes a conversation with your healthcare provider.

It is not a cold shield

Taking zinc in hopes of avoiding the next cold is a different proposition from using it after one begins. The review found that zinc may make little or no difference to the risk of developing a cold. That conclusion came from nine studies involving 1,449 participants and was based on low-certainty evidence.

Across longer follow-up periods, there may also have been little or no reduction in the average number of colds. Results from those studies varied greatly. Zinc therefore cannot honestly be presented as a dependable shield against the infections that move through homes, schools and workplaces.

The safety picture for preventive use was less clear. Researchers were uncertain whether zinc changed the risk of adverse events, and the evidence about serious adverse events was also limited. Uncertainty is not reassurance; it simply means the studies did not provide a dependable answer.

If your goal is to prevent colds, this evidence gives you little reason to expect much from zinc. If you already have a cold, there is a plausible but uncertain chance of shortening it, balanced against a clearer chance of non-serious side effects. Those are separate claims, and only the second has a signal of benefit.

Take the label to the conversation

On Monday, if zinc is still on your list, pick up the supplement package and read the label rather than relying on the word "zinc" on the front. Note the form, how it is taken and the label

instructions. The trials varied too much to assume that every formulation has the same evidence behind it.

Do not take more than the label recommends. If you already use dietary supplements-or you are considering adding zinc-tell your healthcare provider. If you are going to have surgery, check with them about the supplements you take. A supplement label and a written list of your current supplements are what this step takes.

The useful question is not simply, "Does zinc work?" Ask whether a possible, uncertain reduction in cold duration is worth a higher risk of unpleasant taste, stomach cramps, vomiting or diarrhoea to you. Ask your healthcare provider about uncertainties that the package cannot resolve.

Then decide without demanding certainty the science does not have. You are not choosing between a cure and doing nothing. You are weighing a possible shorter cold against a better-established chance of minor adverse effects-and the evidence gives reasonable people room to choose differently.

Where this comes from

- Dietary Supplements

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/dietarysupplements.html
- Zinc for prevention and treatment of the common cold.

  The Cochrane database of systematic reviews, 2024 · https://pubmed.ncbi.nlm.nih.gov/38719213/