

Laboratory of Renal Lithiasis Research, Institute of Health Sciences Research (IUNICS), University of Balearic Islands, Palma de Mallorca, Spain

### Absorption of myo-inositol hexakisphosphate (InsP<sub>6</sub>) through the skin in humans

F. GRASES, B. ISERN, J. PERELLÓ, P. SANCHIS, R. M. PRIETO, A. COSTA-BAUZÀ

Received January 23, 2006, accepted February 14, 2006

Prof. Dr. F. Grases, Laboratory of Renal Lithiasis Research, Faculty of Sciences, University of Balearic Islands, 07122 – Palma de Mallorca, Spain  
fgrases@uib.es

Pharmazie 61: 652 (2006)

In this paper, we present a pilot study of the absorption of myo-inositol hexakisphosphate (InsP<sub>6</sub>) through the skin in humans. We found that, after topical treatment with a 4% InsP<sub>6</sub> rich gel, InsP<sub>6</sub> urinary excretion increased 54% compared to the control situation (participants submitted to an InsP<sub>6</sub>-poor diet for 15 days,  $n = 6$ ), clearly demonstrating that InsP<sub>6</sub> is absorbed through the skin of humans. These results demonstrate the topical application as a suitable administration route of InsP<sub>6</sub> in humans.

Myo-inositol hexakisphosphate (phytate, InsP<sub>6</sub>) is a molecule to which several beneficial properties have been recently attributed. Some of these properties are related to its dermatological use. Thus, it has been claimed the capacity of InsP<sub>6</sub> to inhibit skin cancer (Ishikawa et al. 1999; Gupta et al. 2003; Grases et al. 2005) and to avoid calcinosis cutis (Grases et al. 2005b). In spite of these facts, little is known about the dermal absorption of InsP<sub>6</sub> in humans. Previous studies demonstrated that absorption was observed when applying InsP<sub>6</sub> topically to rats, with urinary InsP<sub>6</sub> concentrations much higher than those found with InsP<sub>6</sub> ingestion (Grases et al. 2005b). It was also found that in rats, InsP<sub>6</sub> was absorbed through the skin using both a gel or a cream, demonstrating that its absorption is independent of the matrix used for the topical application (Grases et al. 2005b). Twenty healthy volunteers (7 males and 13 females) were selected to study the dermal absorption of InsP<sub>6</sub> in humans. Due to the direct relation between serum InsP<sub>6</sub> concentration and its urinary excretion (Grases et al. 2001), this last parameter was used to evaluate InsP<sub>6</sub> dermal adsorption. The experiment had two phases. In the first one, all participants were submitted to an InsP<sub>6</sub>-poor diet for 15 days (all types of integral cereals and integral cereal derivatives, integral rice, corn, legumes, all types of nuts and other vegetable seeds were totally excluded). It has been demonstrated that InsP<sub>6</sub> levels in biological fluids and mammalian tissues clearly depend on dietary intake, consequently these levels must be low after this first period. On the 15<sup>th</sup> day, early in the morning (7:00) volunteers voided the urine accumulated overnight in the bladder and after two hours fasting, urinary samples were collected (2 h-urine). Then, the subjects began the second phase of the experiment. They continued with an InsP<sub>6</sub>-

**Table: Composition of the moisturizing gel containing 4% of phytate as potassium salt**

Component	Percentage composition
Water	86.4
Propylene glycol	6
PNC 400	2
Astro C-40	0.2
Potassium phytate	5.4 (4% InsP <sub>6</sub> )

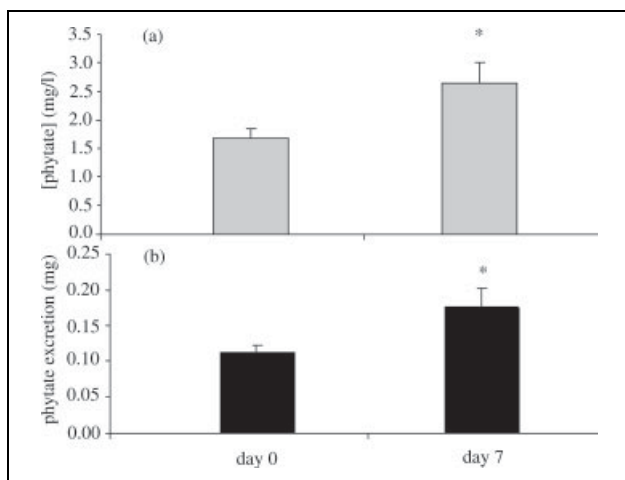


Fig.: (a) Urinary phytate concentration (mg/l) and (b) urinary phytate excretion (mg/2 h) at day 0 (before treatment) and at day 7 (after InsP<sub>6</sub> rich gel application). Values are mean of 20 subjects. Student's t-test was used to determine statistic significance between means. Error bars represent SE (\*  $p < 0.05$  vs day 0)

poor diet and were topically treated twice a day with 10 g of a standard moisturizing gel with a 4.0% content of InsP<sub>6</sub> as potassium salt (Table). The surface of treatment was about 1400 cm<sup>2</sup>. Urinary samples were again collected at the 7<sup>th</sup> day of treatment to evaluate InsP<sub>6</sub> excretion (2 h-urine). The experimental procedure was approved by the bioethics committee of the University of Balearic Islands. The obtained results are shown in the Fig.. As it can be observed, after topical treatment with InsP<sub>6</sub> rich gel, InsP<sub>6</sub> urinary excretion increased by 54%. That result clearly demonstrated that InsP<sub>6</sub> was absorbed through the skin layers of humans, crossed the epidermis, arrived to the dermis, entered the blood stream and increased urinary excretion. From the presented results, it can be deduced that topical administration of InsP<sub>6</sub> to humans can increase its concentrations in tissues and biological fluids, this demonstrating that the topical application, can be proposed as a new administration route of InsP<sub>6</sub> in humans.

### References

- Bode AM, Dong Z (2000) Signal transduction pathways: targets for chemoprevention of skin cancer. *Lancet Oncol* 1: 181–188.
- Grases F, Perelló J, Isern B, Prieto RM (2005) Study of a myo-inositol hexaphosphate-based cream to prevent dystrophic calcinosis cutis. *Br J Dermatol* 152: 1022–1025.
- Grases F, Isern B, Perelló J, Sanchis P, Prieto RM (2005) Absorption of myo-inositol hexakisphosphate (InsP<sub>6</sub>) through the skin: study of the matrix effects. Mechanism of phytate topical absorption. *Front Biosci* 10: 799–802.
- Grases F, Simonet BM, Vucenik I, Prieto RM, March JG, Costa-Bauzá A, Shamsuddin AM (2001) Absorption and excretion of orally administered inositol hexaphosphate (IP<sub>6</sub> or phytate) in humans. *BioFactors* 15: 53–61.
- Gupta KP, Singh J, Bharathi R (2003) Suppression of DMBA-induced mouse skin tumor development by inositol hexaphosphate and its mode of action. *Nutr Cancer* 46: 66–72.
- Ishikawa T, Nakatsuru Y, Zarkovic M, Shamsuddin AM (1999) Inhibition of skin cancer by IP<sub>6</sub> in vivo: initiation-promotion model. *Anticancer Res* 19: 3749–3752.