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KEY FEATURE & TECHNOLOGY



OXYGEN & OXYGEN BETA FORMULA (HQK-II)

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Skin oxygen tension is improved by immersion in oxygen-enriched water

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Keywords: delivery, oxygen, skin barrier, skin physiology, tcPO2, water

Synopsis

OBJECTIVE: The perceived health and physiologic functioning of skin depends on adequate oxygen availability. Economical and easily used therapeutic approaches to increase skin oxygenation could improve the subjective appearance of the skin as well as support the management of some cutaneous conditions related to chronic hypoxic ischaemia (e.g. ulcerative wounds). We have tested the hypothesis that the 0.p partial pressure of skin (PskO₂) increases during immersion in water enriched with high levels of dissolved onwern.

METHODS: A commercially available device was used to produce water containing 45 to 65 mg L^{-1} of dissolved O_2 . Young adults (YA; n-7), older adults (OA; n-13) and older adults with diabetes (OAD; n-11) completed different experiments that required them to immerse their feet in tap water $(e^2 \text{cm } L^{-1} \text{ of } Q_2)$; control) or O_2 -enriched water $(O_2$ - $H_2O)$; experimental) for 30 min. Transcutaneous oximetry was used to measure $PskO_2$ for 20 min pre- and post-immersola.

RESULTS: Pre-immersion mean (standard deviation) PskO₂ on the plantar surface of the big toe was 75 (10), 67 (10) and 65 (10) mmHg in VA, OA and OAD, respectively, Post-immersion PskO₂ was 244 (25), 193 (2.8) and 205 (2.8) mmHg for the same groups. We also show that post-immersion PskO₂ varies by location and with advancing age.

CONCLUSION: Water is an effective vehicle for transporting dissolved O₂ across the skin surface and could be used as a basis for development of economical therapeutic approaches that improve skin oxygen tension to support skin health and function. MÉTHODES: Un dispositif disponible dans le commerce a été utilisé pour produire de l'eau contenant 45 à 65 mg L⁻¹ d' O₂ dissous. Les adultes jeunes (YA, n − 7), âgés (OA; n − 13) et les personnes âgées atteintes de diabète (OAD, n − 11) ont répondu à différentes expériences qui les doligent à plonger leurs pieds dans de l'eau du nobinet (<2 mg L⁻¹ dO₂, le contrôle) ou eau enrichie en O₂ (£₂O₂). O₃: expérimental) pendant 30 min. L'oxymétide transactuaire ès été utilisé epour mesurer PisO₂ pendant 20 min pré-et post-immersion et distinct y de l'expériment (1) pendant (2) pendant (2)

CONCLUSION: l'eau est un moyen efficace pour le transport de O₂ dônsus sur la surface de la peau et pourrait être utilisée comme base pour le développement d'approches thérapeutiques économique qui améliorent la pression d'oxygène de la peau pour favoriser la smité et la fonction de la peau.

Introduction

The epidermis does not have an independent blood supply even though all cell layers except the heratinized outer-most stratum comeum consume oxygen (O₂). Epidermal O₂ to support metabolic function is supplied by O₂ diffusion from the underlying demnal capillary bed or by way of direct O₂ absorption across the stratum comeum from air in contact with the skin surface [1, 2]. Hewated distinctions handle are accelerated with a subsection appearance of

Oxygen absorption by skin exposed to oxygen supersaturated water

Stacey A. Reading and Maggie Yeomans

Abstract: The present study tests the hypothesis that skin on the plantar surface of the foot absorbs oxygen (O₂) when immersed in water that has a high dissolved O₂ content. Healthy male and female subjects $(24.2 \pm 1.4 \text{ years})$ soaked each foot in tap water $(1.7 \pm 0.1 \text{ mg O}_2\text{L}^{-1}; 30.7 \pm 0.3 \text{ °C})$ or O_2 -infused water $(50.2 \pm 1.7 \text{ mg O}_2\text{L}^{-1}; 32.1 \pm 0.5 \text{ °C})$ for up to 30 min in 50 different experiments. Transcutaneous oximetry and near infrared spectroscopy were used to evaluate changes in skin PO₂, oxygenated haemoglobin, and cytochrome oxidase aa_3 that resulted from treatment. Compared with the tap water condition, tissue oxygenation index was $3.5\% \pm 1.3\%$ higher in feet treated for 30 min with O_2 -infus water. This effect persisted after treatment, as skin PO₂ was higher in feet treated with O_2 -infused water at 2 min $(237 \pm 9 \text{ vs. } 112 \pm 5 \text{ mm HG})$ and 15 min $(131 \pm 1 \text{ vs. } 87 \pm 4 \text{ mm HG})$ post-treatment. When blood flow to the foot was occluded for 5 min, feet resting in O_2 -infused water maintained a 3-fold higher O_2 consumption rate than feet treated with tay ref. (9.1 ± 1.4 vs. $3.0 \pm 1.0 \text{ µL} \cdot 100 \text{ g}^{-1}$ -min⁻¹). We estimate that skin absorbs 4.5 mL of O_2 -m⁻²-min⁻¹ from O_2 -infused water. Thus, skin absorbs appreciable amounts of O_2 -from O_2 -infused water. This finding may prove useful and assist development of treatments targeting skin diseases with is schemic origin.



KEY FEATURE & TECHNOLOGY



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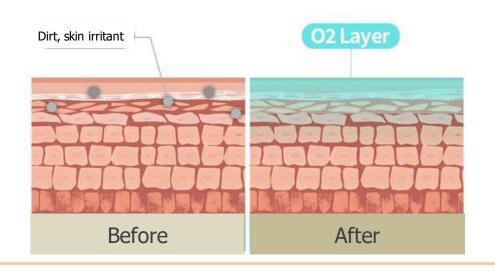
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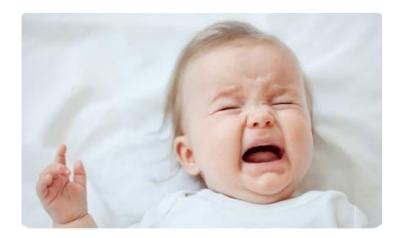


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 - ✓ Extremely sensitive skin
 - ✓ Dehydrated skin







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• EWG as of Mar. 2021



· R&D Certifications

