

Comprehensive Study of Blood Flow Dynamics in Arteries and Strategies for COVID-19 Prevention

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Abstract: *The COVID-19 pandemic has underscored the need for comprehensive healthcare approaches that encompass not only the prevention of viral spread but also the management of associated health complications. This research focuses on the mathematical analysis of arterial blood flow and its implications for developing effective COVID-19 prevention strategies. This study has explored the critical role of platelets in worsening lung inflammation and forming blood clots in COVID-19 patients, leading to severe conditions like heart attacks and strokes. Platelets, beyond their clotting function, interact with the virus and trigger inflammatory responses. The study also examined how factors like hemoglobin, red blood cells, and platelet counts influence blood viscosity, which affects circulation. Plasma viscosity remains unaffected by these cellular components. To address high blood viscosity and improve blood flow, the study evaluates the combined use of Hydroxychloroquine and Doxycycline. Hydroxychloroquine lowers blood sugar and reduces blood viscosity, while Doxycycline treats respiratory infections and inflammation. Numerical analysis shows that these medications can enhance blood flow and reduce complications, offering potential benefits for managing inflammation, lung infections, and cardiovascular issues in COVID-19 patients. By understanding the dynamics of blood flow through the arteries, especially in populations vulnerable to severe COVID-19 outcomes, we can enhance public health policies and individual health practices. This paper integrates mathematical modeling, clinical insights, and preventive healthcare strategies to provide a holistic approach to managing the risks associated with COVID-19.*

Keywords: Stenosis, Blood Flow Dynamics, Viscosity, Resistance, Hydroxychloroquine, Doxycycline, COVID-19, Cardiovascular Disorders, Inflammation, Lung Infections

1. Introduction

COVID-19, caused by the SARS-CoV-2 virus, has led to significant global health challenges. The virus predominantly affects the respiratory system but can also have severe impacts on cardiovascular health, particularly in individuals with pre-existing conditions [4, 27, 31, 42]. Understanding the relationship between arterial blood flow and COVID-19 is crucial for developing targeted prevention and treatment strategies [8, 13, 29, 30]. The rapid emergence and global spread of the respiratory syndrome coronavirus (COVID-19) have placed unprecedented demands on healthcare systems worldwide. This crisis has significantly disrupted medical management globally, affecting regions such as Asia, Europe, and the United Kingdom [10, 44, 63, 74]. The full extent of this disruption remains unclear. In the UK, the first COVID-19 case in Scotland was reported on March 1, 2020 [33, 56]. The following day saw a sharp increase in confirmed cases, which surged to 210. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. Shortly after, Scotland reported its first COVID-19-related death on March 14, 2020 [16, 28, 43]. To understand the impact of COVID-19 on patients and evaluate if different groups were affected differently, numerous studies analyzed patient data based on geography, clinical specialties, and demographics [17, 39, 59]. Scientists and mathematicians have conducted extensive research to mitigate the effects of COVID-19 [25, 58, 64]. Mathematical models have been created to explore how the virus affects blood flow. Blood comprises white and red blood cells, platelets, and is suspended in plasma. The proportion of red blood cells is indicated by the hematocrit level [2, 66, 78]. COVID-19 patients often face complications like blood clotting or bacterial infections, which can be managed with antibiotics to lower the risk of heart disease [37, 40, 77].

Hydroxychloroquine, traditionally used for malaria, lupus, and rheumatoid arthritis, has been found to help reduce the formation of blood clots in the cardiovascular system, thereby lowering the risk of heart attacks and strokes [19, 48, 62]. Conditions such as atherosclerosis or stenosis can impair blood flow and are significant contributors to cardiovascular diseases. Atherosclerosis is a leading cause of death in many countries due to its role in blocking blood vessels and causing heart diseases [7, 15, 26, 41,]. When healthcare professionals refer to "cardiovascular disease," they typically mean disorders caused by atheroma, stenosis, or atherosclerosis, which affect the heart or blood vessels. Numerous researchers [12, 38, 57] have explored how overlapping stenosis impacts blood flow parameters in narrow blood vessels. Typically, these studies have used models with tubes of uniform cross-section to analyze stenosis effects. However, in reality, biological and physiological ducts are often inclined and have non-uniform cross-sections. Studies such as those by [3, 11, 20, 49] have addressed this by employing the Herschel-Bulkley fluid model to examine multiple stenoses in inclined tubes with varying cross-sections, assessing their impact on blood flow parameters. Other researchers [1, 5, 24, 67] have used mathematical modeling to treat blood as a non-Newtonian fluid, investigating its various effects under these conditions. Recent research has employed numerical models to understand the impact of stenoses on blood flow, specifically using the Bingham plastic fluid model to represent blood behavior. Some studies [6, 14, 23, 65,] focused on irregular arterial mild stenosis and demonstrated that the presence of stenoses reduces fluid velocity.

Mathematical Modeling of Arterial Blood Flow

The blood flow has consider laminar, fully develop an axially symmetric, through a non-uniform cross-section. The momentum equation is given by [11, 18, 22, 50]:

$$\frac{1}{r} \frac{\partial}{\partial r} (r \tau_{rz}) = -\frac{\partial p}{\partial z} + \frac{\sin \alpha}{F} \quad (1)$$

$$F = \frac{\mu U^n}{\rho g R_0^{n+1}} \quad (2)$$

τ_{rz} = Shear stress,

The constitutive equations for the Prandtl fluid model is given by [9, 45, 34]:

$$\bar{S} = \frac{A \sin^{-1} \left\{ \frac{1}{c_1} \left[\left(\frac{\partial u}{\partial z} \right)^2 + \left(\frac{\partial w}{\partial z} \right)^2 \right]^{\frac{1}{2}} \right\}}{\left[\left(\frac{\partial u}{\partial z} \right)^2 + \left(\frac{\partial w}{\partial z} \right)^2 \right]^{\frac{1}{2}}} \frac{\partial w}{\partial r} \quad (3)$$

By using boundary conditions [15, 21, 32, 36]:

$$\tau \text{ is finite at } r=0, \quad (4)$$

$$u=0 \text{ at } r=h(z) \quad (5)$$

The non-dimensional variable are as follows [46, 72]:

$$\bar{z} = \frac{z}{L}, \bar{\delta} = \frac{\delta}{R_0}, \bar{R}(z) = \frac{R(z)}{R_0}, \bar{P} = \frac{P}{\left(\frac{\mu U L}{R_0^2} \right)}, \bar{\tau}_0 = \frac{\tau_0}{\mu \left(\frac{U}{R_0} \right)}, \bar{\tau}_{rz} = \frac{\tau_{rz}}{\mu \left(\frac{U}{R_0} \right)}, \bar{Q} = \frac{Q}{\pi R_0^2}, \bar{F} = \frac{F}{\mu U \lambda}$$

The mathematical expression for the geometry of the stenoses in non-dimensional is [47, 79,]:

$$h(z) = d(z) \left[1 - k \left(b^{n-1} (z-a) - (z-a)^n \right) \right];$$

$$a < z \leq a + b$$

$$= d(z); \text{ otherwise (6)}$$

$$\varepsilon(z) = d(z) \left[c + \sigma e^{-\Pi^2 (z-z_d - 0.5)^2} \right]; \quad a < z \leq a + b$$

$$= c d(z); \text{ otherwise} \quad (7)$$

$$\text{With } d(z) = R_0 + \xi z \quad (8)$$

In the above equations $d(z)$ is the radius of the arterial segment in the stenotic region.

$$k = \frac{\delta^*}{R_0 b^n} \frac{n}{n-1} \quad (9)$$

$$u = \frac{(P+f)}{\mu} \left[\frac{r^2 - h^2}{4} + \frac{\tau_0}{(P+h)} (r-h) - \frac{2\sqrt{2}}{3} (r^{3/2} - h^{3/2}) \left(\frac{\tau_0}{(P+f)} \right)^{1/2} \right] \quad (10)$$

The flow rate for the blood flow with transverse magnetic field is,

$$Q = \int_0^R 2 \pi u r dr \quad (11)$$

By the help of equation (11) and equation (10), flow rate can,

$$Q = \frac{R_e \varepsilon}{2\mu} \left(\frac{\partial P}{\partial z} \right) \left[\frac{4\mu h}{h\varepsilon^2} + \left(\frac{8h + \varepsilon^2}{(1+h)} \right) r^2 + \frac{(15r + h^2)(8\varepsilon + h^2)}{\varepsilon^2} + \frac{h^2 \varepsilon^2}{(2h + \varepsilon)} + \frac{(8\varepsilon r + 3h^2)(2\varepsilon + h^2)}{R^2} \right] \quad (12)$$

$$\Delta p = \int_0^L \left(\frac{dp}{dz} \right) dz = \left(\frac{8\mu Q}{\pi R_0^4} \psi \right) \quad (13)$$

The dimensionless expression for resistance to flow, using;

$$\lambda = \left(\frac{P_i - P_0}{Q} \right) \quad (14)$$

$$\lambda = \left(\frac{R_e \varepsilon}{8\mu} \right)^2 \left(\frac{8h}{3\pi h r} \right) \left[\frac{4\mu h}{h\varepsilon^2} + \left(\frac{2 + h\varepsilon^2}{8\varepsilon} \right) r^2 + \frac{(15r\varepsilon - 2h + h^2)(1 + h^2)}{3h^2 \varepsilon^2} + \left(\frac{2\varepsilon^2}{(h + \varepsilon)} \right) + \frac{(7\varepsilon r + 3(\varepsilon - h)h^2)(4\varepsilon - h^2)}{h^2} \right] \quad (15)$$

Wall shearing stress:

$$\tau = \left(\frac{2R_e \varepsilon^2}{r^2}\right)^2 \left(\frac{4r^2(h+2\varepsilon)}{(1+\varepsilon^2)}\right) \left[\left(\frac{3+\varepsilon^2}{(1+h^2)}\right)r^2 + \frac{(15r\varepsilon - 2h + h^2)(1+h^2)}{(1+h^2\varepsilon^2)} + \left(\frac{2\varepsilon^2}{(3+\varepsilon)^2}\right) + \frac{(\varepsilon + 3h)}{1+h^2}\right] \tag{16}$$

2. Results and Discussion

Irregular growth of stenosis in the arteries significantly affects blood flow in the heart and can lead to severe cardiovascular conditions. This abnormal narrowing of the arteries is primarily caused by the buildup of lipids or fats on the inner walls of blood vessels. Stenosis can result in various health issues, including brain hemorrhage, high blood pressure, heart attacks, and atherosclerosis. In this paper, we examined the effects of blood viscosity, shear stress, resistance to flow, and pressure in blood vessels [53, 60, 70, 82, 86]. The goal of our research is to explore how treating COVID-19 patients with high blood viscosity using Hydroxychloroquine and Doxycycline can improve blood flow through the vessels. To assess the impact of different parameters involved in this study, MATLAB programs have been developed. These programs estimate critical outcomes related to pressure profiles, apparent viscosity, and resistance to blood flow under both diseased and normal conditions [55, 69, 81].

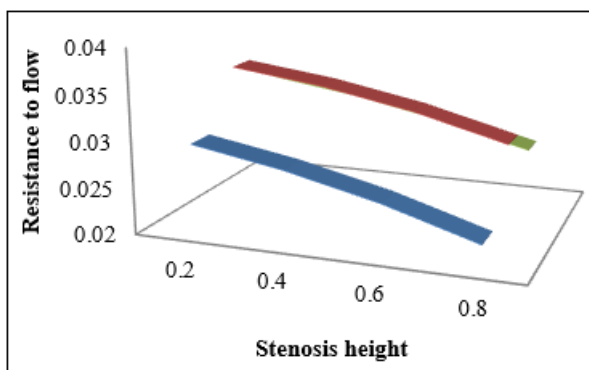


Figure 1: Variation of resistance to flow with stenosis height

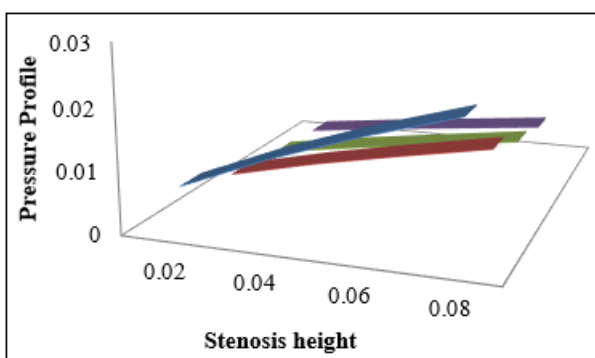


Figure 2: Variation of Pressure with stenosis height

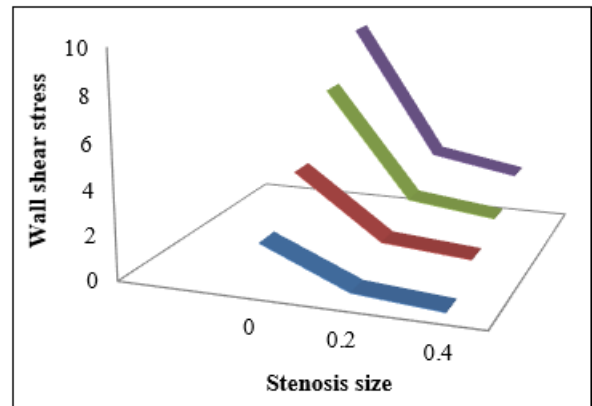


Figure 3: Variation of wall shear stress with stenosis size

The results of this research are illustrated in Figures.1-3, which utilize tentative data values within blood vessels [61, 76, 85, 88]. Figure.1. shows that resistance increases as the size of the stenosis grows or as the artery radius decreases, confirming that larger stenosis leads to higher resistance. Figure.2. demonstrates that pressure also rises with increasing stenosis size, a trend consistent with previous findings. Lastly, Figure.3. shows that wall shear stress increases with the growth of stenosis size, highlighting that smaller artery radii lead to higher stress levels. From these figures, it is evident that pressure gradient, resistance and wall shear stress are crucial factors directly influenced by blood flow through the vessels [51, 54, 80, 89, 90]. In regions with stenosis, resistance escalates as the stenosis progresses and remains stable in non-stenotic areas. As stenosis size increases, so does the pressure within the artery, leading to greater heat generation inside the vessel [73, 84, 87]. This effect is more pronounced in arteries that converge compared to those that diverge. In diabetic patients, the resistance to blood flow is higher than in non-diabetic patients, making them more susceptible to high blood pressure, heart diseases, and complications such as COVID-19. For these patients, managing blood flow resistance and pressure can be achieved by reducing plasma viscosity [52, 68, 71, 75, 83, 91]. Hydroxychloroquine, a drug known to lower blood viscosity, can enhance blood flow by reducing the overall viscosity of the blood. Regular doses of hydroxychloroquine can effectively lower plasma viscosity, thereby improving blood flow and potentially mitigating the risks associated with high resistance and blood pressure.

3. Conclusion

Understanding the dynamics of arterial blood flow through mathematical modeling provides valuable insights into the relationship between cardiovascular health and COVID-19. By integrating these insights into public health strategies, we can develop more effective approaches to preventing and managing the impacts of COVID-19. In this study, it has been observed that resistance decreases as the size of stenosis decreases in the fluid model used. This analysis expands on

understanding the flow dynamics of blood with increased viscosity and emphasizes the role of Hydroxychloroquine and Doxycycline in preventing and treating blood clotting in COVID-19 patients. Blood flow in COVID-19 patients is typically higher compared to normal patients. Therefore, COVID-19 patients with increased flow resistance are more susceptible to conditions like high blood pressure, heart attacks, inflammation, and lung infections. Managing plasma viscosity through medication can help reduce blood viscosity and flow resistance. Hydroxychloroquine, in combination with Doxycycline, represents an effective treatment option for patients with heart disorders, reducing plasma viscosity and addressing inflammation and respiratory infections effectively. This holistic approach, combining mathematical analysis, clinical insights, and preventive healthcare, offers a robust framework for enhancing both individual and public health in the face of the ongoing pandemic.

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