

## Topic - A Non-Newtonian mathematical model on the two phase renal mean blood flow in renal arterioles with special reference to diabetes

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In this paper, we have presented a model of two phased blood flow in renal arterioles remote from the heart and proximate to the Kidney keeping in view the nature of renal blood circulation in human body. If blood flows arterioles to capillaries then blood pressure drop arises in human body. The viscosity increases in the arterioles due to formation of rouleaux along axis by red blood cells, as we know the arterioles are remote from heart and proximate to the kidney. P.N. Pandey and V. Upadhyay have considered the blood flow has two phased, one of which is that of red blood cells and other is Plasma. They have also applied the Herschel Bulkley non-Newtonian Model in bio-fluid mechanical set-up. We have applied the Campbell-Pitcher two phase model in biofluid mechanical setup which is realistic in so far as the blood flow is considered to be two phased homogenous mixture of blood cells and plasma. We have collected a clinical data in case of Diabetes for Hematocrit v/s Blood Pressure drop. The overall presentation is in tensorial form and solution technique adapted is analytical as well as numerical. The role of Hematocrit is explicit in the determination of blood pressure in case of renal disease –Diabetes. The graphical presentation for particular parametric value is much closer to the clinical observation.

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*Keyword:* E. Coli- Escherichia Coli, rouleaux-structure formed by RBC in tough situation, non Newtonian-fluid, renal, pressure drop.

### 1. INTRODUCTION

#### 1.1 (Description of Bio-Physical problem)

The kidneys purify toxic metabolic waste products from the blood in several hundred thousand functionally independent units called nephrons. A nephron consists of one glomerulus and one double hairpin-shaped tubule that drains the filtrate into the renal pelvis. The glomeruli

located in the kidney cortex are bordered by the Bowman's capsule. They are lined with parietal epithelial cells and contain the mesangium with many capillaries to filter the blood. The glomerular filtration barrier consists of endothelial cells, the glomerular basement membrane and visceral epithelial cells (also known as podocytes)<sup>[1]</sup>.

Structure –Function-Kidney are the paired organs located retroperitoneal in the lumbar region and perform three major functions, maintenance of fluid and acid-base balance, removal of

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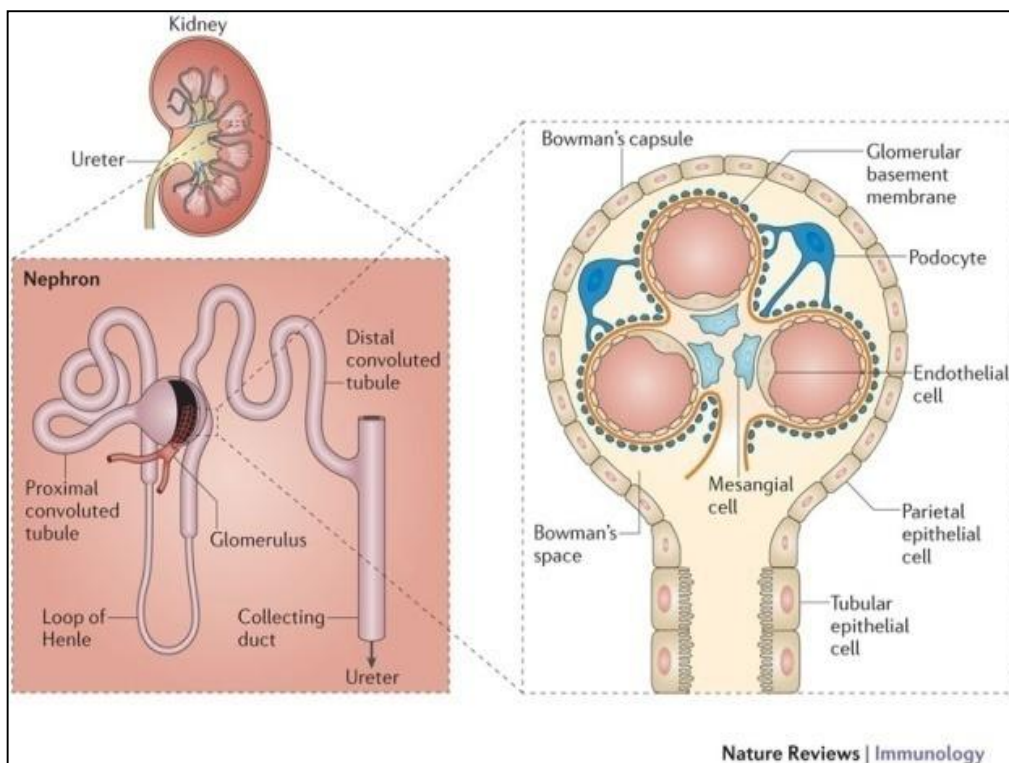
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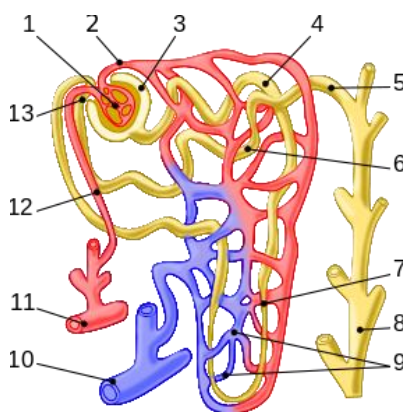
nitrogenous waste product and synthesis of the hormones, such as rein, erythropoietin and active vitamin D<sub>3</sub>-Calcitriol. The functional unit of the kidney is nephron, which consists of renal corpuscle, the proximal Tubule, the loop of henle, the distal tubule and collecting duct. The renal corpuscle consists of glomerulus and bowman' capsule. Plasma is filtered in the glomerulus to form the protein-free ultra filtrate. About 60% of this ultra filtrate is reabsorbed in the proximal tubule [2]. [nutrition and health 2008]



Nature reviews immunology 2013 [7]

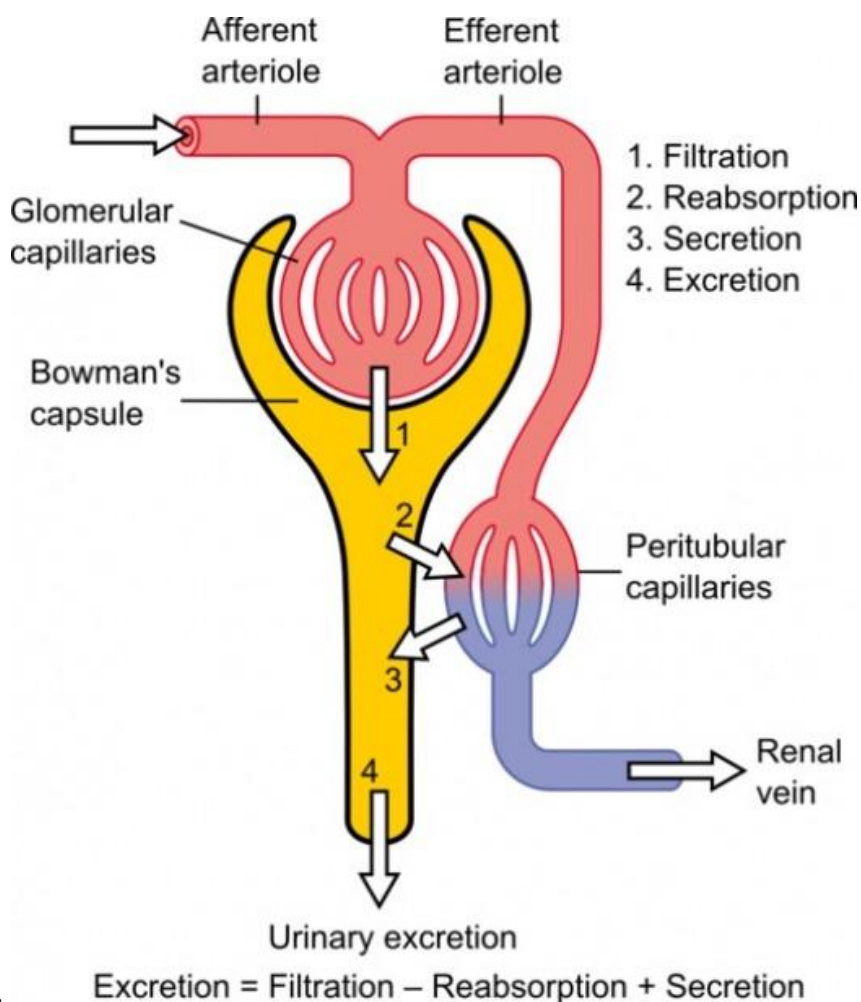
Kidney nephrons are the functional units of the kidneys.

There are normally approx. one million (0.8 - 1.5 million) kidney nephrons in each of the two kidneys in the body.



The labelled parts are 1. Glomerulus, 2. Efferent arteriole, 3. Bowman's capsule, 4. Proximal convoluted tubule, 5. Cortical collecting duct, 6. Distal convoluted tubule, 7. Loop of Henle, 8. Duct of Bellini, 9. Peritubular capillaries, 10. Arcuate vein, 11. Arcuate artery, 12. Afferent arteriole, 13. Juxtaglomerular apparatus [8]. Physiology at MCG 7/7ch03/7ch03p16Nephron of the kidney

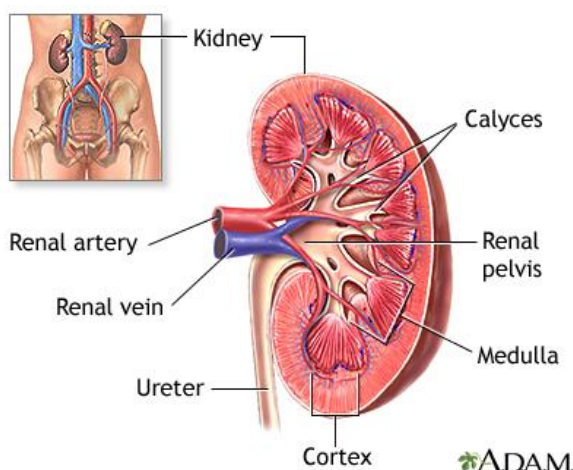
Normal filtrate contains of water, glucose, amino acids, urea, creatinine, and solutes such as sodium chloride, potassium ions and bicarbonate ions. Toxins and drugs may also be present. Proteins or red blood cells are not present in the filtrate because they are too large to pass through the glomerular filtration membrane. If these large molecules are present in the filtrate, it is an indication of a problem in the filtration process <sup>[9]</sup>.



The Urinary System | Physiology of the nephron Source: Madhero88 via wikimedia commons <sup>[10]</sup>

In humans, a normal kidney contains 800,000 to 1.5 million nephrons. At one end of each nephron in the cortex of the kidney, is a cup shaped structure called the (Bowman's or renal) capsule. It surrounds a tuft of capillaries called the glomerulus that carries high pressure blood <sup>[10]</sup>.

The kidneys serve important functions, including filtration and excretion of metabolic waste products (urea and ammonium); regulation of necessary electrolytes, fluid, and acid-base balance; and stimulation of red blood cell production. They also serve to regulate blood pressure via the renin-angiotensin-aldosterone system, controlling reabsorption of water and maintaining intravascular volume. The kidneys also reabsorb glucose and amino acids and have hormonal functions via erythropoietin, calcitriol, and (NIH)



Updated by: David C. Dugdale, III, MD, Professor of Medicine, Division of General Medicine, Department of Medicine, University of Washington School of Medicine; Scott Miller, MD, Urologist in private practice in Atlanta, Georgia. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.

Blood is a specialized bodily fluid in human that delivers necessary substances such as nutrients and oxygen to the cells and transports metabolic waste products away from those cells. It is composed of blood cells suspended in a liquid called blood plasma. Plasma which constitutes 55% of blood fluid is mostly water (92% by volume) <sup>[1]</sup>. By volume, the red blood cells constitute about 45% of whole blood, the plasma about 54.3% and white cells about 0.7%. <sup>[4]</sup> Whole blood (plasma and cells) exhibits non-Newtonian fluid dynamics.

Red blood cells contain the blood's hemoglobin and distribute oxygen <sup>[5]</sup>. White blood cells are part of the body's immune system. They destroy and remove old or aberrant cells and cellular debris as well as attack infectious agents <sup>[6]</sup>. Thrombocytes also called platelets, thrombocytes are responsible for blood clotting <sup>[6]</sup> about 55% of blood is blood plasma, a fluid that is the blood's liquid medium, which by itself is straw- yellow in color.

An arteriole is a small diameter blood vessel in the microcirculation that extends and branches out from an artery and leads to capillaries <sup>[14]</sup>.

ARTERIOLES are very small arteries that deliver blood to capillaries. As arterioles branch off an artery, they have smooth muscle and a few elastic fibers in the tunica media. These gradually taper away as the arteriole becomes smaller, leaving mostly the endothelium and a few smooth muscle fibers by the time the arteriole connects to the capillaries. Arterioles play a key role in regulating blood flow into capillaries. Vasoconstriction of arterioles decreases blood flow into capillaries; vasodilation increases flow. A change in the diameter of a large number of arterioles at once will also affect blood pressure. this work is important for human health. There are several researches, who examined the blood flow in the artery and veins.

The ultimate use of this model is to predict normal reference levels of two phase blood flow in arterioles for individual patients undergoing to Diabetes disease. According to David A. Farman, BS, and Stephanie C. Wu, DPM, MSc Belongs to the family of Diabetes called Diabetology. The prevalence of diabetes is increasing rapidly and is expected to reach epidemic proportion over the next decade. Recent research estimates that the number of people diagnosed with diabetes will rise from 23.7 million to 44.1 million between 2009 and 2034.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) further predict that up to one-third of U.S. adults could have diabetes by 2050 if Americans continue to gain weight and avoid exercise.

According to recent estimates, approximately 285 million people worldwide (6.6%) in the 20–79 year age group will have diabetes in 2010 and by 2030, 438 million people (7.8%) of the adult population, is

expected to have diabetes.(1) The largest increases will take place in the regions dominated by developing economies [17-19].

The mean arterial pressure (MAP) is a term used in medicine to describe an average blood pressure in an individual [15]. At normal resting heart rates *MAP* can be approximated using the more easily measured systolic and diastolic pressures, *SP* and *DP*: [16]

$$MAP \simeq DP + \frac{1}{3}(SP - DP)$$

or equivalently

$$MAP \simeq \frac{2}{3}(DP) + \frac{1}{3}(SP)$$

or equivalently

$$MAP \simeq \frac{(2 \times DP) + SP}{3}$$

At high heart rates *MAP* is more closely approximated by the arithmetic mean of systolic and diastolic pressures because of the change in shape of the arterial pressure pulse.

A lot of work is available, but P.N.Pandey and V. Upadhyay (2001) discussed a some phenomena in two phase blood flow gave an idea on the two phase renal blood flow in arterioles with a renal disease diabetes. The work of P.N. Pandey and V.Upadhyay in whole circulatory system but this work will focus on renal circulatory system, and renal circulatory system is a sub system of whole circulatory system. In this work, applied the Herschel Bulkley non-Newtonian model.

We present an improvement on the previous work in the field and this is discussed separately below.

## 2. Real Model

We have to select a frame of reference for mathematical modeling of the state of a moving blood-keeping in view the difficulty and generality of the problem of blood flow, we select generalized three-dimensional orthogonal curvilinear co-ordinate system, briefly prescribed as  $E^3$ , called as 3-dim Euclidean space, We interpret the quantities related to blood flow in tensorial form which is comparatively more realistic, The biophysical laws thus expressed fully hold good in any co-ordinate system, which is compulsion for the truthfulness of the law (1990) [7]

Now, let the co-ordinate axes be  $OX^i$  where  $O$  is origin and superscript  $i=1,2,3$  let  $X^i$  be the co-ordinates of any point  $P$  in space, The mathematical description of the state if a moving blood is affected by means of functions which give the distribution of the blood velocity  $v^k = v^k(X^i, t)$ ,  $k=1,2,3$  and of any two thermodynamic quantities pertaining to the blood, for instance the pressure  $p = p(X^i, t)$  and the density  $\rho = \rho(X^i, t)$ , As is well known, all the thermodynamic quantities are determined by the values of any two of them, together with the equate of state, Hence, if we are given five quantities, namely the three components of velocity  $v^k$ , the pressure  $p$  and the density  $\rho$ , the state of moving blood is completely determined.

All these quantities are, in general, functions of the co-ordinates  $X^i$ ,  $i=1,2,3$  and of the time  $t$ , We emphasize that  $V^k(X^i, t)$  is the velocity of the blood at a given point  $X^i$  in space and at a given  $t$ , ie it refers to fixed points in space and not to fixed particles of the blood; in the course of time, the latter move about in space, The same remarks apply to  $p$  and  $\rho$

Blood is a mixed fluid, Mainly there are two-phases in blood, The first phase is plasma, while the other phase is plasma, while the other phase is that of blood cells. The blood cells are enclosed with a semi-permeable membrane whose density is greater than that of plasma, these blood cells are uniformly distributed in plasma, Thus blood can be considered as a homogeneous mixture of two-phases.[18]

**A. Equation of Continuity for two phase blood flow**

According to Singh P. and Upadhyay K.S. The flow of blood is affected by the presence of blood cells. This effect is directly proportional to the volume occupied by blood cells <sup>[9]</sup>. Let the volume portion covered by blood cells in unit volume be X, this X is replaced by H/100, where H is the Hematocrit the volume percentage of blood cells. Then the volume portion covered by the plasma will be 1-X. If the mass ratio of blood cells to plasma is r then clearly

$$r = \frac{X \rho_c}{(1 - X) \rho_p} \tag{2.1}$$

where  $\rho_c$  and  $\rho_p$  are densities of blood cells and blood plasma respectively. Usually this mass ratio is not a constant, even then this may be supposed to constant in present context (1986) <sup>[10]</sup>

The both phase of blood, I. e. blood cells and plasma move with the common velocity. Campbell and Pitcher has presented a model for two phase of blood separately (1958). Hence equation of continuity for two phases according to the principle of conservation of mass defined by J.N and Gupta R.C. as follow

$$\frac{\partial (X \rho_c)}{\partial t} + (X \rho_c v^i)_{,i} = 0 \tag{2.2}$$

And 
$$\frac{\partial (1 - X) \rho_p}{\partial t} + ((1 - X) \rho_p v^i)_{,i} = 0 \tag{2.3}$$

Where, v is the common velocity of two phase blood cells and plasma.

If we define the uniform density of the blood  $\rho_m$  as follow 
$$\frac{1+r}{\rho_m} = \frac{r}{\rho_c} + \frac{1}{\rho_p} \tag{2.4}$$
 <sup>[11]</sup>

Then equation (2.2) and (2.3) can be combined together as follow,

$$\frac{\partial \rho_m}{\partial t} + (\rho_m v^i)_{,i} = 0 \tag{2.5}$$

**B. Equation of Motion for two phase blood flow-**

According to Ruch, T.C. and H.D. The hydro dynamical pressure p between the two phases of blood can be supposed to be uniform because the both phases i.e. blood cells and plasma are always in equilibrium state in blood (1973) <sup>[12]</sup>. Taking viscosity coefficient of blood cells to be  $\eta_c$  and applying the principle of conservation of momentum, we get the equation of motion for the phase of blood cells as follows:

$$X \rho_c \frac{\partial v^i}{\partial t} + (X \rho_c v^j) v^i_{,j} = - X p_{,j} g^{ij} + X \eta_c (g^{jk} v^i_{,k})_{,j} \tag{2.6}$$

Similarly, taking the viscosity coefficient of plasma to be. The equation of motion for plasma will be as follows:

$$(1 - X) \rho_p \frac{\partial v^i}{\partial t} + \{(1 - X) \rho_p v^j\} v^i_{,j} = - (1 - X) p_{,j} g^{ij} + (1 - X) \eta_c (g^{jk} v^i_{,k})_{,j} \tag{2.7}$$

Now adding equation (2.6) and (2.7) and using relation (2.4), the equation of motion for blood flow with the both phases will be as follows:

$$\rho_m \frac{\partial v^i}{\partial t} + (\rho_m v^j) v^i_{,j} = -p_{,j} + \eta_m (g^{jk} v^i_{,k})_{,j} \tag{2.8}$$

Where  $\eta_m = X \eta_c + (1 - X) \eta_p$  is the viscosity coefficient of blood as a mixture of two phases.

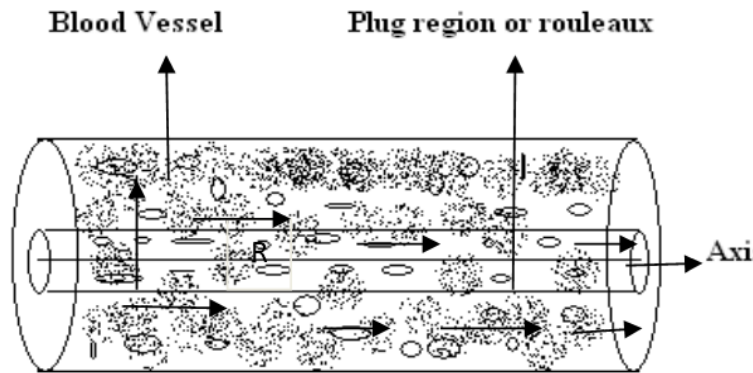
### 3. Mathematical Modeling-

As the velocity of Blood flow decreases, the viscosity of blood increases. The velocity of blood decreases successively. The Herschel Bulkley law holds good on the two phase blood flow through veins arterioles, veinules and whose constitutive equation is as follows:

$$\tau' = \eta_m e^n + \tau_p \quad (\tau' \geq \tau_p) \quad \text{and} \quad e = 0 \quad (\tau' < \tau_p) \quad \text{where, } \tau_p \text{ is the yield stress.}$$

When strain rate  $e = 0 \quad (\tau' < \tau_p)$  a core region is formed which flows just like a plug. Let the radius of the plug be  $r_p$ . The stress acting on the surface of plug will be  $\tau_p$ . Equating the forces acting on the plug, we get,

$$\begin{aligned} P \pi r_p^2 &= \tau_p 2 \pi r_p \\ \Rightarrow r_p &= 2 \frac{\tau_p}{P} \end{aligned} \tag{3.1}$$



**Fig 1:** Herschel Bulkley blood flow

The Constitutive equation for test part of the blood vessel is

$\tau' = \eta_m e^n + \tau_p$  or  $\tau' - \tau_p = \eta_m e^n = \tau_e$  Where,  $\tau_e =$  effective stress, Whose generalized form will be as follows

$$\tau^{ij} = -P g^{ij} + \tau_e^{ij} \quad \text{where, } \tau_e^{ij} = \eta_m (e^{ij})^n \quad \text{While } e^{ij} = g^{jk} v^i_{,k}$$

Where, the symbols have their usual meanings.

Now we describe the basic equations for Herschel Bulkley blood flow as follows:

#### A. Equation of Continuity-

$$\frac{1}{\sqrt{g} \sqrt{(g V^i)_{,i}}} = 0$$

**B. Equation of Motion-**

$$\rho_m \frac{\partial v^i}{\partial t} + \rho_m V^j V_{,j}^i = - T_{e,j}^{ij} \tag{3.2}$$

Where all the symbols have their usual meanings, since, the blood vessels are cylindrical; the above governing equations have to be transformed into cylindrical co-ordinates. As we know earlier:  $X^1 = r, X^2 = \theta, X^3 = Z$  Matrix of metric tensor in cylindrical co-ordinates is  $[g_{ij}]$  and matrix of conjugate metric tensor is  $[g^{ij}]$  whereas the chritoffel's symbols of 2<sup>nd</sup> kind are as follows:

$$\left\{ \begin{matrix} 1 \\ 2 \end{matrix} \right\} = -r, \left\{ \begin{matrix} 1 \\ 2 \end{matrix} \right\} = \left\{ \begin{matrix} 1 \\ 2 \end{matrix} \right\} = \frac{1}{r} \text{ Remaining others are zero.}$$

The governing tensorial equations can be transformed into cylindrical forms which are follows: the

$$\frac{\partial v}{\partial z} = 0$$

equation of Continuity:-

The equation of Motion-

$$\text{r-component: } -\frac{\partial p}{\partial z} = 0, \theta - \text{component: } 0 = 0$$

$$\text{z-component: } 0 = -\frac{\partial p}{\partial z} + \frac{\eta_m}{r} \left[ r \left( \frac{\partial v_z}{\partial r} \right)^n \right]$$

Here, this fact has been taken in view that the blood flow is axially symmetric in arteries concerned, i.e.  $v_\theta = 0$  and  $v_r$  and  $v_z$  and  $p$  do not depend upon  $\theta$ .

$$\text{We get } v_z = v(r) \text{ and } dp = p(z) \text{ and } 0 = -\frac{dp}{dz} + \frac{\eta_m}{r} \left[ r \left( \frac{dv}{dz} \right)^n \right] \tag{3.3}$$

Since, pressure gradient  $-\frac{dp}{dz} = P$   $r \left( \frac{dv}{dz} \right)^n = -\frac{pr^2}{2\eta_m} + A$ , we apply boundary condition: at  $r=0, v = v_0$

$$\text{then } \Rightarrow -\frac{dv}{dr} = \left( \frac{pr}{2\eta_m} \right)^{\frac{1}{n}} \text{ Replace r from } r - r_p$$

$$-\frac{dv}{dr} = \left( \frac{\frac{1}{2}pr - \frac{1}{2}pr_p}{\eta_m} \right)^{\frac{1}{n}} \Rightarrow \frac{dv}{dr} = -\left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} (r - r_p)^{\frac{1}{n}} \tag{3.4}$$

Integrating above equation (12) under the no slip boundary condition:  $v=0$  at  $r = R$  so as to get:

$$v = \left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} \frac{n}{n+1} \left[ (R - r_p)^{\frac{n+1}{n}} - (r - r_p)^{\frac{n+1}{n}} \right] \tag{3.5}$$



This is the formula for velocity of blood flow in arterioles, veinules and veins.

Putting  $r = r_p$  to get the velocity  $V_p$  of plug flow as follows:

$$V_p = \frac{n}{n+1} \left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} (R - r_p)^{\frac{1}{n+1}} \tag{3.6}$$

Where the value of  $r_p$  is taken from (2.7)

#### 4. Analysis (Solution)

Observations: Hematocrit Vs. Blood pressure from an authorized Jabalpur Hospital & Research Centre by Dr. Anil Jain

Patient Name: - Mr. Dinesh Singh

Diagnosis: - Diabetic/HT

Date	HB(Hemoglobin)	B.P.(blood Pressure)	Hematocrit
31/7/11	4.2	1.200904/0.675508 p.s	12.6
2/8/11	7.6	0.975734/0.6755038 p.s	22.8
3/8/11	8.7	1.050790/0.67550 38p.s	26.1
4/8/11	9.8	0.900677/0.6004518 p.s.	29.4
6/8/11	12.0	0.9757342/0.6004518p.s	36.0

According to Berkow, Robert The hematocrit (expressed as percentage points) is normally about three times the hemoglobin concentration (reported as grams per deciliter) [13].

The flow flux of two phased blood flow in arterioles, veinules and veins is

$$Q = \int_0^{r_p} 2\pi r V_p dr + \int_{r_p}^R 2\pi r V dr$$

$$= \int_0^{r_p} 2\pi r \frac{n}{n+1} \left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} (R - r)^{\frac{1}{n+1}} dr + \int_{r_p}^R 2\pi r \frac{n}{n+1} \left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} \left[ (R - r)^{\frac{1}{n+1}} - (r - r_p)^{\frac{1}{n+1}} \right] dr$$

Using (3.4) and (3.6)

$$= \frac{\pi n}{(n+1)} \left( \frac{P}{2\eta_m} \right)^{\frac{1}{n}} R^{\frac{1}{n+3}} \left[ \frac{r_p^2}{R^2} \left( 1 - \frac{r_p}{R} \right)^{\frac{1}{n+1}} + \left( 1 + \frac{r_p}{R} \right) \left( 1 - \frac{r_p}{R} \right)^{\frac{1}{n+2}} - \frac{2 \left( 1 - \frac{r_p}{R} \right)^{\frac{1}{n+2}}}{\left( \frac{1}{n+2} \right)} + \frac{2 \left( 1 - \frac{r_p}{R} \right)^{\frac{1}{n+3}}}{\left( \frac{1}{n+2} \right) \left( \frac{1}{n+3} \right)} \right] \tag{4.1}$$

$Q=900 \text{ ml. /min} = .015 \text{ liter /sec. } R=1, r_p = \frac{1}{3} H = 12.6$  According to Gustafson, Daniel R. (1980) [4]

$\eta_p = 0.0015 \text{ (Pascal-sec.)}$  According to Glenn Elert (2010) [15]  $\eta_m = 0.035 \text{ (pascal-sec.)}$

$\eta_m = \eta_c X + \eta_p (1 - X)$  where,  $X = \frac{H}{100}$

$P = -\frac{\partial p}{\partial z}$  and lim it of the pressure from  $z_f$  to  $z_i$ , then  $\int_{p_f}^{p_i} dp = -\int_{z_f}^{z_i} \left(\frac{27Q}{2\pi A}\right)^n 3\eta_m dz$

$p_f - p_i = \left(\frac{27Q}{2\pi A}\right)^n 3\eta_m (z_f - z_i)$ , where  $z_f - z_i$  is the length of arteriols

length of arteriols is  $454 \times 10^{-6}$  meter

$$\frac{p_f - p_i}{(z_f - z_i) 3\eta_m} = \left(\frac{27Q}{2\pi A}\right)^n$$

$$\text{so } \frac{27Q}{2\pi A} = \left(\frac{p_f - p_i}{(z_f - z_i) 3\eta_m}\right)^{\frac{1}{n}}$$

$$\frac{27 \times 0.015}{6.28} = \left[\frac{26n^3 + 33n^2 + 9n}{6n^3 + 11n^2 + 6n + 1}\right] \times \frac{16654.125 - 9592.78}{454 \times 10^{-6} \times 0.10497}$$

$$0.064488 = \left[\frac{26n^3 + 33n^2 + 9n}{6n^3 + 11n^2 + 6n + 1}\right] \times (148168693.4)^{\frac{1}{n}} \text{ and solve by numerical method}$$

$$n = -4.593$$

again using  $p_f - p_i = \left(\frac{27Q}{2\pi A}\right)^n \times 3\eta_m (z_f - z_i)$

$$\frac{p_f - p_i}{(z_f - z_i)} = \frac{27Q}{2\pi} \times \left[\frac{6n^3 + 11n^2 + 6n + 1}{26n^3 + 33n^2 + 9n}\right]^n \times 3\eta_m$$

$$p_f - p_i = .064488 \times (454 \times 10^{-6}) \times \left[\frac{6n^3 + 11n^2 + 6n + 1}{26n^3 + 33n^2 + 9n}\right]^n \times 3\eta_m$$

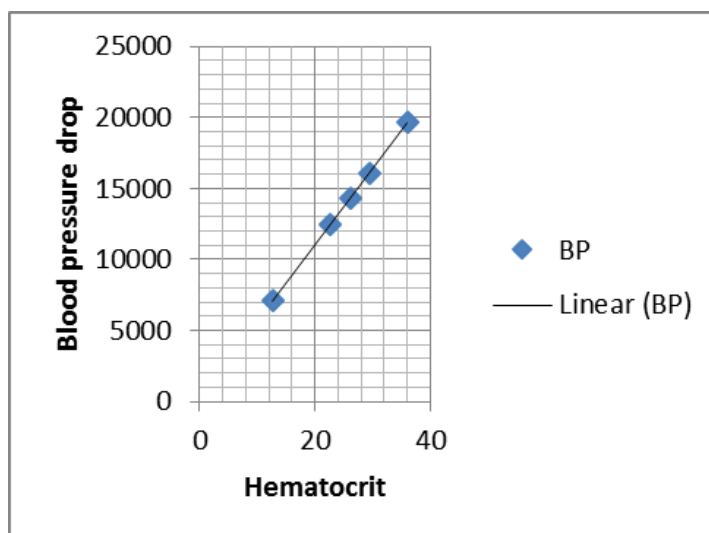
$$\square p = 67313.15 \times 3\eta_m = 201939.47 [0.002658H + 0.0015]$$

$$\square p = 536.76H + 302.909$$

### 5. Result & Discussion (Bio-physical interpretation) -

We get, values of Blood Pressure drop if hematocrit known by using above equation (relation between Blood Pressure and hematocrit)

H (Hematocrit)	12.6	22.6	26.1	29.4	36.0
P (Blood Pressuredrop)	7066.085	12433.685	14312.345	16089.0206	19626.269



**Graph 1**

## 6. Conclusion

A simple survey of the graph (1) between blood pressure drop and hematocrit in Urinary Tract Infection patient shows that when hematocrit increased then Blood pressure also increased. That is Hematocrit proportional to blood pressure.

## 7. Acknowledgement

I owe my sincere thanks to Dr. Anil Jain, nephrologists of Jabalpur Hospital & Research Centre and thanks are due to Dr. Aashish V. Sharma, Administrator of Jabalpur Hospital & Research Centre.

## 8. Remark

If this would have been possible to get blood Pressure drop on the particular tissue (Kidney) then the relation between blood pressure and hemoglobin has been measured more accurately.

## 9. References

1. The Franklin Institute Inc; Blood – The Human Heart; Retrieved 19 march, 2009.
2. Shmukler, Michael; Density of Blood; The physics factbook. 2004.
3. Medical Encyclopedia; RBC Count; Medline plus. 2007.
4. Ganong, William F. Review of medical physiology (21 ed.), New York; Lange Medical Books/ Mc Graw – Hill. 2003, 518.
5. Mishra RS. Tensors and Riemannian Geometry, Pothishala Pvt. Ltd. Allahabad, 1990.
6. Sherman IW, Shernman VG. Biology – A Human Approach Oxford Univ. press, New York, Oxford, 1989, 278-79.
7. Singh P, Upadhyay KS. a new approach for the shock propogation in the two phase system; NAT. acad. Sc. Letters, 1986; 8(2).
8. Kapur JN, Gupta RC. Power law fluid flow in the inlet length of a circular pipe the math, seminar 1963; 3:55-67.
9. Compbell IJ, picher AS. shock waves in a liquid containing gas bubbles, proc. Roy Soc. 1958, A243.
10. Ruch TC, H.D, physiology and bio-physics, vols (ii) and (iii) W.B.S, 1973.
11. Berkow, Robert, ed. Merck Manual of Medical Information. Whitehouse Station, NJ: Merck Research Laboratories, 1997.

12. Maton, Anthea; Jean Hopkins, Charles William McLaughlin, Susan Johnson, Maryanna Quon Warner, David LaHart, Jill D. Wright. Human Biology and Health. Englewood Cliffs, New Jersey: Prentice Hall. ISBN 0-13-981176-1. 1993.
13. Zheng L, Sun Z, Li J *et al.* Pulse pressure and mean arterial pressure in relation to ischemic stroke among patients with uncontrolled hypertension in rural areas of China. *Stroke*. 2008; 39 (7):1932–7. doi:10.1161/STROKEAHA.107.510677. PMID 18451345.
14. Physiology at MCG 3/3ch7/s3ch7\_4 Cardiovascular Physiology (page 3)
15. IDF Diabetes Atlas, 4th edition. International Diabetes Federation, 2009.
16. Chan JC, Malik V, Jia W *et al.* Diabetes in Asia: Epidemiology, risk factors, and pathophysiology. *JAMA*. 2009; 301:2129-40.
17. Ramachandran A, Wan Ma RC, Snehalatha C. Diabetes in Asia. *Lancet*. 2010; 375:408-18.
18. Yang W, Lu J, Weng J *et al.* Prevalence of diabetes among men and women in China. *N Engl J Med*. 2010; 362:1090-101.
19. Mohan V, Pradeepa R. Epidemiology of diabetes in different regions of India. *Health Administrator*. 2009; 22:1-18.