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Research Article

THE CERVICAL BLOOD FLOW PARAMETERS WITH THE BEST CORRELATION FROM ARTERIAL BLOOD PRESSURE IN HYPERTENSION CASES

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ABSTRACT

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Arterial hypertension, arterial blood flow, Cervical Vertebrate correction A data on BP and VA of 33 subjects treated for hypertension were plotted and analyzed. After confirmation of the existence of a correlation by correlational analysis, the least square method was applied to define parameters of linear regression. It appears that there is a strong correlation between BP and VA of the shape of linear regression. The obtained data confirms, that in cases of arterial hypertension (AHT) we could use data on BP to evaluate VA, or, vice versa, use VA data as an index of BP in cuffless BP-monitoring devices.

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INTRODUCTION

Because hypertension is becoming the most widespread disease, which, according to WHO,¹ already affects 1.13 billion people, it is of great interest to link the various measurable parameters that can somehow characterize this disease. Finding a stable correlation, in this case, makes it possible to use an easily obtained parameter as an index (indicator) of the parameter, that is difficult to obtain. In our work, we have demonstrated the relationship between the average blood flow linear velocity (V_A), defined as

$V_{A} = (V_{AVS} + V_{AVD})/2,$

where V_{AVD} is the linear blood flow velocity of right (*dextra*) and V_{AVS} - left (*sinistra*) vertebral artery, and average arterial blood pressure P_A defined as

 $P_{A} = (P_{S} + P_{D})/2,$

where- P_S – systolic, and P_D -diastolic arterial pressure.

 V_A data obtained by triplex sonography 2,3 - on Mindray DC-40 (Mindray Medical, Shenzhen, China) (Figure, Panels A and B), we considered it as a difficult parameter to obtain, taking into account the costs of training qualified personnel, purchasing equipment and the cost of running a station to take measurements, while the $P_{\rm A}$ - as easily obtainable. To collect the data, we selected measurements of $P_{\rm A}$ and $V_{\rm A}$ for the

random sample of 33 adult patients diagnosed with stage 1 arterial hypertension (AHT) (P_s ranging from 135 to 159 torr or/and P_D from 85 to 99 torr) before, after and on the intermediate stage of correction of Cervical Vertebrate according to ⁴. The sample characteristics are exhibited on Panel D of the Figure. The above-mentioned approach⁴ causes stepwise a stable restoration of arterial pressure with a simultaneous restoration of blood flow.

The previous worldwide collected data, summarized in ⁵, proves that the relationship between pressure and flow in the case of arteries is quite far from Poiseuille law conditions, because

- 1. The section area is not round
- 2. The pressure is in constant periodic change
- 3. The laminar character of the flow is questionable
- 4. And some other multiple reasons.

Namely for this reason of great interest is to find essential connections with different measured factors. From Panel C of the Figure, with the negative correlation between P_A and V_A r=-0.82, it is logical to approximate their relationship as a linear regression. The attempt to apply the least square method gives linear approximation formula

$$P_A = [-1.13 V_A (cm/s) + 152] (torr)$$

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The obtained correlation formula is applicable in the necessity to perform *e.g.* reverse analysis of the P_A data of the patients with AHT and evaluate possible V_A .



Figure Typical triplex sonography images of the *dextra* vertebral artery blood flow before and after treatment according to ⁴. Panel A exhibits the typical sonogram of the flow through *dextra* vertebral artery before, while B – after the treatment of patient according to (4). Panel C demonstrates the dependence of P_A from V_A before and after the treatment for 33 patients with diagnosed arterial hypertension. The Random Sample parameters are shown on Panel D.

Limitations to this study include cohort size, retrospective design, and generalization of chosen protocol for the random sample selection. Studies are planned to further model the relationship between P_A and V_A with the increment of clinical and hemodynamic outcomes.

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None

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