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Abstract: *This study presents a numerical investigation of aqueous humour (AH) dynamics in the anterior chamber of the human eye, focusing on the effects of aging and posture. Unlike previous works that consider the entire eyeball, a simplified two-dimensional anterior eye model is developed while preserving key physiological characteristics. Three age-specific models are constructed, capturing anatomical changes due to aging. AH flow is modelled as buoyancy-driven by thermal gradients between the cornea and internal eye structures. The finite element method, applied through the Galerkin weighted residual approach, is used to solve the coupled flow and heat equations. Results show that aging reduces AH velocity and circulation due to narrowed geometries and decreased thermal convection. Additionally, the standing position maintains stronger flow circulation than supine position across all age groups. These findings emphasize the interplay between aging and posture in regulating intraocular fluid dynamics and may inform future diagnostic and therapeutic strategies for age-related ocular conditions.*

Keywords: Aqueous humour flow; anterior chamber; aging; finite element.

1. INTRODUCTION

The human eye relies on intricate mechanisms to maintain structural and functional integrity. The anterior chamber, located between the cornea and the iris, contains AH – a transparent fluid essential for nourishing avascular tissues such as the cornea and the lens while maintaining intraocular pressure [1]. The production, circulation, and drainage of AH are tightly regulated processes that are critical for preserving ocular health. AH is produced by the ciliary body, flows through the pupil into the anterior chamber, and exits predominantly via the trabecular meshwork and Schlemm's canal with a smaller fraction draining through the uveoscleral pathway [2]. Disruptions in this dynamic system, whether caused by aging or pathological conditions, can disturb the delicate intraocular balance and contribute to the onset of diseases such as glaucoma.

In a biological context, age has a direct physiological consequence to the human eye. Anatomical and functional changes with aging are particularly impactful, impairing the AH transport mechanism. Notably, age-related morphological changes such as reduced chamber depth and anterior displacement of the lens [3-6] have been strongly associated with angle-closure glaucoma. Decrease in anterior depth due to lens thickening and anterior displacement constrict the flow domain and alter fluid dynamics [7]. Additionally, age-related thickening and anterior positioning of the lens lead to the narrowing of the iridocorneal angle, thus blocking the drainage of AH and elevating the intraocular pressure [8]. Concurrently, the trabecular meshwork responsible for the majority of AH drainage experiences structural stiffening and reduced cellularity with age, further impeding drainage efficiency [9]. The narrowing and reduced area of Schlemm's canal with aging contributes to increased outflow resistance, exacerbating intraocular pressure elevation and disrupting the balance between inflow and outflow of AH [10, 11].

Beyond structural changes, aging also impacts the dynamic processes responsible for the AH circulation. Specifically, the older population exhibits smaller anterior chamber depth and volume, decreased aqueous

flow, and diminished uveoscleral outflow compared to their younger counterparts [12]. AH production declines progressively with age, with an estimated 15-35% reduction between ages 20 to 80 [12-16]. This decline results in reduced flow velocities and less effective convection within the anterior chamber. Simultaneously, the AH drainage decreases by approximately 30% over the same age range [13, 14], primarily due to increased flow resistance in the trabecular meshwork and uveoscleral pathways. Nevertheless, intraocular pressure typically remains relatively stable throughout adulthood until the later decades of life when a gradual increase is commonly observed [17, 18].

Modelling the effects of aging on ocular structures requires an interdisciplinary approach, combining concepts from biomechanics, thermodynamics, and fluid dynamics. Over the years, computational simulations have utilized two-dimensional and three-dimensional models to investigate ocular thermodynamics and fluid dynamics within the eye [19-23]. Multiple numerical techniques including the finite element method, finite volume method, boundary element method, and Lattice Boltzmann method have been employed to account for the complexities of biological tissue properties, heat transfer, and fluid mechanics [24-28]. Despite these advances, modelling age-dependent changes in anterior ocular fluid mechanics and heat transfer remains an area requiring further investigation.

Prior research has attempted to incorporate aging effects by altering geometric parameters of the anterior chamber, modifying outflow resistance, and varying thermal properties. Papaioannou and Samaras [29] presented a model that studied ocular thermoregulation across varying age groups under different ocular geometries and tear evaporation rates. Bhandari et al. [30] extended this work by examining how aging influences AH flow and drug transport. Rahman et al. [31] introduced blood perfusion and metabolism into simulations of temperature distribution within the aging eye. Despite these contributions, few studies isolate and systematically analyze anterior chamber dynamics under aging using a coupled flow-thermal model.

This study proposes a novel, computationally efficient model of the anterior segment that investigates the effects of aging on AH flow dynamics and heat transfer in both standing and supine postures. Unlike full-eye models, the present work develops a streamlined anterior chamber model that isolates the effects of aging on AH dynamics using a coupled flow-heat approach, offering a balance between physiological relevance and computational efficiency. The finite element method, implemented through Galerkin weighted residual formulation, is employed to numerically solve the coupled fluid and thermal equations. The model captures age-related changes in anterior chamber geometry, AH inflow and outflow, trabecular meshwork properties, and ocular surface temperature. This approach systematically explores how aging and posture affect intraocular flow patterns, circulation strength, and thermal stability. The use of a reduced anterior-segment-only domain while retaining key flow characteristics is expected to provide more targeted insights into age-related ocular fluid dynamics. The result may inform early detection strategies and the development of posture-specific or age-adapted interventions for related ocular disorders.

2. MATHEMATICAL MODEL

In the present study, two-dimensional models of the anterior segment of the eye [see Figure 1] are designed for three age groups; young (20 – 29 years), middle-aged (40 – 49 years), and elderly (60 – 69 years), based on the dimensions shown in Table 1.

Table 1. Dimensions of the anterior chamber by age group [5, 29, 30, 32, 33]

Age group (years)	20-29	40-49	60-69
Anterior chamber depth, ACD (mm)	3.43	3.26	3.01
Relative lens position, RLP (mm)	5.39	5.31	5.28
Anterior chamber radius (mm)	6.5	6.4	6.3
Trabecular meshwork length, TML (mm)	0.6	0.6	0.6
Trabecular meshwork width, TMW (mm)	0.1	0.1	0.1
Iris thickness, IT (mm)	0.4	0.4	0.4

The AH is considered a viscous, Newtonian, and an incompressible fluid [34]. Navier-Stokes and heat equations in steady state are implemented to model the flow dynamics of AH and temperature variation in the AC of the eye. Referring to equations proposed in [35], the governing equations for the present study are written as in Eq. (1-4).

$$\frac{\partial u}{\partial x} + \frac{\partial v}{\partial y} = 0. \quad (1)$$

$$\rho \left(u \frac{\partial u}{\partial x} + v \frac{\partial u}{\partial y} \right) + \frac{\partial p}{\partial x} - \mu \left(\frac{\partial^2 u}{\partial x^2} + \frac{\partial^2 u}{\partial y^2} \right) + \rho g \alpha (T - T_c) = 0. \quad (2)$$

$$\rho \left(u \frac{\partial v}{\partial x} + v \frac{\partial v}{\partial y} \right) + \frac{\partial p}{\partial y} - \mu \left(\frac{\partial^2 v}{\partial x^2} + \frac{\partial^2 v}{\partial y^2} \right) = 0. \quad (3)$$

$$k \left(\frac{\partial^2 T}{\partial x^2} + \frac{\partial^2 T}{\partial y^2} \right) - \rho c \left(u \frac{\partial T}{\partial x} + v \frac{\partial T}{\partial y} \right) = 0. \quad (4)$$

where p refers to the AH pressure, u and v are the AH velocity in the x and y direction respectively, while T is the AH temperature. $g = 9.8 \text{ms}^{-1}$ denotes the gravitational acceleration which under normal circumstances acts in the positive x -direction. The other parameters described in Eq. (1-4) are the AH dynamics properties obtained from literature [36, 37] and the thermal properties taken from [38]. These values are listed in Table 2.

Table 2. Values of AH and thermal properties.

Description	Value
AH thermal expansion coefficient, α	$3 \times 10^{-4} \text{K}^{-1}$
AH specific heat, c	$4200 \text{Jkg}^{-1} \text{K}^{-1}$
AH thermal conductivity, k	$0.57 \text{Wm}^{-1} \text{K}^{-1}$
AH dynamic viscosity, μ	$0.9 \times 10^{-3} \text{kgm}^{-3}$
AH density, ρ	1000kgm^{-3}
Temperature at iris or pupil, T_p	310.15K
Temperature at cornea, T_c	308.15K
Porosity, ε	0.15
Permeability, κ	$2 \times 10^{-15} \text{m}^2$

AH secreted from the ciliary body enters the anterior chamber through the posterior chamber and pupil and leaves the anterior chamber via the trabecular meshwork and Schlemm's canal [34]. As seen in Figure 2, the conditions for the boundaries of AH flow and the temperature are expressed in Eq. (6-9) and Eq. (10-11) respectively.

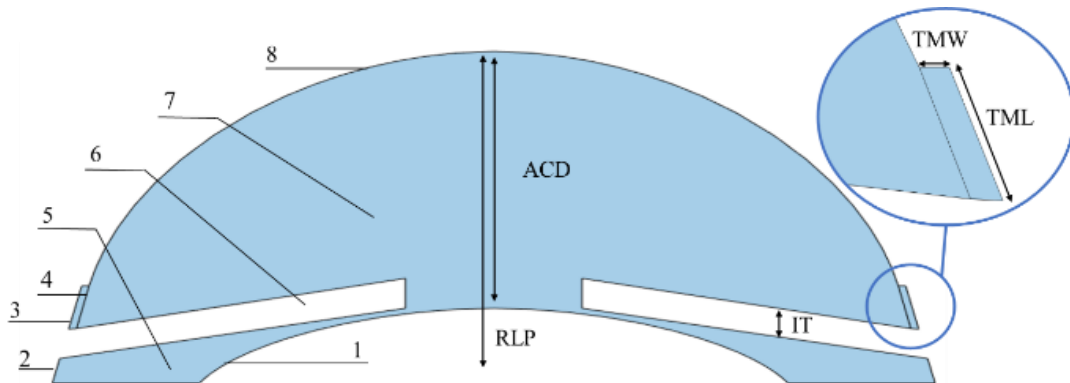


Fig. 1. Schematic diagram of the anterior segment of the eye. 1. Lens, 2. ciliary body, 3. Schlemm's canal, 4. trabecular meshwork, 5. posterior chamber, 6. iris, 7. anterior chamber, and 8. cornea.

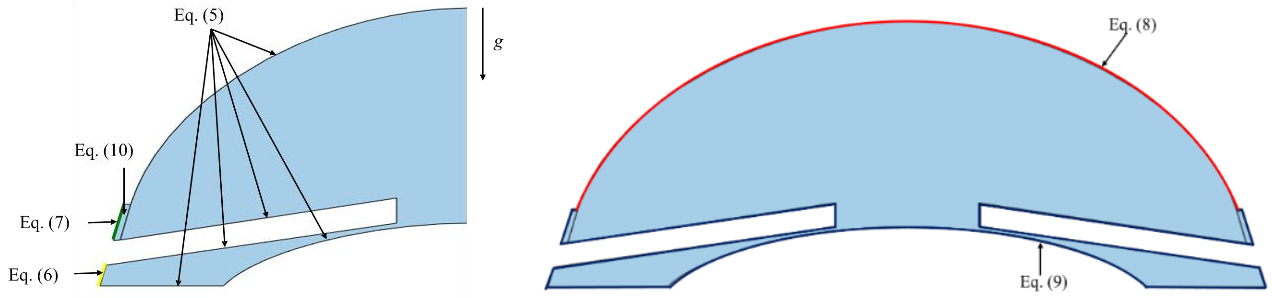


Fig. 2. Boundary conditions for AH flow and heat transfer

$$u(h(y), y) = v(h(y), y) = 0 \quad (5)$$

$$v_0 = v_{in} \quad (6)$$

$$p_0 = 1200 \text{ Pa} \quad (7)$$

$$T(g(y), y) = T_c \quad (8)$$

$$T(h(y), y) = T_p \quad (9)$$

The no-slip condition, represented as Eq. (5), is applied to all other boundaries except the inlet and outlet boundaries. Eq. (6) represents the normal inlet velocity magnitude of AH [39] where its value is different according to age group [see Table 3] while Eq. (7) describes the pressure at the outlet boundary [34]. Meanwhile, Eq. (8) is imposed on the surface of the cornea while the other boundaries are fixed with Eq. (9).

Table 3. Inlet velocity for different age groups [30]

Age group (years)	20-29	40-49	60-69
Inlet velocity, $v_{in} \text{ (ms}^{-1}\text{)}$	2.22×10^{-6}	2.06×10^{-6}	1.90×10^{-6}

The trabecular meshwork is porous in nature, and thus the AH flow at this region is modelled through porous media. Using Stokes-Brinkman, the AH flow through the trabecular meshwork is described as Eq. (10) below [39],

$$\nabla p = -\frac{\mu}{\kappa} \mathbf{u} + \frac{\mu}{\varepsilon} \nabla^2 \mathbf{u} \quad (10)$$

where κ is the permeability of trabecular meshwork and ε is the porosity of trabecular meshwork [34, 39] with values as mentioned in Table 2.

2.1 Computational Simulation

The governing equations, Eq. (1-5), along with the prescribed boundary conditions, Eq. (6-11), are solved using the finite element method. The computational domain is discretized into non-uniform, unstructured triangular elements based on Taylor-Hood element formulation. Specifically, quadratic shape functions, P_2 , are used for velocity and temperature, while linear shape functions, P_1 , are employed for pressure. This $P_2 - P_1$ pairing ensures compatibility with the Ladyzhenskaya-Babuska-Brezzi condition and provides enhanced accuracy in resolving the flow and thermal gradients [40]. Within each finite element, e_i , the flow variables – u , v , and p , and temperature, T , are approximated using appropriate shape functions. The Galerkin weighted residual method is applied to transform the governing equations into discrete weak form. This results in a nonlinear algebraic system represented in matrix form, where the element matrices incorporate contributions from flow coupling with buoyancy-driven thermal effects. These local element matrices are assembled into a global system of equations which is then solved subject to the

boundary conditions. Due to the nonlinear nature of the Navier-Stokes and heat equations, the global system is solved iteratively using the Newton-Raphson method to ensure convergence of the solution.

The numerical results are computed using the developed MATLAB code. Firstly, a mesh test is performed to ensure mesh-independent solutions. Table 4 below portrays the velocity profiles along a vertical line passing through the geometric centre of the cornea with a total number of elements 7030, 8804, 10030, 27922, and 28570. The velocity profiles are almost similar, illustrating that the results do not depend on the number of mesh elements. Hence, Mesh 3 [see Figure 3] is used to simulate the result in the present study.

Table 4. Mesh test for different total number of elements.

Mesh	Domain element	Maximum velocity
1	7030	4.5764E-4
2	8804	4.4519E-4
3	10030	4.5969E-4
4	27922	4.4707E-4
5	28570	4.5474E-4

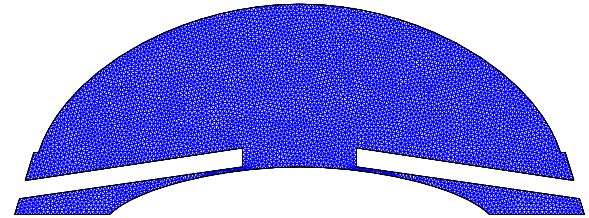


Fig. 3. Computational mesh with 10030 elements.

A comparison of the velocity magnitude in the standing and supine positions is shown in Table 5. Using the young eye model, the comparison implies that the results of the present simulation are in the order (10^{-4} ms^{-1} and 10^{-5} ms^{-1}) of the observed results in the literature. However, the differences in the maximum velocity magnitude in the anterior segment of the eye are due to the variation of the research methodologies of the different studies such as the different boundary conditions as well as the human eye model used.

Table 5. Comparison of maximum velocity magnitude of AH flow

Eye position	Present study	Rahman et al. [31]	Jen et al. [37]
Standing	4.60E-4	1.82E-4	2.44E-4
Supine	7.88E-5	7.51E-5	6.67E-5

3. RESULTS AND DISCUSSION

The influence of aging on AH flow dynamics is investigated by simulating three anterior eye geometries representing the young, middle-aged, and elderly configurations. These variations reflect anatomical changes typically associated with aging, such as narrowing of the anterior chamber angle and reduced anterior chamber depth.

In the young eye model (Figure 4(a)), the AH exhibited a well-organized circulation pattern characterized by a strong forward flow from the ciliary body, downward flow along the cornea, and return flow along the iris. This behaviour was maintained by the corneal thermal gradient and the chamber space, allowing efficient mixing and transport of AH within the anterior chamber of the eye. As aging progressed, the anterior chamber depth decreased, which resulted in a more confined flow domain. In the middle-aged model (Figure 4(b)), the central flow velocity diminished, and the secondary flow recirculation zones became more prominent. In the elderly model (Figure 4(c)), flow was markedly slower. These changes suggest that aging reduces the effectiveness of convective transport within the anterior chamber, potentially impairing delivery and removal of AH from the anterior segment of the eye. In addition, the

elder eye shows a lower velocity magnitude, attributed to the reduced inlet velocity prescribed in the model to reflect the age-related decline in the rate of AH production.

In contrast, the supine position resulted in a shift of flow direction and weakened thermal convection due to the alignment of gravity with the inflow-outflow axis. A similar phenomenon happens in the supine positions where the velocity magnitude decreases with age. Across all age groups, velocity magnitudes are generally lower in the supine configurations compared to the standing posture. The suppression of buoyancy-driven flow is evident in the elderly eye (Figure 4(f)), where flow is the slowest. This reduction in circulation may be due to inefficient drainage of AH in aged eyes when lying down. Overall, the results highlight that both aging and postural orientation significantly affect AH flow. Aging induces geometrical constraints that reduce velocity and circulation strength, while postural changes modulate gravitational effects on fluid dynamics. These findings align with results observed in the literature [30, 31]. The simplified anterior eye models developed in the present study thus provide a useful framework to analyse biomechanical mechanisms contributing to age-related ocular diseases.

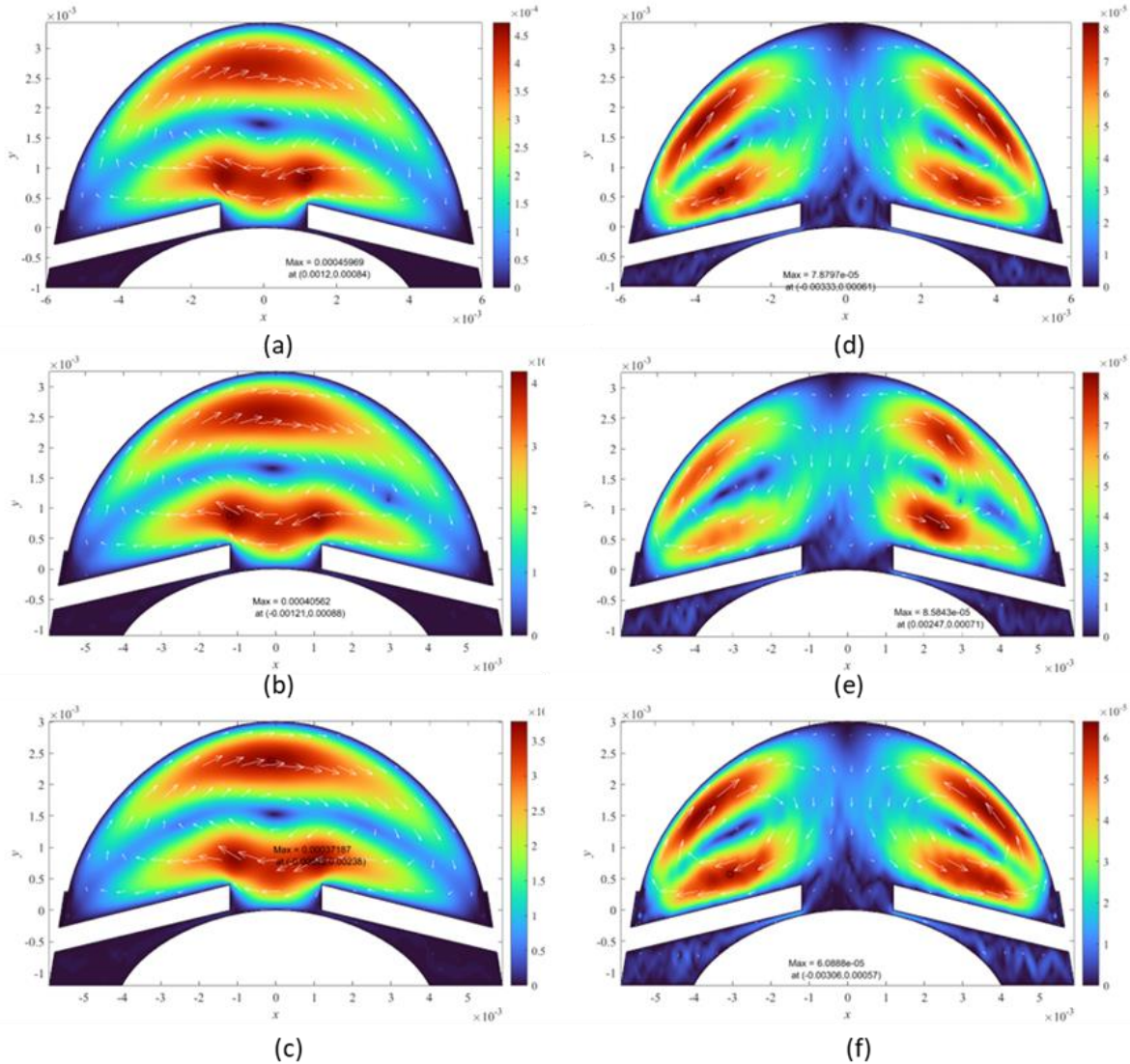


Fig. 4. AH flow in standing position for (a) young eye (20-29 years), (b) middle-age eye (40-49 years), and (c) elderly eye (60-69 years) while in supine position for (d) young eye (20-29 years), (e) middle-age eye (40-49 years), and (f) elderly eye (60-69 years).

4. CONCLUSION

The present study presented a simplified computational approach for analysing AH dynamics within the anterior segment of the human eye, focusing on the influence of aging. By isolating the anterior chamber and incorporating anatomical variations across different age groups, the present model successfully captures the fluid flow behaviour without the added complexity of modelling the entire eye structure. The results demonstrate that

- (a) Aging significantly influences the velocity of AH flow. Reduced anterior chamber volume and narrower angles in aged eyes result in lower flow velocities and disrupted circulation.
- (b) Postural changes modulate AH dynamics. The standing position promotes circulation, particularly in the younger eye whereas the supine position dampens convective effects.

Overall, the use of finite element analysis of fluid flow dynamics coupled with thermal effects and realistic boundary conditions proves effective in capturing the complex interplay between fluid flow and aging. Future extensions of the present work may include incorporating fluid-structure interaction to model eye structure deformation and more detailed physiological properties such as viscoelastic tissue responses or tear evaporation. Advanced numerical frameworks such as the coupling of Lattice Boltzmann with finite element analysis [41] as well as leverage experimental tools like 3D-printed ophthalmological examination devices [42] hold promise for simulating microscale flow interactions and bridge the gap between simulation and clinical practice.

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