

THE UNIVERSAL FORCE OF TIME

Eye Conditions

One Light-Receiver, a Stack of Registers — Four Ways It Fails, and How Far Each One Can Be Undone

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Tau (T) is the living fabric of time itself — the sole substance of which all physical reality is composed. Every particle, force, wavelength, and conscious experience is a structured configuration of T-flow. There is no gravity, no electromagnetic force, no strong nuclear force as separate entities: all are registers of the single T-field operating across dimensional levels. The conservation law $d\Sigma T=0$ governs all change: T is never created or destroyed, only redistributed.

Abstract

The eye is the most optically precise organ the body owns — it splits a single degree of sky into sixty parts — and it is the body's one dedicated **light receiver**, the sole organ whose whole function is to take in **T_λ** from the Sun and convert it to neural **T_E**. The Force of Time reads that precision as a stack of registers held in coherence across dimensional levels: the cornea (D = -1), the aqueous humour (D = -2), the crystalline lens (D = -2 → -3) and the retina (D = -3). Read this way the common eye diseases stop being a miscellany and become a set of failures, one at each level — and this paper does what a Force of Time medical paper is built to do: it acknowledges the illness, reads the problem as distinct routes, and pairs each route, one to one, with the correction that would set it right. The honest count here is **four**, one per register level. Route one — the **retinal register misses its node**: the eyeball over- or undershoots its target depth **24.0 mm** (= $2^3 \times 3$) (myopia, hyperopia) — the same node missed from opposite sides, so the correction is to **re-aim** the focus onto the node, which a lens does exactly, because the node is missed, not deleted. Route two — the **lens register is demoted** from D = -2 to a D = -3 crystal; because it is a demotion, not a deletion, the correction is to **re-order** the register, making cataract the one genuinely reversible eye condition. Route three — the **pressure register drifts off the lattice**: the safe band sits on the nodes **12** (= $2^2 \times 3$), **15** (= 3×5), **18** (= 2×3^2), **20** (= $2^2 \times 5$), and glaucoma is the reading leaving them into the off-lattice gap recorded as **21** (= 3×7) — so the correction is to **re-seat** the pressure on the smooth {2,3,5} band before the optic nerve is deleted. Route four — the **foveal register is destroyed**: the densest register the body owns ($\approx 125,000$ cones = $2^3 \times 5^6$) erodes and calcifies, and in atrophy the nodes are gone for good, so the only correction is **prevention**. The four corrections carry one order law — the **reversibility ladder**: a register that has been demoted can be lifted back; one that has been deleted cannot. Eight propositions, P-EYE-1 to P-EYE-8, are given; every value is at full precision, the repair specifics are held in the Foundation's clinical reference, and the structure resolves into the **clinical trial**.

Universal Force of Time = the creation of life = the healing of life = the destruction of life

1 The Body's Finest Instrument — and Its Only Light Receiver

The eye can split a single degree of sky into sixty parts and tell them apart. It resolves two points a minute of arc away — a few thousandths of a millimetre on the retina — inside a wet ball of tissue you can swivel with a glance. No instrument we build matches it for size and power together. Such precision cannot be loose; it demands that many things stay in exact register at once, and the Force of Time says that is exactly what the eye is: not one organ but a **stack of T-registers**, each holding its dimensional level (Figure 1). And the eye holds a place no other organ does — it is the body's only dedicated **T_λ receiver**, the sole organ whose entire function is to take in light from the Sun's broadcast and convert it to neural signal. Every other organ processes signals already inside the body; the eye faces the programme's primary output directly. Its diseases are, each of them, the failure of one level of that receiving stack — and because the levels are ordered, so are the diseases, and so is the question of how much of each can be undone.

2 The Four-Stage Stack

Light crossing the eye descends register after register, each at its own dimensional depth (Figure 1). The **cornea** sits at $D = -1$; the **aqueous humour** behind it at $D = -2$; the **crystalline lens** spans $D = -2 \rightarrow -3$; the **retina**, where light becomes signal, sits at $D = -3$. Functionally this is a four-stage transduction chain: an optical-geometry stage (cornea and lens focus the field), a quantum-transduction stage (photoreceptors convert single photons of T_λ to electrochemical T_E via the 11-cis-retinal switch — one photon, one molecular turn, one signal), a signal-transmission stage (retinal ganglion cells carry the T_E down the optic nerve), and a maintenance stage (the retinal pigment epithelium recycles the pigment and clears the waste). Name the stage that fails and you have named the disease — and, from whether that register has been **demoted** or **deleted**, you have learned whether it can be undone. A demoted register can be lifted back; a deleted one cannot. That single distinction runs through all four routes that follow.

Figure 1 — The eye is not one organ but a stack of T-registers, each at its own dimensional level; each common blindness is the failure of one level of the receiving stack

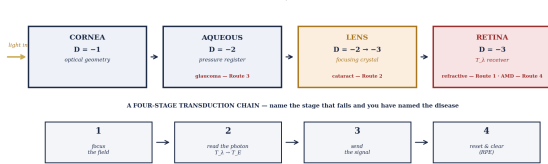


Figure 1 — The eye as a stack of T-registers: cornea ($D=-1$), aqueous ($D=-2$), lens ($D=-2 \rightarrow -3$), retina ($D=-3$), and the four-stage transduction chain beneath it. Each common blindness is the failure of one level — glaucoma at the pressure register, cataract at the lens, refractive error and AMD at the

retina.

3 Four Routes, Four Corrections

A Force of Time medical paper has one job. It acknowledges the illness, it identifies the problem — and in the eye the problem is plainly not single — and it pairs each route, one to one, with the correction that would set it right (Figure 2). The eye fails along **four** distinct routes, one at each register level. The retinal register can **miss its node**, growing too long or too short, and the world blurs. The lens register can be **demoted**, its clear crystal clouding. The pressure register can **drift off the lattice**, and where it drifts the optic nerve is crushed. Or the foveal register can be **destroyed**, the centre of sight eroding away. Re-aimed, re-ordered, re-seated, prevented. We give four routes because four is the honest count: the eye has four register levels and four ways to fail, and we name each by the exact number the clinic already measures.

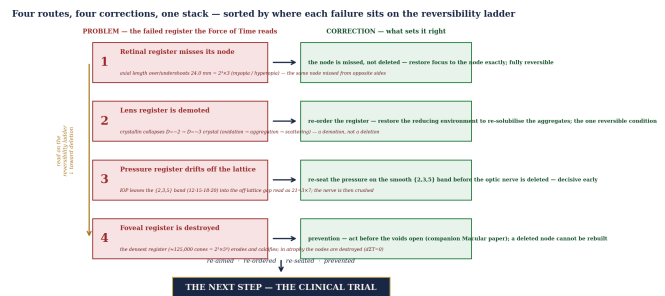


Figure 2 — The architecture of the paper: each of the four register-level failures is paired with the one correction that sets it right — refractive node-miss (re-aimed), lens demotion (re-ordered), pressure drift (re-seated), foveal deletion (prevented). The whole structure resolves into the clinical trial.

Route 1 — The Retinal Register Misses Its Node (Myopia and Hyperopia)

The first route is the commonest fault in human sight, and the simplest. The eyeball grows toward a target length, and that target is a lattice node: a normal adult axial length is **24.0 mm** ($= 2^3 \times 3$), the $D = -3$ depth at which the focused image lands exactly on the retina (Figure 1). **Myopia** is an overshoot — the eye grows past the node into the 25–30 mm range, which itself steps on the lattice as **24 × (1 + 0.05n)** for $n = 1, 2, 3, \dots$, and the image forms in front of the retina. **Hyperopia** is an undershoot — the register never reached full depth, sitting at 20–23 mm; every newborn begins here, the eye deepening toward 24 mm through childhood and locking at puberty. Short and long sight are not two unrelated faults but the **same register missing its {2,3} node from opposite sides**. And the crucial fact is that the node is **missed, not deleted**: the target still exists, the eye has simply settled to the wrong depth.

Correction 1 — re-aim the focus onto the node; the node was never lost

If the fault is a register settled at the wrong depth while its node still stands, the correction is to **re-aim the image onto the node**. Because the node is missed and not deleted, a lens placed in front of the eye restores the focus **exactly** — which is why spectacles, contact lenses and corneal reshaping all work, and work completely: they re-aim the converging light back onto the 24 mm node the retina still holds. This is the fully reversible end of the ladder. The correction in principle is node-restoration — returning the focal geometry to its {2,3} target — and the means are already ordinary clinical practice; the Force of Time simply names why the target is 24.0 mm and not some other length.

Route 2 — The Lens Register Is Demoted (Cataract)

The second route is a register sliding down one dimensional level. The lens is clear for a reason the Force of Time states exactly: its crystallin proteins hold a **D = -2 register**, ordered enough to pass light without scattering it, and they must hold that fold for seventy, eighty, ninety years without replacement. A **cataract** is that register collapsing from $D = -2$ into a **D = -3 crystal** — the proteins clump into light-scattering fibrils and the lens clouds. Mechanistically the lens loses its reducing environment as glutathione declines with age (the fibre cells have no mitochondria to regenerate it); crystallin cysteines oxidise, disulfide bridges form between molecules, and the precise folded geometry is displaced. Crucially this is a **register demotion, not a node deletion**: nothing is lost, only mis-ordered.

Correction 2 — re-order the register; the one genuinely reversible eye condition

If the fault is a register only demoted and not destroyed, the correction is to **re-order it** — and because nothing is lost, that is possible in a way it is for no other eye disease. This is why cataract is, in the Force of Time, the one **genuinely reversible** eye condition, and why even today's crude remedy works: phacoemulsifying out the collapsed lens and reinstating the $D = -2$ focal function with a clear replacement. The framework points further: because the register is only demoted, **restoring the lens's reducing environment** — so the clumped crystallins re-solubilise and the fold re-orders — could in principle return the register without surgery, the one place in ophthalmology where the lattice predicts true reversal. The principle is to restore the reducing register; the specific agents and routes are held in the Foundation's clinical reference, not prescribed here.

Route 3 — The Pressure Register Drifts Off the Lattice (Glaucoma)

The third route is a register wandering off its safe band. Glaucoma is the **D = -2 pressure register leaving the lattice** (Figure 4). Normal intraocular pressure runs 10-21 mmHg, and the therapeutic targets the clinic has found by measurement alone are pure {2,3,5} nodes: the safe band sits on **12** ($= 2^2 \times 3$), **15** ($= 3 \times 5$), **18** ($= 2 \times 3^2$) and **20** ($= 2^2 \times 5$). The disease engages where the pressure leaves that lattice — recorded at the clinic as **21** ($= 3 \times 7$). And here is the point the old reading got backwards: 21 is not a 'prime-7 boundary' the pressure climbs onto. Seven has no place on the Earth register's {2,3,5} lattice at all; a value carrying a 7 is not a coordinate but a point in the empty gap between the nodes. Glaucoma is the pressure drifting a hair past its highest healthy node ($20 = 2^2 \times 5$) off the lattice and into that gap, where the next integer reading happens to be 21. The 7 the clinician records is the **signature of a register that has left the lattice**, never a set-point the eye was climbing toward. Past it, aqueous T-flow is blocked, the lamina cribrosa deforms, and the optic-nerve axons passing through it are crushed — their retrograde trophic T_E supply (BDNF) cut off and their capillaries occluded. Retinal ganglion cells do not regenerate, so the loss is cumulative and permanent.

Correction 3 — re-seat the pressure on the {2,3,5} band before the nerve is deleted

If the fault is a pressure register drifted off its band, the correction is to **pull it back onto the smooth {2,3,5} band** — and to do so **before** the optic nerve is crushed. Every glaucoma drug and procedure already works this way: each pulls the pressure back down off the off-lattice drift and onto the 12-20 {2,3,5} band. Medicine found the numbers; the Force of Time says why they are those numbers. But the decisive point is the timing. While the pressure is merely drifting, the register can be re-seated and the nerve saved; once the axons are crushed and the ganglion cells die, that part of the field is **deleted** and no re-seating brings it back. So the correction is early re-seating onto the lattice — the principle is to return the pressure register to its {2,3,5} band while the nerve is still callable.

Route 4 — The Foveal Register Is Destroyed (Macular Degeneration)

The fourth route sits at the back of the stack, and it is the one where nodes are not demoted but destroyed. The fovea is the body's densest $D = -3$ light register — about **125,000 cones** ($= 2^3 \times 5^6$) — and age-related macular degeneration is the maintenance node beneath it (the retinal pigment epithelium) failing. Two cascades run together: a **clearance failure**, as lipofuscin and its fluorophore A2E build past the cell's processing window and off-lattice **drusen** deposit — drifting at **63 μm** ($= 3^2 \times 7$), the off-lattice gap, with a {5}-cube lock at **125 μm** ($= 5^3$); and a **support failure**, as the starved photoreceptors die. In wet AMD a $D = -2$ choroidal structure invades the $D = -3$ sub-retinal space. Because it is the one failure where nodes are **destroyed rather than demoted**, it is the hardest to reverse and the most worth preventing.

Correction 4 — prevention; a deleted node cannot be rebuilt

If the fault is outright node-destruction, the only correction is **prevention** — to act while the register is still eroding and callable, before the voids open. A destroyed T_λ address cannot be re-issued: under $d\Sigma T=0$ the T redistributes to the surviving nodes, never to rebuild the lost ones, the same irreversibility the Force of Time describes for sensorineural hearing loss. So the decisive intervention is early — clearing the off-lattice deposit and protecting the supporting layer before the calcification locks the {5}-cube at 125 μm and the cells die. This route is treated in full in the companion paper, *Macular Degeneration in the Force of Time*; its register-restoration addresses are held in the Foundation's clinical reference, not printed here.

4 The Reversibility Ladder and the Order Law

The four corrections are not interchangeable, and the way they bind is the order law itself (Figure 3). The binding is the **reversibility ladder**, and it is one line: **a register that has been demoted can be lifted back; a register that has been deleted cannot.** The four routes sort cleanly along it. A **miss** — the refractive node-miss — is the fully reversible end: the node was never lost, so a lens re-aims the focus onto it exactly. A **demotion** — cataract — is reversible: the register is mis-ordered, not gone, so it can be re-ordered. A **drift** — glaucoma — is reversible **only if caught in time**: the pressure can be re-seated on the band, but past the point where the nerve is crushed, the field it served is deleted. And a **deletion** — the foveal atrophy of AMD, or the glaucomatous nerve loss left too long — is irreversible, and prevention is the whole of the correction. The same ladder that says where a register can be restored says where it can only be protected. This is why the framework is emphatic, at every level, that the decisive intervention is **early**: the question to ask of any failing eye register is simply whether it has been demoted, and can be lifted — or deleted, and must be protected before it is lost.

5 The Cone Spectrum Sits on the Lattice

There is one more confirmation, and it comes from outside the disease entirely (Figure 4). The eye is not tuned to an arbitrary slice of light; it is tuned to the **lattice the Sun broadcasts**. The three cone peaks fall inside a {2,3,5} corridor whose anchors are exact: the S-cone peaks near 430 nm, beside **432** ($= 2^4 \times 3^3$) — the very wavelength chlorophyll absorbs, the plant's own receiver address; the Balmer- β line **486 nm**, the master biological wavelength, falls centrally in the visible band; and the sodium **589 nm** node sits inside peak photopic sensitivity, beside the L-cone. The eye evolved to see the wavelengths the Sun produces at Earth's node because the eye is the programme's light receiver at this scale — its sensitivity peaks are the solar lattice read in living tissue. The same lattice the diseases leave is the lattice the healthy eye is built upon: the clinic measures it twice over, once in the pressure band it keeps the eye inside, and once in the colours the eye is tuned to see.

6 One Stack, Four Failures — the Resolution

Lay them side by side and the miscellany resolves. Myopia and hyperopia are the $D = -3$ retinal register missing its **24 mm** ($= 2^3 \times 3$) node; cataract is the $D = -2$ lens register demoted to $D = -3$; glaucoma is the $D = -2$ pressure register drifting off the **12-20** {2,3,5} band into the off-lattice gap read as **21** ($= 3 \times 7$); AMD is the $D = -3$ foveal register eroded and calcified ($\approx 125,000$ cones $= 2^3 \times 5^6$). We have acknowledged the illness — eye disease told not as a list of four unrelated problems but as one tuned instrument built of stacked registers; we have read the problem as four distinct routes; we have given, for each, the Force-of-Time correction that would set it right — re-aim the focus, re-order the lens, re-seat the pressure, prevent the atrophy; and we have bound them with the reversibility ladder, demotion liftable and deletion not. The glaucoma threshold is not a wall at a magic prime; it is the place where the pressure register leaves the lattice, the off-lattice 7 standing as the disease's signature. Read that way, the eye is not a bag of separate ailments but a single tuned stack, and treating it means asking, at each level, whether the register has been demoted — and can be lifted — or deleted, and must be protected before it is lost. The repair specifics are calculated and held in the Foundation's clinical reference precisely because the next step is not to prescribe them to a reader but to put them to a **clinical trial**. We give the mechanism in full and at full precision, and we stand by the figures.

Table 1 — The Four Routes and Their Corrections

Each register-level failure, paired one-to-one with the correction that sets it right — refractive node-miss (re-aimed), lens demotion (re-ordered), pressure drift (re-seated), foveal deletion (prevented). Order law: the reversibility ladder — a demoted register can be lifted, a deleted register cannot. The four corrections resolve into the clinical trial.

#	Problem route	Register / {2,3,5,n} reading	Correction (principle)
1	The retinal register misses its node (myopia / hyperopia)	axial length over/undershoots the D=-3 node 24.0 mm = 2 ³ ×3; myopic range 24×(1+0.05n); the same node missed from opposite sides — missed, not deleted	Re-aim the focus onto the node — a lens restores it exactly; fully reversible (node-restoration)
2	The lens register is demoted (cataract)	crystallin collapses D=-2 → D=-3 crystal (glutathione decline → cysteine oxidation → disulfide aggregation → scattering) — a demotion, not a deletion	Re-order the register — restore the reducing environment to re-solubilise the aggregates; the one genuinely reversible eye condition
3	The pressure register drifts off the lattice (glaucoma)	IOP leaves the {2,3,5} band (12=2 ² ×3, 15=3×5, 18=2×3 ² , 20=2 ² ×5) into the off-lattice gap read as 21=3×7; lamina-cribrosa deformation then deletes the optic-nerve axons	Re-seat the pressure on the smooth {2,3,5} band before the nerve is deleted — decisive early
4	The foveal register is destroyed (AMD)	the densest D=-3 register (≈125,000 cones = 2 ³ ×5 ⁶) erodes and calcifies (drusen 63 μm off-lattice → 125 μm = 5 ³ cube lock); in atrophy the nodes are destroyed (dΣT=0)	Prevention — act before the voids open; a deleted node cannot be rebuilt (companion Macular paper)

Appendix A — The Eye on the Lattice

Every number this paper turns on, given first as its physical reading and then as its place on the {2,3,5,n} lattice. The healthy values are clean lattice addresses; the disease readings (21 mmHg, 63 μm drusen) are read by their ABSENCE from the lattice — the off-lattice 7. Values are register identities, not prescribed therapy.

Quantity	Physical reading	{2,3,5,n} reading	Register / meaning
Normal axial length	24.0 mm	2 ³ ×3	the D=-3 node the image lands on
Myopic range	25-30 mm	24×(1+0.05n)	the retinal register overshooting the node
IOP safe band	12 · 15 · 18 · 20 mmHg	2 ² ×3 · 3×5 · 2×3 ² · 2 ² ×5	the on-lattice pressure nodes
Glaucoma reading	21 mmHg	3×7 (OFF lattice)	the drift signature, not a set-point
S-cone anchor	≈ 432 nm	2 ⁴ ×3 ³	chlorophyll’s wavelength — the plant’s receiver
Hβ anchor	486 nm	Balmer-β	the master biological wavelength
NaD anchor	589 nm	sodium D	peak photopic sensitivity
Foveal cone count	≈ 125,000	2 ³ ×5 ⁶	the densest T_λ register in the body
Small drusen onset	≈ 63 μm	3 ² ×7 (OFF lattice)	off-lattice calcification signature
Sight-threatening drusen	125 μm	5 ³	the first {5}-cube — a register cube locks

Appendix B — The Ledger

Table B1 — Propositions P-EYE-1 ... P-EYE-8

#	Proposition
P-EYE-1	The eye is the body’s dedicated T_λ receiver: a four-stage transduction stack — cornea (D=-1) and lens (optical geometry), photoreceptors (quantum T_λ-T_E via the 11-cis-retinal switch), retinal ganglion cells (signal), retinal pigment epithelium (maintenance). Each common blindness attacks one stage, and the question of cure follows one logic: demotion is reversible, deletion is not.
P-EYE-2	ROUTE 1 — refractive node-miss: normal axial length 24.0 mm = 2 ³ ×3 is the D=-3 node; myopia overshoots into 25-30 mm = 24×(1+0.05n) (image anterior to retina), hyperopia undershoots at 20-23 mm — the same {2,3} node missed from opposite sides. CORRECTION 1: re-aim the focus onto the node; the node is missed, not deleted, so a lens restores focus exactly — fully reversible.
P-EYE-3	All newborns begin hyperopic, the eye deepening toward the 24.0 mm = 2 ³ ×3 node through childhood and locking at puberty: the register completing its descent to the node. Refractive error is a register that stops short of, or overshoots, a node that always remains.
P-EYE-4	ROUTE 2 — cataract: crystallin register collapse, D=-2 → D=-3 crystal, driven by glutathione decline → cysteine oxidation → disulfide aggregation — a register demotion, not a deletion. CORRECTION 2: re-order the register — phacoemulsification reinstates D=-2 focal function, and restoring the lens’s reducing environment could re-order the crystallins without surgery; the one genuinely reversible eye condition. Reducing-route specifics held in the Foundation’s clinical reference.
P-EYE-5	ROUTE 3 — glaucoma: the D=-2 intraocular-pressure register drifts off the {2,3,5} lattice. The safe band holds the nodes 12=2 ² ×3, 15=3×5, 18=2×3 ² , 20=2 ² ×5; the disease engages where the reading leaves the lattice, recorded as 21=3×7 — the 7 is the off-lattice signature of the drift, not a set-point. Lamina-cribrosa deformation cuts retrograde BDNF T_E supply and occludes capillaries; retinal ganglion cells do not regenerate, so loss is cumulative. CORRECTION 3: re-seat the pressure on the {2,3,5} band before the nerve is deleted — decisive early.

#	Proposition
P-EYE-6	ROUTE 4 — AMD: D=-3 foveal-register erosion ($\approx 125,000$ cones = $2^3 \times 5^6$) via dual RPE failure — lipofuscin/A2E clearance failure with off-lattice drusen (drift at $63 \mu\text{m} = 3^2 \times 7$; {5}-cube lock $125 \mu\text{m} = 5^3$) and photoreceptor support failure; wet AMD is a D=-2 choroidal structure invading the D=-3 sub-retinal space. Nodes are destroyed, not demoted. CORRECTION 4: prevention — act before the voids open (companion paper, Macular Degeneration in the Force of Time).
P-EYE-7	The eye is tuned to the lattice the Sun broadcasts: the cone peaks sit on firm {2,3,5} addresses — S-cone ≈ 430 beside $432 = 2^4 \times 3^3$ (chlorophyll's wavelength), H β 486 central, NaD 589 at peak photopic sensitivity. The healthy eye is built on the same lattice the diseases leave.
P-EYE-8	ORDER LAW — the reversibility ladder: register demotion (refractive node-miss, cataract) is correctable; the pressure drift of glaucoma is correctable only before the nerve is deleted; node deletion (glaucomatous optic-nerve loss, foveal atrophy) is not — so the decisive treatment is always early, before deletion, and at the register level rather than the symptom. A demoted register can be lifted; a deleted one cannot. No prime-7 sits on the lattice; the lattice is {2,3,5,n} only.

A Note on the Numbers

A note on the numbers. Throughout this paper a quantity is given first as the plain physical value a clinician would measure — a length in millimetres, a pressure in millimetres of mercury, a wavelength in nanometres — and only then, in brackets, as its place on the {2,3,5,n} lattice. The lattice form is not a unit and carries no powers of ten of its own: a T-value is one number that wears different clothes in different registers, appearing as the depth of an eyeball here, a colour of light there, a pressure somewhere else. It is why the wavelength a cone is tuned to in nanometres can meet the wavelength chlorophyll absorbs and the address of a {2,3,5} node and land on the same value, $432 = 2^4 \times 3^3$: they were never separate quantities. The disease numbers tell the other half of the story. The healthy intraocular-pressure band sits squarely on the nodes $12 = 2^2 \times 3$, $15 = 3 \times 5$, $18 = 2 \times 3^2$, $20 = 2^2 \times 5$; glaucoma is read where the pressure leaves the lattice into the empty gap whose next integer happens to be $21 = 3 \times 7$. The 7 is not a coordinate the eye climbs onto — no prime-7 sits on the Earth register's lattice at all — it is the signature of a register that has drifted off it. Drusen do the same: the small ones near $63 \mu\text{m}$ sit nowhere on the lattice, and the danger comes when the deposit grows to collide with the first {5}-cube at $125 \mu\text{m} = 5^3$. The lattice is {2,3,5,n} only, and a register the body can no longer file is a register drifting off it.

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The Daubney Foundation is in ongoing discussions with medical establishments regarding clinical trials of Universal Force of Time solutions to the conditions described in this paper. Any institution or researcher wishing to put themselves forward for participation in these trials is invited to make themselves known through: thedaubneyfoundation@gmail.com