THE UNIVERSAL FORCE OF TIME · MEDICINE

Eye Conditions

The body's receiver of the Sun's broadcast: the eye read as a stack of registers, its numbers and its colours on the lattice, the light research of the last five years read in the theory — and the four ways the receiver fails

Stephen Daubney · The Daubney Foundation · 2026 · Rev 5 (supersedes Rev 4: the eye given in full as medicine knows it; the 650 nm, 670 nm and violet-light results incorporated; the colour boundaries carried from the record; every route walked)

Tau (T) is the living fabric of time itself — the sole substance of which all physical reality is composed. It is generated by the Sun, as by every star for its own system, and flows outward in the form of the DNA double helix, creating matter, which it deposits at nodal points — the planets — and creating life. Every particle, force, wavelength and conscious experience is a structured configuration of T-flow. The conservation law $d\Sigma T = 0$ governs all change: T is never created or destroyed at a node, only redistributed.

THE EYE, NUMBER FIRST

length **24 mm** ($2^3 \cdot 3$) · resolution **60** per degree ($2^2 \cdot 3 \cdot 5$) · foveal cones **125,000** ($2^3 \cdot 5^6$)

the colours divide at the day: **495.0355349930 nm** × π/180 = **8.64** · at body temperature: **590.9051430021 nm → 32.4/π**

four routes: **missed** (myopia) · **demoted** (cataract) · **drifting** (glaucoma) · **deleted** (atrophy) · red light draws the missed eye back toward its node

ABSTRACT

The eye can split a single degree of sky into sixty parts and tell them apart. No instrument we build matches it for size and power together. And it holds a place no other organ does: it is the body's one dedicated light receiver, the only organ whose whole work is to take in the Sun's broadcast and turn it into signal.

This paper reads the eye and its common diseases in the Universal Force of Time, in full. **Part I sets out the eye as medicine knows it** — its optics, its 24-millimetre length, its pressure, its lens, its retina and fovea, and the four great causes of lost sight: refractive error, cataract, glaucoma and macular degeneration. It also sets out what laboratories around the world have found in the last five years by shining **specific wavelengths** into eyes: **650-nanometre red light slowing, and in a third of children reversing, the growth of the short-sighted eye; 670-nanometre light restoring colour vision in older eyes — in the morning and not at noon; violet light and myopia; and three wavelengths in macular degeneration.**

Part II reads the eye in the theory. The eye is a stack of registers — cornea, lens, pressure, retina — and light descends through them in order. Its numbers sit on the lattice: the 24-millimetre length the eye grows toward [$2^3 \cdot 3$], the sixty parts of a degree it resolves [$2^2 \cdot 3 \cdot 5$], the 125,000 cones of the fovea [$2^3 \cdot 5^6$], the 120,000,000 rods [$2^9 \cdot 3 \cdot 5^7$]. The colours it sees divide at the record's exact lattice values — the boundary at **495.0355349930 nm carries the day**, the one at **570.2809363120 nm carries the B-DNA turn number**, the one at **590.9051430021 nm carries body temperature**. And the light experiments read as the theory says they should: the short-sighted eye has **missed** its node, not lost it, and red light draws it back — so some eyes actually shorten; and the light works in the morning because the morning is when the day's clock is set.

Part III reads the disease as four failures, one at each register: the retina **misses** its node (myopia and hyperopia), the lens is **demoted** (cataract), the pressure **drifts** off the lattice (glaucoma), the fovea is **destroyed** (macular degeneration). Each is paired with its correction — re-aim, re-order, re-seat, prevent — bound by the reversibility ladder: a demoted register can be lifted back; a deleted one cannot. Near the trials' 650 and 670 nm

the theory sets out ten exact lattice lines, each with its chain, for researchers to test one by one. Fifteen propositions, P-EYE-1 to P-EYE-15, are stated. Every number is at full precision, and the corrective detail is held in the Foundation's clinical reference. The structure resolves into the clinical trial.

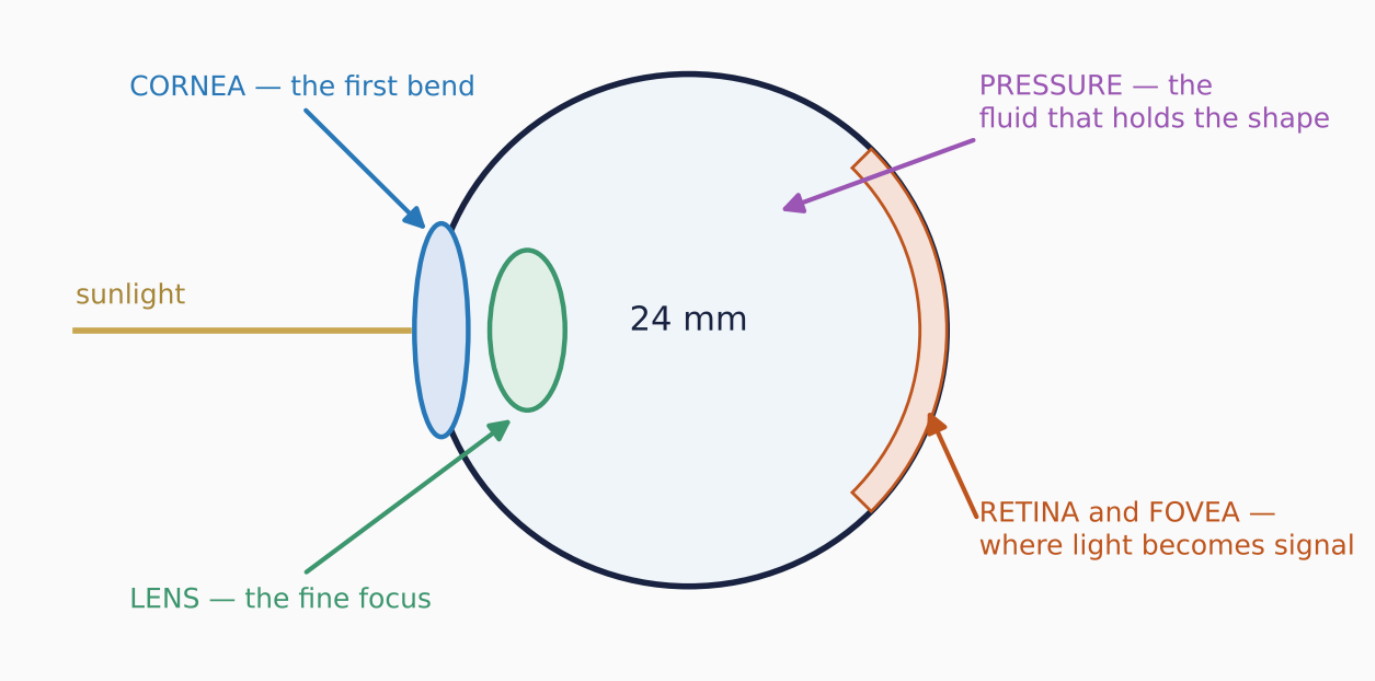


Figure 1 — The eye as a stack of registers. Sunlight is bent first by the cornea, finely focused by the lens, carried through the fluid whose pressure holds the eye's shape, and turned into signal at the retina and its fovea — 24 millimetres from front to back.

THE TERMS THIS PAPER USES

T, the substance. Tau (T) is the living fabric of time itself, the one substance of which everything is made. It is generated by the Sun and flows outward as the DNA double helix, creating matter and creating life. Everything a body does — a heartbeat, a breath, the holding of its warmth — is T moving in a structured way.

An address. Every value in this framework is a product of powers of 2, 3, 5 and π, and nothing else. That product is the value's address, and the set of all such products is the lattice. A number that needs any other prime is not on the lattice.

Number first. Every value is written with its number first, as a reader meets it, and its address in brackets behind it. The number is what is there; the address is how it is built.

The free decade. Moving a value by a power of ten costs nothing on the lattice, because ten is two times five: the move shifts twos and fives together and changes nothing else. That is why 24 millimetres and 0.024 metres are one address.

The π-degree. The degree of an address is the power of π it carries, and the degree says what kind of thing the value is. An even degree is a **room** — a state, a thing that sits; it pairs, like a pair of circles. An odd degree is a **road** — a transport, a thing that carries; it is the unpaired circle. A half degree is a **door** — a source, which squares to a whole address.

The day, 864. The day is 86,400 seconds [$2^7 \cdot 3^3 \cdot 5^2$], written 864 at its decade. It is the ground state of the DNA helix and the gear through which a per-second value becomes a per-day value.

The time ladder. A rate given per second is carried up the clocks by fixed steps: × 60 to the minute, × 60 to the hour, × 24 to the day. The amount is the same; only the choice of clock changes — the same quantity counted in seconds or counted in days. From the day the orbit is completed one of two ways — × 360 gives the year as a degree value, × 2π gives the year as a radian value. The two answers are two faces of one year, and both are read.

The two gears. Two numbers carry energy between the theory's registers and appear throughout the record. **10,368** [$2^7 \cdot 3^4$] carries an energy in electron-volts to kilojoules per mole. **31,104** [$2^7 \cdot 3^5$] carries an energy in

electron-volts to a circumference. When a quantity of the body lands on one of them, it is speaking in the theory's own units.

The veil. The veil is 180/π = 57.29577951308232, the number that turns radians into degrees. In the Universal Force of Time a wavelength in nanometres is an angle in degrees directly; multiply it by π/180 — cross the veil — and the bare value it carries appears.

The register. A register is a level at which T is read. The eye is built as a stack of registers, one behind another — the cornea, the lens, the fluid that holds the eye's shape, the retina — and light descends through them in order.

The three registers, G0, G1 and G2. The record reads the same value at more than one level: G1, the surface register of the Earth; G2, the celestial register; G0, the register below. A value and its neighbour one register up stand one **G-bond step** apart, 1.000090150603356 [$5^{10}/(2^4 \cdot 3^9 \cdot \pi^3)$].

Free fall. In the Universal Force of Time there is no gravity, and a free fall is not a pull. It is the flow of time at a place, in metres per second, every second — time showing itself in one more form, which current science takes for a gravitational fall. A planet makes one turn; where the turn comes in at less than 24 hours, time makes up the difference with a flow at that place, height or depth, so that the turn and the flow together make 24 hours. For the Earth, the free fall on the celestial register, **9.818362093946918** [$5^{12}/(2^7 \cdot 3^9 \cdot \pi^2)$], times 2400 — the 24-hour day, carried two decades — is the Earth's sidereal rotation, **23,564.06902547260** [$5^{14}/(2^2 \cdot 3^8 \cdot \pi^2)$]: 23 hours, 56 minutes and 4 seconds on the clock.

A node and an address. A node is any unit that holds a T-address — a cell, a cone, a molecule of the lens. Its address is its exact place in the field.

Missed, demoted, deleted. A node can fail three ways. It can be **missed** — the target still exists but the structure has settled at the wrong place. It can be **demoted** — dropped to a lower register while its address survives. Or it can be **deleted** — its address removed. A missed or demoted node can be brought back; a deleted one cannot.

What a landing is worth. Multiply or divide two lattice numbers and the answer is always on the lattice; that much is guaranteed and is not evidence. What counts is a result that lands on a **named object** the theory had already fixed — the day, the DNA turn, a colour boundary — at a bare power of ten. Each such landing in this paper is marked as arithmetic or as a landing, in its own sentence.

PART I — THE EYE AS MEDICINE KNOWS IT

1. The optical instrument

The adult eye is a sphere about 24 millimetres from front to back. Light enters through the **cornea**, the clear dome at the front, which does about two-thirds of the bending — some 40 dioptres of the eye's total of about 60. Behind it lies a chamber of clear fluid, the **aqueous humour**, then the **iris** with its central opening, the pupil, then the **crystalline lens**, which does the remaining third of the bending and, by changing shape, does all of the fine focusing between far and near. Behind the lens, the great body of the eye is filled with a clear gel, the vitreous, and the image lands on the **retina**, the light-sensitive lining at the back.

A healthy eye resolves two points about one minute of arc apart — **sixty parts to a degree**. That is what "20/20" vision means: the smallest letter a normal eye can read at twenty feet subtends five minutes of arc, each stroke of it one minute.

2. The retina and the fovea

The retina holds two kinds of light cell. **Rods**, about 120 million of them, see in dim light and in shades of grey. **Cones**, about 6 million, see in bright light and in colour, and come in three kinds, most sensitive to short (blue-violet, near 420 nm), middle (green, near 534 nm) and long (yellow-red, near 564 nm) wavelengths. At the centre of the retina lies the **macula**, and at its centre the **fovea**, a pit about a millimetre and a half across packed with cones — on the order of 125,000 of them in the central rod-free zone — and nothing else. The fovea is where we read, recognise faces and see fine detail.

In each light cell the capture of a single photon twists one molecule, **11-cis-retinal**, into a new shape, and that twist starts the signal. Behind the light cells lies the **retinal pigment epithelium**, a single layer that recycles the twisted pigment, clears the debris the light cells shed every day, and feeds them. Its failure is the start of macular degeneration.

3. The pressure

The aqueous humour is made continuously behind the iris and drained continuously at the angle where the iris meets the cornea. The balance sets the **intraocular pressure**, which holds the eye's shape. In health it lies between about **10 and 21 mmHg**. Above that band, the pressure bears on the head of the optic nerve, where a million nerve fibres leave the eye through a sieve of tissue, and the fibres die. That is **glaucoma**, the leading cause of irreversible blindness: the field of vision closes in from the edges, unnoticed until much is lost.

4. The four great causes of lost sight

Refractive error. If the eye grows too long, the image falls in front of the retina and distant things blur: **myopia**, short sight. If it is too short, the image falls behind: **hyperopia**, long sight. Every baby is born long-sighted; the eye grows toward its target length through childhood. Myopia is now an epidemic — affecting about half of young adults in parts of East Asia, and rising worldwide — and high myopia brings later risks of retinal detachment, glaucoma and myopic macular degeneration.

Cataract. The lens is made of tightly packed proteins called crystallins, arranged so regularly that the lens is clear. With age, oxidation, ultraviolet light and diabetes, the crystallins unfold and clump, and the lens clouds. Cataract is the leading cause of blindness worldwide; it is treated by removing the clouded lens and implanting a clear plastic one.

Glaucoma. As above: the pressure register leaving its band, and the optic nerve fibres dying. Lowering the pressure slows the loss; the fibres already lost are not regained.

Age-related macular degeneration. The retinal pigment epithelium fails beneath the fovea. Waste — lipofuscin and its fluorescent component A2E — builds up, and yellow deposits called **drusen** form beneath the retina; drusen larger than about **125 micrometres** mark the disease as advanced. In the **dry** form the cells waste away in patches (geographic atrophy); in the **wet** form new, leaky vessels grow up from the choroid beneath into the retina. Central vision is lost.

5. What specific light has done to eyes

In the last five years laboratories have reported what happens when particular wavelengths of light are shone into eyes. These are their results as they reported them; the wavelengths this paper works with in Section 11 are theirs, and the credit for finding that they act on the eye is theirs.

650 nm red light and the short-sighted child. In a trial of 264 children aged eight to thirteen in China, low-level 650 nm red light for a few minutes a day, five days a week, slowed the growth of the eye over twelve months to **0.13 millimetres against 0.38 millimetres** in children wearing glasses only — and in **31.6 per cent of the treated eyes the eye became shorter** (Jiang and colleagues, Mingguang He's group, *Ophthalmology*, 2022). A second trial in 278 children in ten Shanghai schools used the same wavelength to prevent myopia starting: new myopia was 40.8 per cent against 61.3 per cent (*JAMA Network Open*, 2023). One case of retinal injury has been reported, which recovered; a review of twenty studies put side effects at under one per hundred patient-years.

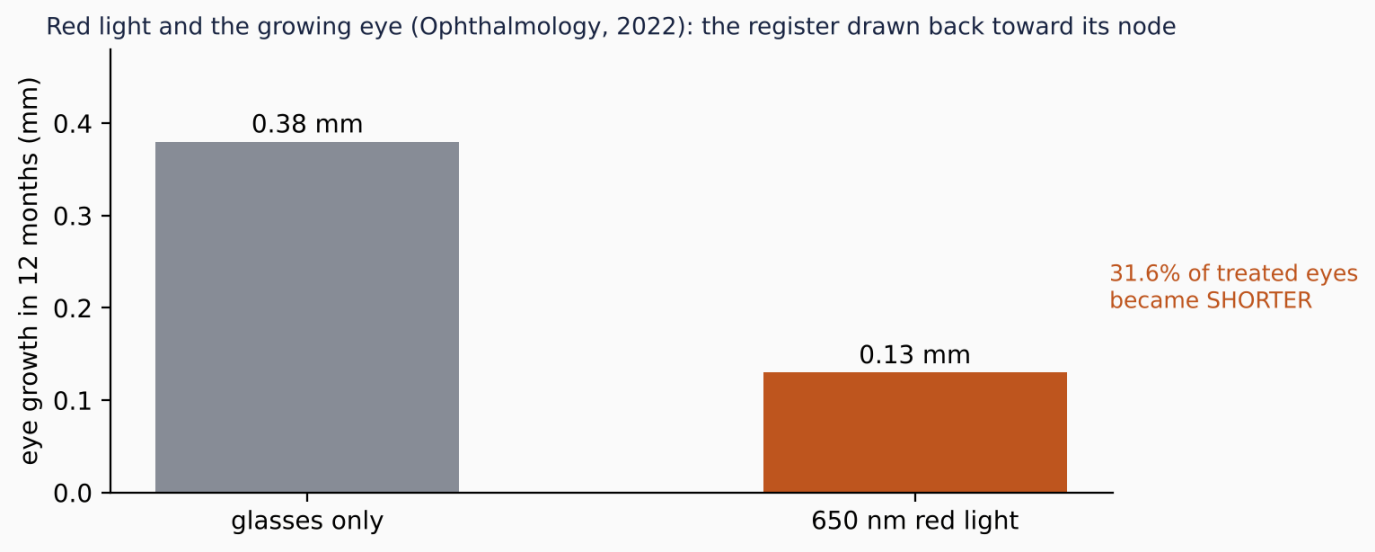


Figure 2 — Red light and the growing eye. In the 2022 trial the short-sighted eye grew 0.38 mm a year in children wearing glasses and 0.13 mm in children given 650 nm red light — and nearly a third of the treated eyes became shorter.

670 nm and the morning. A single three-minute exposure to 670 nm light improved colour-contrast vision in older people by about **17 per cent**, lasting at least a week — **when given between 8 and 9 in the morning. The same exposure between noon and 1 pm did nothing** (Shinhmar and colleagues, Glen Jeffery's group, *Scientific Reports*, 2021). The same group has reported that 670 nm light lowers the rise in blood sugar after a glucose drink.

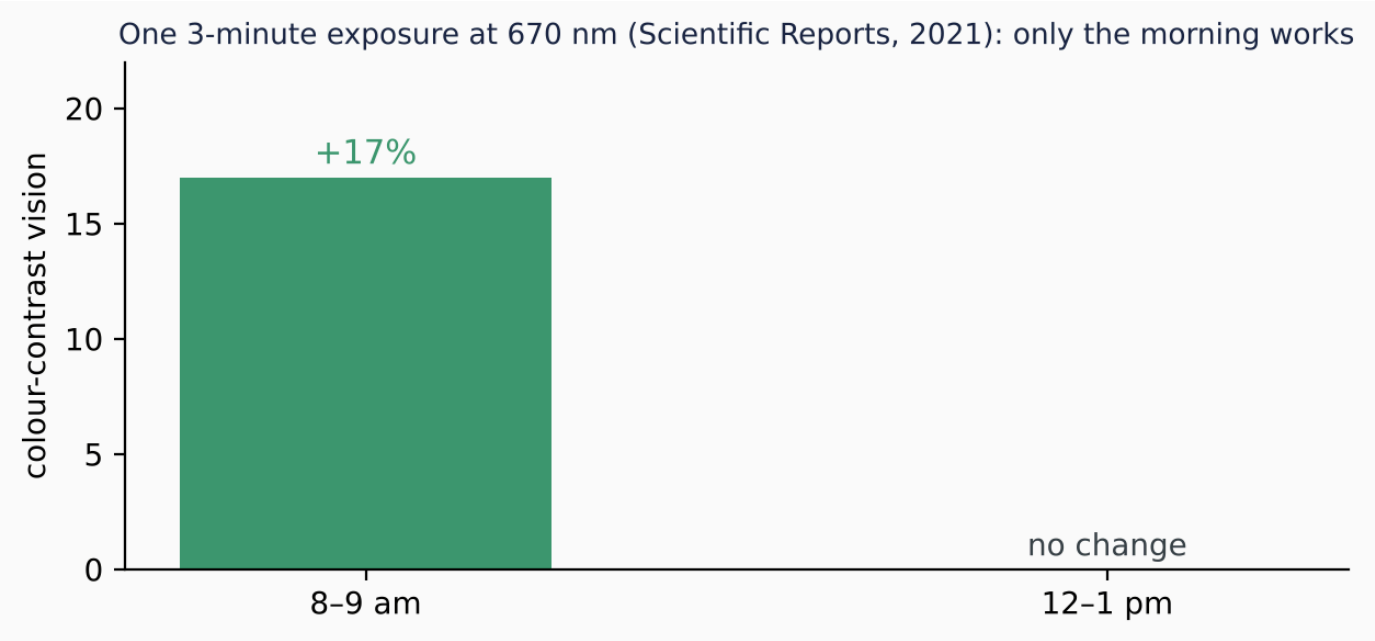


Figure 3 — The time of day decides it. One three-minute exposure to 670 nm light improved colour-contrast vision by about 17 per cent when given at 8–9 am, and not at all at noon.

Violet light. Eyeglass frames emitting 360–400 nm violet light were worn three hours a day by short-sighted children in Japan; across the whole group there was no effect, though younger children showed slower eye growth (Torii and colleagues, *Journal of Clinical Medicine*, 2022).

Three wavelengths in macular degeneration. A device delivering 590, 660 and 850 nm light to the eye improved vision and slowed the progression of dry macular degeneration in the LIGHTSITE III trial; that work is read in full in the companion paper on macular degeneration.

That is the eye as medicine knows it, and the light results as the laboratories found them, given in full because what follows reads every part.

PART II — THE EYE IN THE UNIVERSAL FORCE OF TIME

6. The receiver

Every organ of the body works on signals already inside it. **The eye faces the Sun's broadcast directly.** In the Universal Force of Time the Sun is the source of time for its system, and light is time arriving: the eye is the organ built to receive it. It does so as a **stack of registers**, each at its own depth, and light descends through them in order — the cornea bends, the lens focuses, the pressure holds the shape that keeps the focus true, and the retina turns light into signal. Name the register that fails and you have named the disease; ask whether that register has been missed, demoted or deleted and you have learned how far it can be undone.

7. The eye's numbers

The quantities the clinic measures in a healthy eye sit on the lattice.

THE HEALTHY EYE, NUMBER FIRST

quantity	value	address	reading
axial length	24 mm	2^3.3	the node the eye grows toward
resolution	60 per degree	2^2.3.5	one minute of arc - the clock's minute
central foveal cones	125,000	2^3.5^6	the densest receiver in the body
rods	120,000,000	2^9.3.5^7	the same 120 as the kidney and the red cell
cones	6,000,000	2^7.3.5^6	
rods to cones	20	2^2.5	
advanced drusen	125 micrometres	5^3	the first five-cube

Two of these say something beyond their arithmetic. **The eye divides the degree into sixty, as the clock divides the hour** — it reads angle on the same sexagesimal ladder by which the theory reads time. And **the rods number 120 million**, the same 120 that the kidney filters in millilitres a minute and that a red cell lives in days: the body's great arrays of identical nodes are laid in {2,3,5}, and the number 120 recurs as their count.

8. The colours divide at the values of our world

The eye sees a band of light from violet to red, and the places where one colour gives way to the next are, in the Universal Force of Time, exact lattice values. A wavelength in nanometres is an angle in degrees; multiply it by π/180 — cross the veil — and the value it carries appears.

THE COLOUR BOUNDARIES, NUMBER FIRST (from The Colour of Time)

boundary	wavelength (nm)	address	across the veil	what it carries
UV / violet	379.9544386588	3750/pi^2	6.6314559622	the Planck value 125/(6pi)
violet / blue	450	2.3^2.5^2	7.8539816340	5pi/2 - 45 degrees, pure geometry
blue / cyan	495.0355349930	7776/(5pi)	8.64	the day: x 10^4 = 86,400 s
green / yellow	570.2809363120	2^9.3^7/(5^4.pi)	9.95328	the B-DNA turn number 995,328
yellow / orange	590.9051430021	5832/pi^2	10.3132403124	32.4/pi - body temperature, 36,864
orange / red	619.2294611174	19200/pi^3	10.8075929218	320/(3pi^2)
red, upper edge	750	2.3.5^3		

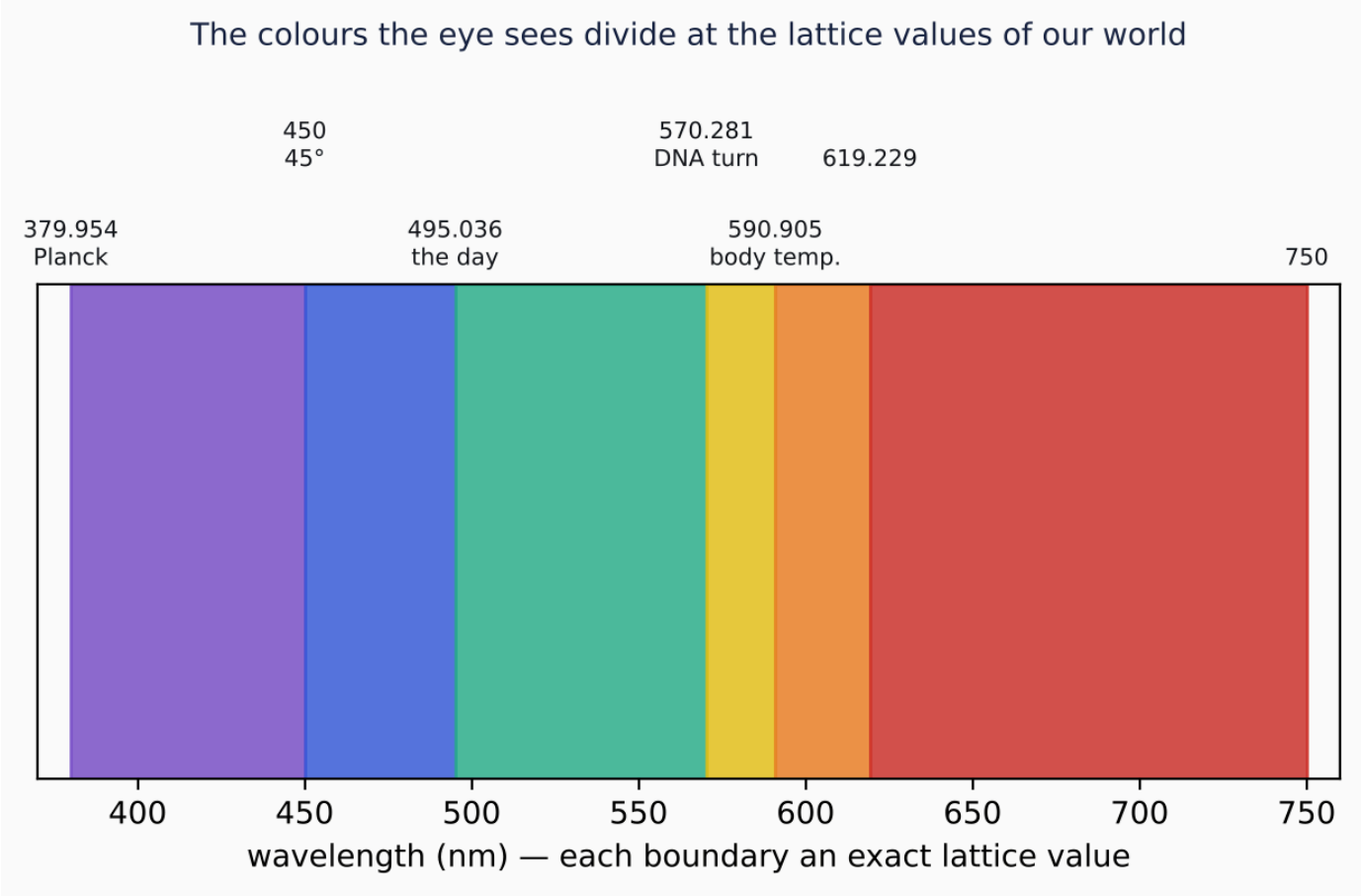


Figure 4 — The colours the eye sees divide at exact lattice values. Crossed through the veil, the blue–cyan boundary carries the day, the green–yellow boundary the B-DNA turn number, the yellow–orange boundary body temperature, and the violet edge the Planck value.

The colours the eye is tuned to divide at the day, the turn of DNA and the warmth of the body. The eye is not tuned to an arbitrary slice of light. It is tuned to the band in which the Sun's broadcast, at the Earth's node, carries the values the rest of the body is built on.

9. The short-sighted eye has missed its node, not lost it

The eye grows toward 24 millimetres. **Myopia is an overshoot** — the eye grows past the node and the image falls in front of the retina. **Hyperopia is an undershoot** — the eye has not yet reached it, as every newborn's has not. Short and long sight are not two faults but **one node missed from opposite sides**. And the decisive fact is that the node is **missed, not deleted**: the target still exists; the eye has settled at the wrong depth.

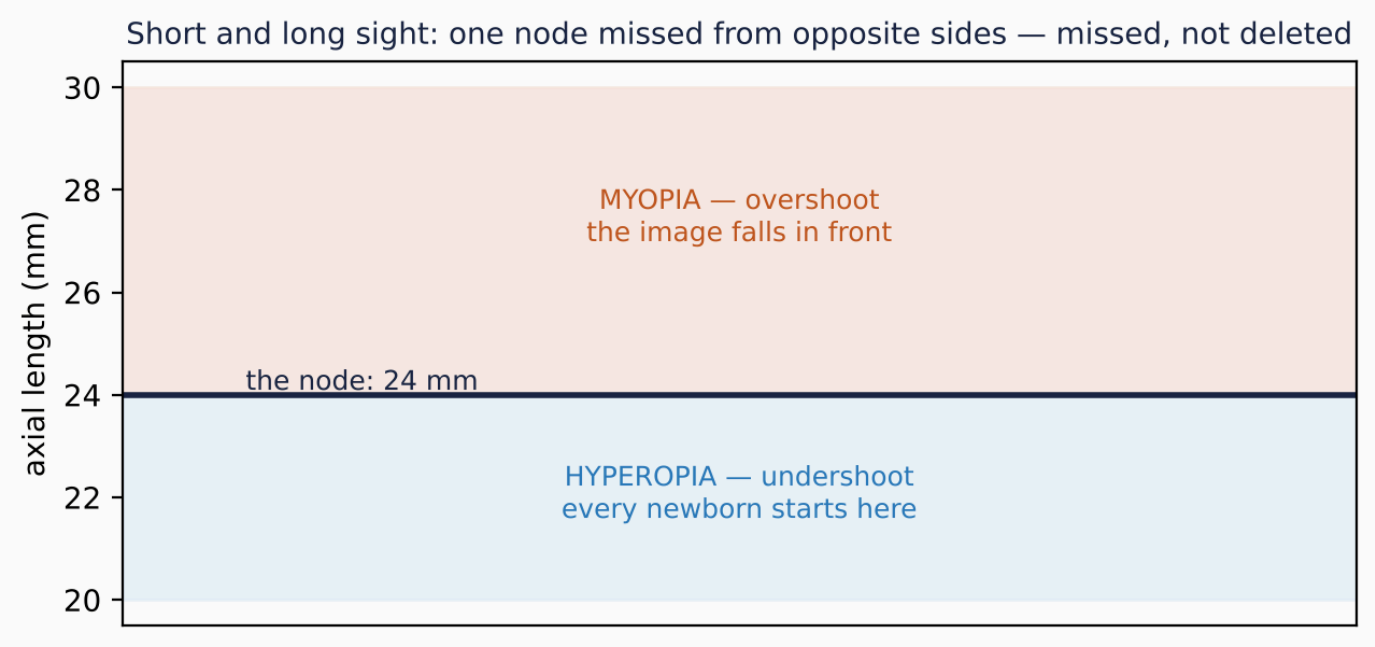


Figure 5 — Short and long sight are one node — 24 mm — missed from opposite sides. Myopia overshoots, hyperopia undershoots. The node is missed, not deleted.

That reading makes a prediction a deletion reading would not: **a missed node can be returned to.** And that is what the red-light trial found. Under 650 nm light the short-sighted eye's growth slowed to a third, and in nearly a third of treated eyes the eye became **shorter** — the register drawn back toward its node. An organ that had lost its target could not do that. The lattice lines near the trial's wavelength are given in full in Section 11.

10. Why the morning

The 670 nm exposure improved colour vision in the morning and did nothing at noon. **In this theory that is the expected result.** The Sun is the source of time, and the day is its clock; the morning is the point in the day at which the body's registers are set for the day. Light given as the day's clock is being set enters the receiver's register as part of that setting. The same light at midday arrives after the setting is done. The record's medical papers already hold that the cell's energy clock and the body's daily clock are one structure; the morning result is that structure seen in the eye.

11. The lines the theory offers the trials

Where these wavelengths come from. The 650 and 670 nanometre wavelengths are not this paper's discovery. They come from the research groups whose work is set out in Section 5: the red-light myopia trials of Mingguang He's group and of Xiangui He and Xun Xu's group (references 5 and 6), and the 670 nm colour-vision and blood-glucose work of Glen Jeffery's group (references 7 and 8). It was their results that pointed this paper to these two parts of the spectrum, and their work is the supporting evidence on which this section is built. What this paper adds is the theory's reading of those wavelengths: the exact lattice lines that lie within them, each with the chain that reaches it — offered to those groups, and to any team so minded, as specific lines to test.

The trials name their light by a round number — 650 nanometres, 670 nanometres. In the Universal Force of Time a wavelength is not a free choice: it is a value, and a value that does work sits on the lattice. Near each of the two wavelengths the theory finds not one line but a family of them, each reached by its own chain from a value the record already holds, and each sitting on $\{2,3,5,\pi\}$ exactly. They are given here in full, with the reason for each, because the theory cannot say which of them will do the most for the eye. **Only a trial can.**

THE 650 NM LINES, NUMBER FIRST

line (nm)	address	reached from	kind
649.5270737602599	2^10.3^22.pi^2/5^11	hydrogen's G0 Balmer limit 364.4671430671490	room
649.5856290178556	2^6.3^13/(5.pi)	hydrogen's G1 Balmer limit 364.5 = 3^6/2	road
649.6441895542431	2^2.3^4.5^9/pi^4	hydrogen's G2 Balmer limit 364.5328598949233	room
649.9837226778624	2^15.3^18/5^9	the quantum base 364.7233810795535	room
650.0423191026335	2^11.3^9.5/pi^3	the Moho wavelength 3600/pi^2 = 364.7562611124160	road
650.4406926417189	2^27.3^14/pi^2	36,864 x 864 x 2 across the veil = 364.9797992397	room
650.5418009877949	2^7.3^4.5^6.sqrt5/pi^(3/2)	the Earth's sidereal turn 23,564.06902547260	door

every chain: the value x 360 = a free fall, x 49.5035535 (the free-fall divisor) = the line
e.g. 650.0423191026335 / 49.50355349930313 = 13.13122540004698 ; / 360 = 3600/pi^2 at its decade

THE 670 NM LINES, NUMBER FIRST

line (nm)	address	reached from	kind
669.9709631653324	12.sqrt2.pi^2/25 (decade)	the neutron 1.674927407913331 x 4	door
669.9936644397894	3^8.5^3/(2^2.pi^5)	the 3^8 of hydrogen's 1312.2 kJ/mol root	road
670.2064327658226	2^9.5^3.pi/3 (decade)	the year face 1000.pi^2/27 = 365.5409037441 x 576/pi	road

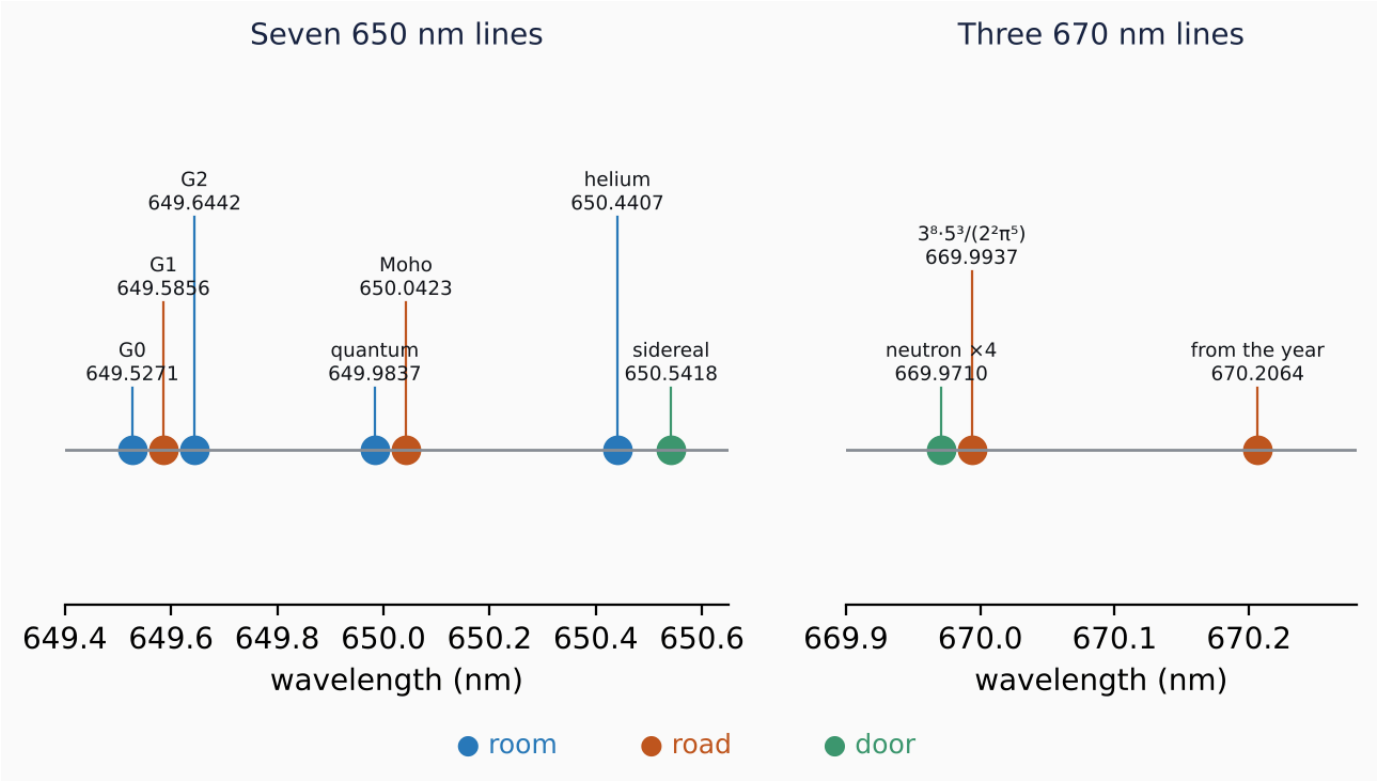


Figure 6 — The lines the theory offers. Seven lattice lines lie within a nanometre of the 650 nm used in the myopia trials, and three within a quarter of a nanometre of the 670 nm used in the colour-vision work. Each is reached by its own chain from a value the record holds; the colour marks whether its π-power is even (room), odd (road) or half (door).

Why give them all. Every line on these lists is a lattice value and every one is reached from something the eye's world is built on — hydrogen's limits in three registers, the Moho, the neutron, the year, the Earth's turn. Each is a candidate; none is ruled out by the theory, and the theory does not rank them. The groups who found that 650 and 670 nm light works are the natural teams to test them one by one, and the line that gives the strongest result will say something no calculation can.

What it takes to test them. The lines lie close together — the seven near 650 nm span about one nanometre, the three near 670 nm about a quarter of one. A therapy light sold as "650 nm" spreads its output over a band wider than that, and its peak moves with temperature, so it shines most of these lines at once. To separate them a laboratory needs narrow-line, tunable light sources, held and checked at the line. The lines are given as values only — how light is given to an eye is held in the Foundation's clinical reference.

12. The lens, the pressure and the fovea as registers

The lens is a crystal held in order. Its crystallin proteins are packed so regularly that light passes clean through them. In cataract they fall out of that order and clump: in the theory's language the lens register is **demoted** — dropped to a lower, cloudier register while the proteins themselves remain. A demotion is not a deletion; the material is still there to be re-ordered.

The pressure register keeps the shape. The healthy band of intraocular pressure runs from about 10 to 21 mmHg, and **every whole pressure in it that sits on the lattice — 10, 12, 15, 16, 18, 20 — lies inside it.** The clinical upper limit, 21, is the first pressure past the band, and **21 is not a lattice address**: it cannot be written in twos, threes and fives. Glaucoma is read at the line where the pressure register leaves the lattice.

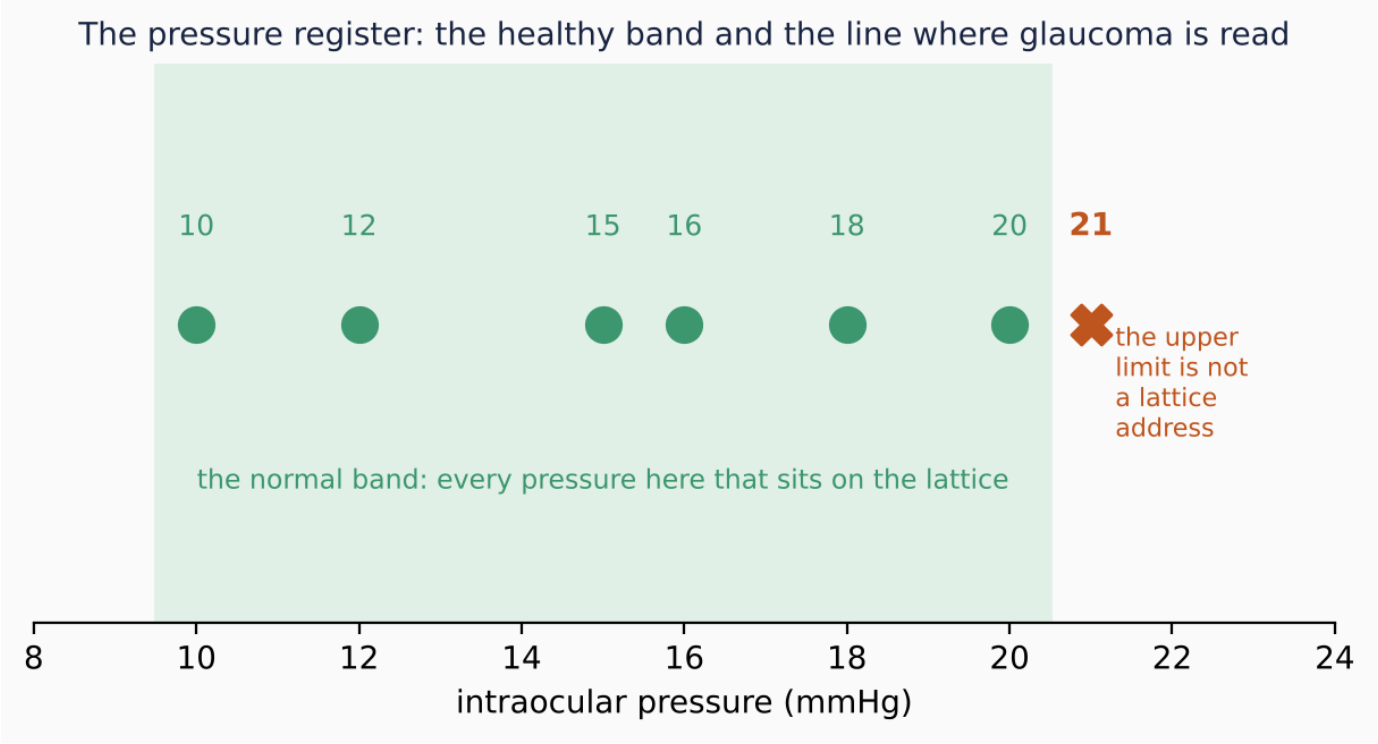


Figure 7 — The pressure register. The healthy band holds every whole pressure that sits on the lattice — 10, 12, 15, 16, 18, 20 mmHg. The upper limit, 21, where glaucoma is read, is not a lattice address.

The fovea is the densest receiver in the body: about 125,000 cones [$2^3 \cdot 5^6$] in its central zone. In macular degeneration its supporting layer fails, waste accumulates, and the drusen grow; the clinic marks the disease advanced when they pass **125 micrometres — the first five-cube, 5^3**. Below that the deposit is still growing; at it, the deposit has locked into a register of its own. Beyond that, in atrophy, the cones are not demoted but **deleted**: under $d\Sigma T = 0$ the field redistributes to the nodes that survive and does not rebuild an address that has gone.

PART III — FOUR ROUTES, FOUR CORRECTIONS

13. One receiver, four ways it fails

A medical paper of the Universal Force of Time acknowledges the illness, reads the problem as the distinct routes by which it arises, and pairs each route with the correction that would set it right. In the eye the problem is plainly not single. The receiver fails along four routes, one at each register: the retina **misses** its node, the lens is **demoted**, the pressure **drifts**, the fovea is **destroyed**. Four routes, because the eye has four registers and four ways to fail, and each is named by the number the clinic already measures.

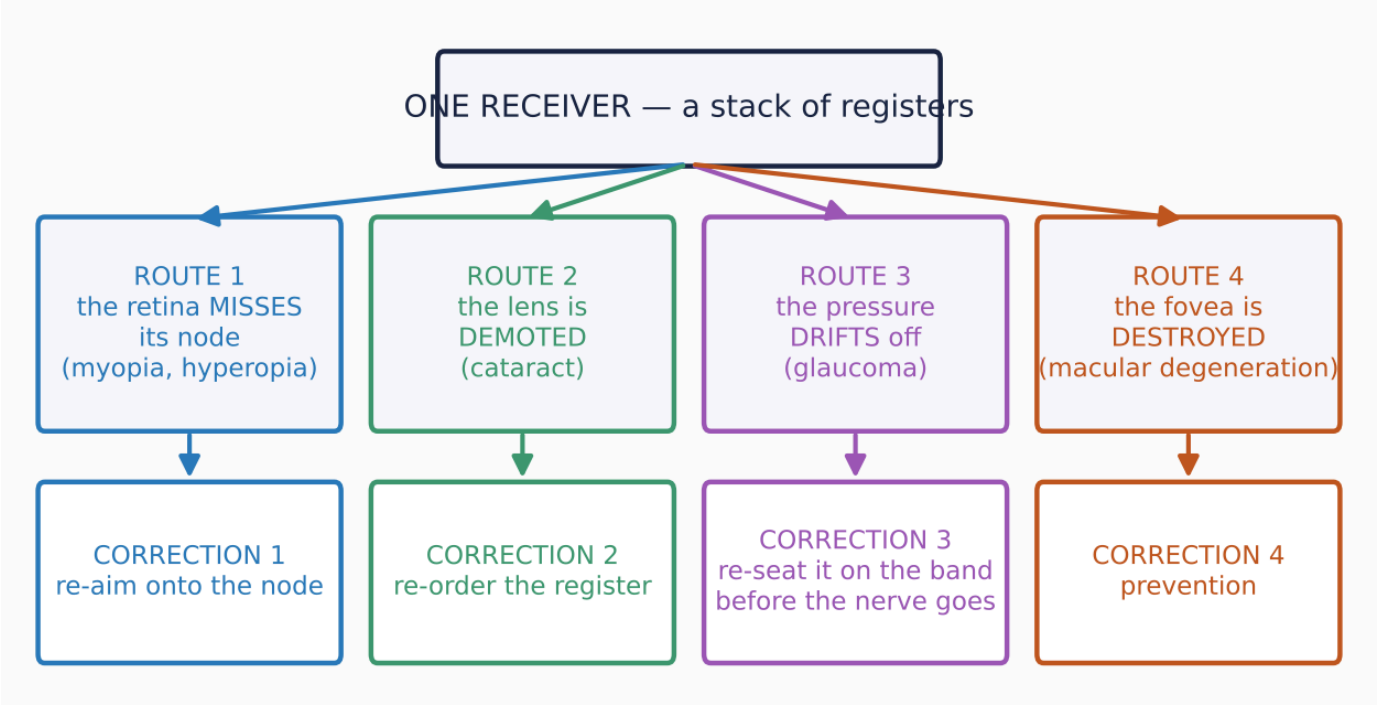


Figure 8 — The architecture of the paper. One receiver, a stack of registers, fails four ways — the retina misses its node, the lens is demoted, the pressure drifts off the lattice, the fovea is destroyed — and each route is paired with its correction: re-aim, re-order, re-seat, prevent.

14. Route 1 — the retina misses its node (myopia and hyperopia)

The eye grows toward 24 millimetres and settles short of it or past it. The node is missed, not deleted.

Correction 1 — re-aim onto the node. If the fault is a missed node, the correction is to return the image to it. A lens does that exactly for the image — which is why glasses work at once and completely. And because the node is missed and not lost, the theory goes further: **the eye itself can be drawn back toward it** — as the red-light trials found, slowing the overshoot and, in a third of eyes, reversing it. The principle is re-aiming onto a node that still exists; the specifics are held in the Foundation's clinical reference.

15. Route 2 — the lens is demoted (cataract)

The crystallins of the lens fall out of their ordered register and clump; the lens clouds. The proteins remain; their order is what is lost.

Correction 2 — re-order the register. If the fault is a demotion, the correction is to lift the register back — to restore the order of the crystal rather than remove it. Surgery replaces the lens; the theory's statement is that the lens, being demoted and not deleted, is in principle the one genuinely re-orderable structure in the eye. The principle is re-ordering; the detail is held in the Foundation's reference.

16. Route 3 — the pressure drifts off the lattice (glaucoma)

The pressure register leaves its band and passes the line, 21, that is not a lattice address; the pressure bears on the optic nerve and its fibres die.

Correction 3 — re-seat the pressure on the band, before the nerve is lost. If the fault is a drift, the correction is to bring the register back onto the lattice band. This route sits between the others: the pressure itself can be re-seated at any time, but the nerve fibres it has already crushed are deleted, and what they served is gone. The correction is decisive only early. The principle is re-seating; the detail is held in the Foundation's reference.

17. Route 4 — the fovea is destroyed (macular degeneration)

The supporting layer beneath the fovea fails, waste accumulates, drusen grow to the five-cube at 125 micrometres, and in atrophy the cones are deleted.

Correction 4 — prevention. If the fault is outright deletion, the only correction is to act before it: while the register is still eroding and the drusen still growing, before the cones are gone. This route is read in full in the

companion paper, *Macular Degeneration — The Densest Register in the Body*, where the three-wavelength results are worked; its restoration addresses are held in the Foundation's reference.

18. The order law — the reversibility ladder

The four corrections are not interchangeable, and the way they bind is one line: **a register that has been missed or demoted can be lifted back; a register that has been deleted cannot.** The four routes sort along it.

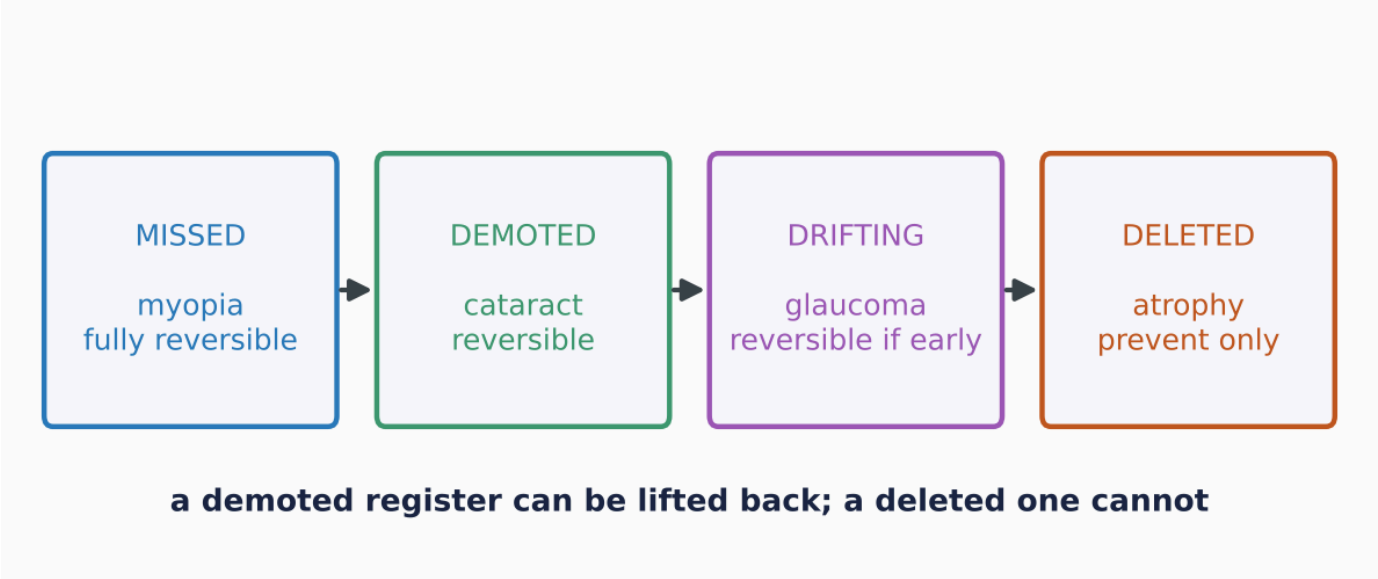


Figure 9 — The reversibility ladder. A missed node (myopia) is fully reversible; a demoted register (cataract) is reversible; a drifting register (glaucoma) is reversible only if caught early; a deleted register (atrophy) can only be prevented.

A **miss** is the fully reversible end: the node was never lost. A **demotion** is reversible: the register is mis-ordered, not gone. A **drift** is reversible only in time: the pressure can be re-seated, but the nerve it has crushed is deleted. A **deletion** is irreversible, and prevention is the whole of the correction. This is why, at every level, the decisive intervention is early — and why the question to ask of any failing eye is simply: has this register been missed or demoted, and can be lifted, or deleted, and must be protected before it is lost?

And a second binding comes from Part II: **when** light is given is part of the correction. The receiver's registers are set with the day's clock, and the morning result says the setting is the moment to act.

19. The resolution — the clinical trial is the next step

With four routes named and each paired with its correction, the paper resolves where it must. We have acknowledged the illness — the eye told not as a bag of separate ailments but as one receiver built of stacked registers, its numbers on the lattice, its colours divided at the day, the turn of DNA and the warmth of the body. We have read the problem as four routes — missed, demoted, drifting, destroyed — and given for each its correction: re-aim, re-order, re-seat, prevent. We have read the light experiments of the last five years as the theory expects them to fall: the short-sighted eye drawn back toward a node it had missed, and the morning as the moment the receiver is set. And we have bound the corrections with the reversibility ladder.

The corrections are stated as principles precisely because the next step is not to prescribe them to a reader but to put them to a clinical trial.

PROPOSITIONS

- **P-EYE-1.** The eye is the body's dedicated receiver of the Sun's broadcast: a stack of registers — cornea, lens, pressure, retina — through which light descends in order.
- **P-EYE-2.** The healthy eye's numbers sit on the lattice: axial length 24 mm [$2^3 \cdot 3$], resolution 60 parts per degree [$2^2 \cdot 3 \cdot 5$], central foveal cones 125,000 [$2^3 \cdot 5^6$], rods 120,000,000 [$2^9 \cdot 3 \cdot 5^7$], cones 6,000,000 [$2^7 \cdot 3 \cdot 5^6$].
- **P-EYE-3.** The eye divides the degree into sixty as the clock divides the hour: it reads angle on the theory's time ladder.

- **P-EYE-4.** The colours the eye sees divide at exact lattice values: across the veil the blue–cyan boundary 495.0355349930 nm carries the day, the green–yellow 570.2809363120 nm the B-DNA turn number, the yellow–orange 590.9051430021 nm body temperature, the violet edge 379.9544386588 nm the Planck value.
- **P-EYE-5.** Myopia and hyperopia are one node, 24 mm, missed from opposite sides — missed, not deleted.
- **P-EYE-6.** A missed node can be returned to: the published 650 nm trials, slowing and in a third of eyes reversing the eye's growth, are the result this predicts.
- **P-EYE-7.** When light is given is part of what it does: the 670 nm morning result reads as light entering the receiver while the day's clock is being set.
- **P-EYE-8.** Cataract is the lens register demoted, not deleted — in principle re-orderable.
- **P-EYE-9.** The healthy pressure band holds every lattice pressure from 10 to 20 mmHg; the upper limit, 21, where glaucoma is read, is not a lattice address.
- **P-EYE-10.** Advanced drusen are marked at 125 micrometres, the first five-cube 5^3; in atrophy the foveal cones are deleted.
- **P-EYE-11.** Route 1: the retina misses its node. Correction 1: re-aim onto the node.
- **P-EYE-12.** Route 2: the lens is demoted. Correction 2: re-order the register.
- **P-EYE-13.** Route 3: the pressure drifts. Correction 3: re-seat it on the band before the nerve is lost. Route 4: the fovea is destroyed. Correction 4: prevention.
- **P-EYE-14.** Order law: the reversibility ladder — missed and demoted registers can be lifted back, deleted ones cannot; and the receiver is set with the day's clock.
- **P-EYE-15.** Near each trial wavelength the theory offers a family of exact lattice lines — seven near 650 nm (649.5270737602599 to 650.5418009877949) and three near 670 nm (669.9709631653324 to 670.2064327658226), each reached by its own chain; the theory does not rank them, and a trial with narrow-line light is how the best is found.

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APPENDIX — EVERY NUMBER, REBUILT

Every value can be rebuilt with any calculator, from twos, threes, fives and π. The script E_calc.py, run at forty-four digits, asserts every station and stops if any fails; it passed in full.

```
THE OBJECTS, NUMBER FIRST
   axial length              24 mm                 2^3.3
   resolution                60 per degree         2^2.3.5
   central foveal cones      125,000               2^3.5^6
   rods ; cones              120,000,000 ; 6,000,000   2^9.3.5^7 ; 2^7.3.5^6
   advanced drusen           125 micrometres       5^3
   UV / violet               379.9544386588 nm     3750/pi^2   -> 125/(6pi)
   violet / blue             450 nm                2.3^2.5^2   -> 5pi/2
   blue / cyan               495.0355349930 nm     7776/(5pi)  -> 8.64
   green / yellow            570.2809363120 nm     2^9.3^7/(5^4.pi) -> 9.95328
   yellow / orange           590.9051430021 nm     5832/pi^2   -> 32.4/pi
   orange / red              619.2294611174 nm     19200/pi^3  -> 320/(3pi^2)
   the 650 lines             649.5270737602599 ... 650.5418009877949 nm   seven, Section 11
   the 670 lines             669.9709631653324 ... 670.2064327658226 nm   three, Section 11
```

A NOTE ON THE NUMBERS

Throughout this paper a quantity is given first as the plain physical value a clinician would measure — a length, a count, a pressure, a wavelength — and only then, in brackets, as its place on the {2,3,5,π} lattice. The bracket is the address; the physical number is the thing you can hold. Part I gives medicine's account, and the laboratories' light results, as they give them. Parts II and III give the theory's own account, mark every result as arithmetic, a reading or a landing, and state the corrections as principles. The lattice lines near the trial wavelengths are given in full as values, with their chains; how light is given to an eye, and the corrective detail, are held in the Foundation's clinical reference and are not prescribed here.

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

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