THE UNIVERSAL FORCE OF TIME · MEDICINE

Parkinson's Disease

The beat that falls — four routes by which the motor register is lost, and the four corrections that restore it

Stephen Daubney · The Daubney Foundation · 2026 · Rev 6 (supersedes Rev 5: the disease given in full as medicine knows it; levodopa, deep-brain stimulation, the beta rhythm, the seed test, the antibody and cell-replacement trials and the writer research credited by name; an uncited stimulation ceiling and a closeness remark removed; foreign-number wording removed; the statement on values corrected)

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 MOTOR REGISTER, NUMBER FIRST

the carrier **40 Hz** ($2^3 \cdot 5$) · falls past **4/5** lost ($2^2/5$) · to the tremor, **4–6 Hz** (2^2, 5, $2 \cdot 3$)

stimulation settings on the lattice in the clinic's band: **120 Hz** ($2^3 \cdot 3 \cdot 5 = 3 \times 40$) · **128 Hz** ($2^7$)

clear the residue before re-enabling the writer

ABSTRACT

More than eight and a half million people live with Parkinson's disease. Deep in the brain a small dark cluster of cells, the substantia nigra, keeps the motor system in time; in Parkinson's those cells fall silent one by one, until the hand that lifted a cup begins to shake. Medicine can see the loss — the missing cells, the missing dopamine — and can replace the chemical for years. It has never said why the result is a tremor: why a system starved of its signal does not simply stop, but shakes at a slow, insistent rhythm of its own.

This paper reads Parkinson's in the Universal Force of Time, in full. **Part I sets out the disease as medicine knows it** — the cells, the dopamine, the silent years, the rhythms, the treatments — and what the research has found: **levodopa** restores movement (George Cotzias and colleagues, 1967); **deep-brain stimulation** at **130 Hz and above** quiets the tremor (Alim-Louis Benabid and colleagues, 1987 onwards); the basal ganglia in Parkinson's run an exaggerated **beta** rhythm that treatment suppresses (Peter Brown and colleagues, 2001); a test for misfolded α-synuclein now detects the disease from spinal fluid (Andrew Siderowf and colleagues, 2023); and **dopamine cells grown from stem cells** survived and made dopamine in the first transplant trials (Viviane Tabar, Lorenz Studer and colleagues; Jun Takahashi and colleagues, 2025). **Part II reads it in the theory.** The motor register rings at **40 Hz** [$2^3 \cdot 5$]; the dopamine cells are its maintenance crew; and once about **four-fifths** of them are gone [$2^2/5$] the register cannot hold its beat. **A register that loses its frequency does not disappear; it falls** — through the beta band to the tremor at **4 to 6 Hz** [2^2, 5, $2 \cdot 3$]. The shaking hand is the motor register still ringing at the frequency it fell to.

Part III reads the disease as four routes — the beat falls, the residue fouls the node, the writer is lost, the window closes — each paired with its correction: re-cohere the carrier, clear the residue, re-enable the writer, act while the cells live. One law binds them: **clear the residue before re-enabling the writer.** Twelve propositions, P-PD-1 to P-PD-12, are stated. The research groups are credited by name; how any stimulation is given is held in the Foundation's clinical reference.

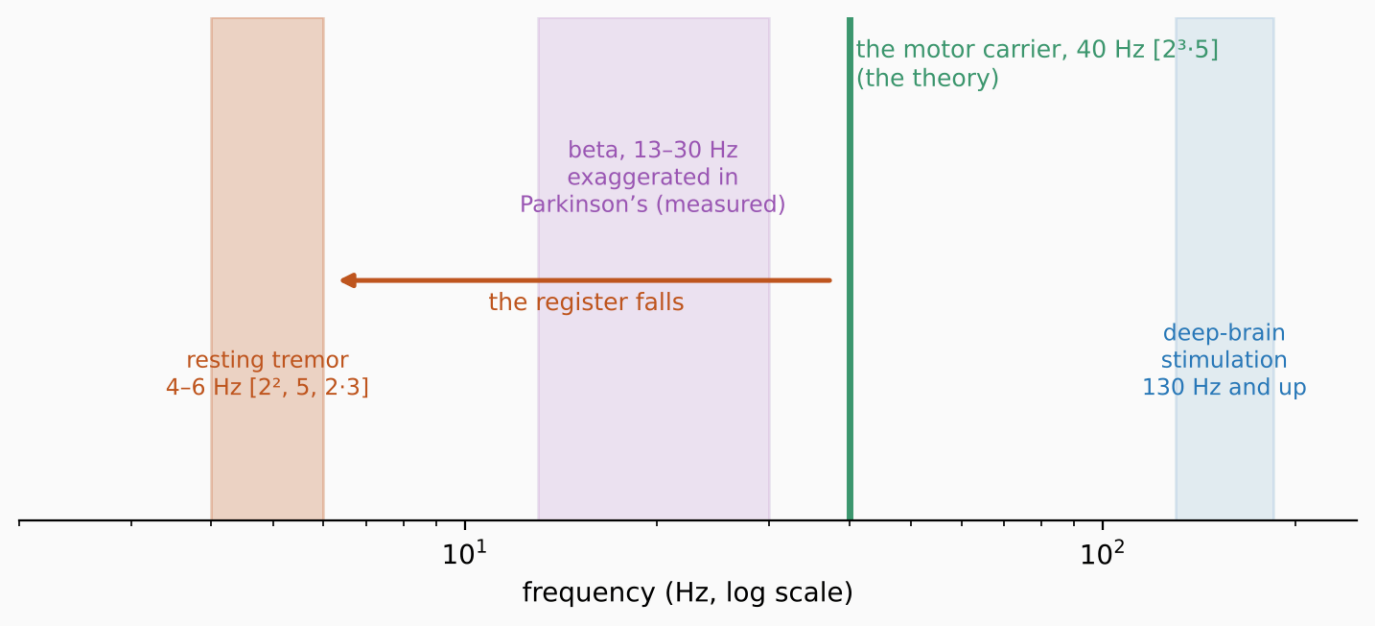


Figure 1 — The motor register's fall. The theory places the carrier at 40 Hz [2³·5]; medicine measures an exaggerated beta rhythm, 13 to 30 Hz, in Parkinson's; the resting tremor sits at 4 to 6 Hz [2², 5, 2·3]; deep-brain stimulation is given at 130 Hz and up.

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. Each organ of the body is a register — a receiver tuned to one face of the time-field — and each cell, molecule and rhythm within it holds an address on that register.

The six faults. A register can fail six ways. It can be **missed** — its target still exists but it has settled at the wrong place; **demoted** — dropped to a lower order while its parts survive; **frozen** — locked at one address and unable to move; **contaminated** — carrying a foreign address; **misdirected** — its own proof-reader turned against it; or **eroded** — its nodes deleted. Under $d\Sigma T = 0$ the field redistributes to the nodes that survive; it does not rebuild an address that has gone.

The conversion grammar. One value takes several forms, and fixed steps move it between them: a frequency divided by 2π is a free fall; a free fall times 49.5035535 [7776/(50π)] is a wavelength; a wavelength times $\pi^2/8$ is a mass. Run in one line, frequency to mass is a single step of 9.72, and every π cancels.

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.

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 — one level up — stand one **G-bond step** apart, 1.000090150603356 [$5^{10}/(2^4 \cdot 3^9 \cdot \pi^3)$].

The 612 step. A second fixed step, 1.000612842467911 [$2^9 \cdot 3^5 \cdot \pi/5^8$] — helium's weight divided by four (helium divided by four, per nucleon), and 36,864 × 864 × π read at its decade. Where a family of lines stands G1, G2 and then one step further, the further step is this one.

The helical turn. The helical turn, 1.004693930041152 [$5^6/(2^6 \cdot 3^5)$], is the step by which the DNA helix climbs one turn — one revolution of the helix. A value carried "one helical turn up" is multiplied by it.

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, body temperature, the heartbeat, the day — 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 — PARKINSON'S DISEASE AS MEDICINE KNOWS IT

1. The disease

Parkinson's disease is the second commonest neurodegenerative disease, affecting more than 8.5 million people in 2019 by the World Health Organization's count, and rising. Its cardinal signs are slowness of movement (**bradykinesia**), stiffness (**rigidity**), a **resting tremor** — classically at about **4 to 6 Hz**, a "pill-rolling" shake of the hand at rest — and, later, unsteady balance and a **freezing of gait** in which the foot will not leave the floor. Long before these, many people lose their sense of smell, act out their dreams in sleep, and suffer constipation.

2. The cells and the dopamine

The movement signs come from the loss of dopamine-making cells in the **substantia nigra**, whose fibres reach the striatum and keep the motor circuits of the basal ganglia in balance. By the time the signs appear, a large part of the system is already gone — by Herbert Bernheimer and colleagues' classic estimate, up to about **four-fifths** of the striatum's dopamine (1973). The surviving cells work harder to cover the loss, which is why the disease is silent for years and then seems to arrive suddenly.

3. The protein

Inside the dying cells the protein **α-synuclein** misfolds and gathers into **Lewy bodies**. The pathology spreads through the brain in a regular order, from the lower brainstem and the nose's smell pathway upward, which Heiko Braak and colleagues charted in six stages (2003).

4. The rhythms

Recordings from people undergoing surgery show that the basal ganglia of Parkinson's run an exaggerated **beta** rhythm, at about **13 to 30 Hz**, which levodopa suppresses as movement improves (Peter Brown and colleagues, *Journal of Neuroscience*, 2001); faster gamma activity, by contrast, accompanies movement. The tremor itself is a slow oscillation of the motor circuits.

5. Treatments

Levodopa, the precursor of dopamine, restores movement for years (George Cotzias and colleagues, *New England Journal of Medicine*, 1967); dopamine agonists imitate it, and MAO-B inhibitors slow its breakdown. Levodopa's effect fades as fewer cells remain to use it. **Deep-brain stimulation**, pioneered by Alim-Louis Benabid and colleagues, delivers electrical pulses through electrodes in the subthalamic nucleus or thalamus, usually at **130 Hz** or more, and can quiet the tremor almost at once (*The Lancet*, 1991; *The Lancet Neurology*, 2009). None of these halts the loss of cells.

6. What the research has found

These are the results as the research groups reported them; the credit for each is theirs.

Seeing the protein in the living. Andrew Siderowf and colleagues used an **α-synuclein seed amplification assay** — a test that makes misfolded α-synuclein in spinal fluid template more of itself until it can be seen — and detected Parkinson's in nearly nine in ten people with the disease (*The Lancet Neurology*, 2023).

Clearing the protein. In the PASADENA trial, the antibody **prasinezumab**, aimed at α-synuclein, did not slow the disease on its main measure (Gennaro Pagano and colleagues, *New England Journal of Medicine*, 2022).

The writer. NURR1, a nuclear receptor that partners the retinoid X receptor, is required for dopamine cells to form at all (Rolf Zetterström and colleagues, *Science*, 1997); and Chung-Hwan Kim, Kwang-Soo Kim and colleagues found that small molecules activating NURR1 protected dopamine cells and improved movement in rats (*PNAS*, 2015).

Cells replaced. In two first-in-human trials reported in 2025, dopamine cells grown from stem cells were transplanted into people with Parkinson's. The grafts survived and made dopamine, with no serious safety problems, and some participants' movement improved (Viviane Tabar, Lorenz Studer and colleagues; Nobukatsu Sawamoto, Jun Takahashi and colleagues; *Nature*, 2025).

That is Parkinson's as medicine knows it, given in full because what follows reads every part.

PART II — PARKINSON'S IN THE UNIVERSAL FORCE OF TIME

7. The beat you never hear

Lift a cup to your lips and a hundred muscles fire in an order you never chose, timed to a rhythm you never feel. Steadiness is not the absence of motion; it is motion held to a beat. In the Universal Force of Time the substantia nigra is the carrier of the body's **motor register**, and that register rings at **40 Hz** [$2^3 \cdot 5$] — the same gamma beat the theory ties to the conscious ground state, read by Stephen Daubney as the Earth's circumference of 40,000 km [$2^6 \cdot 5^4$] at its decade, and the same carrier whose loss the theory reads in Alzheimer's. The dopamine cells are the **maintenance crew** for that beat: the cells whose whole task is to keep the motor address ringing true. While they hold it, movement is smooth, because movement is the register kept in tune.

8. The register falls, it does not vanish

As the maintenance cells die the beat grows harder to hold, until a threshold is crossed: the theory reads it at **four-fifths** of the carrier cells lost [$2^2/5$] — the classic figure for the striatum's dopamine at onset — and past it the register can no longer sustain itself. **A register that loses its frequency does not disappear; it falls.** It falls through the band below it — the exaggerated beta rhythm medicine records in the disease is, in this reading, the carrier caught on its way down — to its floor, the **4 to 6 Hz** band [2^2, 5, $2 \cdot 3$], and there it keeps oscillating. That slow oscillation is the resting tremor. **The shaking hand is the motor register ringing at the frequency it fell to.** And the freezing of gait — the foot that will not leave the floor — is the frozen address exactly as named: a

coordinate locked, unable to advance to the next step. Rigidity and slowness are the same fallen carrier read in muscle tone and speed.

9. Compensation masks the fall

The fall is silent for years because the survivors intensify to cover the loss — **compensation without restoration** — holding the register in false tune for an estimated ten to twenty years while the count falls beneath it, and wearing themselves out faster as they do. The α-synuclein debris is, in large part, the residue of that overwork.

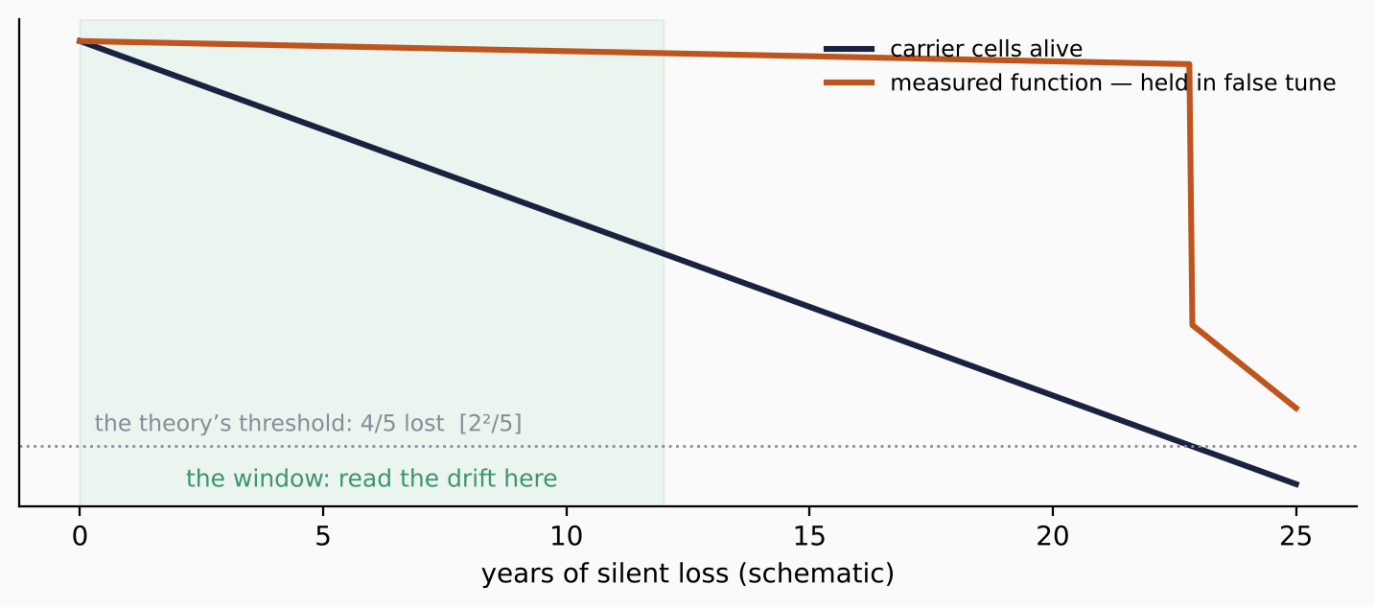


Figure 2 — The clock, schematic: as carrier cells are lost the survivors overdrive, holding measured function in false tune through the silent years, until loss passes the threshold the theory reads at four-fifths [2²/5].

10. Why stimulation works

The strange success of deep-brain stimulation finds its explanation here. If the beat has fallen, driving the region from outside can lift the fallen register back over its floor. The clinic found its settings by trial and error — 130 Hz and above. **130 cannot be written in twos, threes and fives**; but the band the clinic uses holds lattice settings, and the theory offers two to test: **120 Hz** [$2^3 \cdot 3 \cdot 5$], exactly three times the lost carrier, and **128 Hz** [2^7]. Stimulation overdrives the envelope from outside; re-cohering the carrier at its own 40 Hz would re-light the fundamental from within — two approaches to one register.

11. The residue is not the cause

α-synuclein gathering into Lewy bodies is the pathological hallmark of Parkinson's, and medicine has spent decades trying to clear it as though clearing it would cure the disease. The theory reads it differently: **the aggregate is the residue of the failure, not its cause** — the same relationship amyloid holds to Alzheimer's — T-noise that fouls the very machinery the cell would need to rebuild. That is the theory's reading of the antibody result: clearing the protein alone did not slow the disease. And it is why the seed test works: the misfolded protein templates more of itself, a lock copying itself, exactly as the companion paper on neurodegeneration reads the spread.

12. The writer is lost

At the level of the cell, Parkinson's is a **Class II node failure**: the dopamine programme is intact in the genome — under $d\Sigma T = 0$ nothing is erased — but the **writer** that transcribes it has stalled. The writer is **NURR1 with the retinoid X receptor**, which switches on the four genes that make a dopamine cell what it is: TH, AADC, DAT and VMAT2. And it is the same retinoid-X-receptor writer stalled in multiple sclerosis. **Two neurodegenerations, one writer.** The NURR1 result in rats is the first evidence it can be woken; and the stem-cell grafts show the other road: where the cells are gone, cells carrying the programme can be put back.

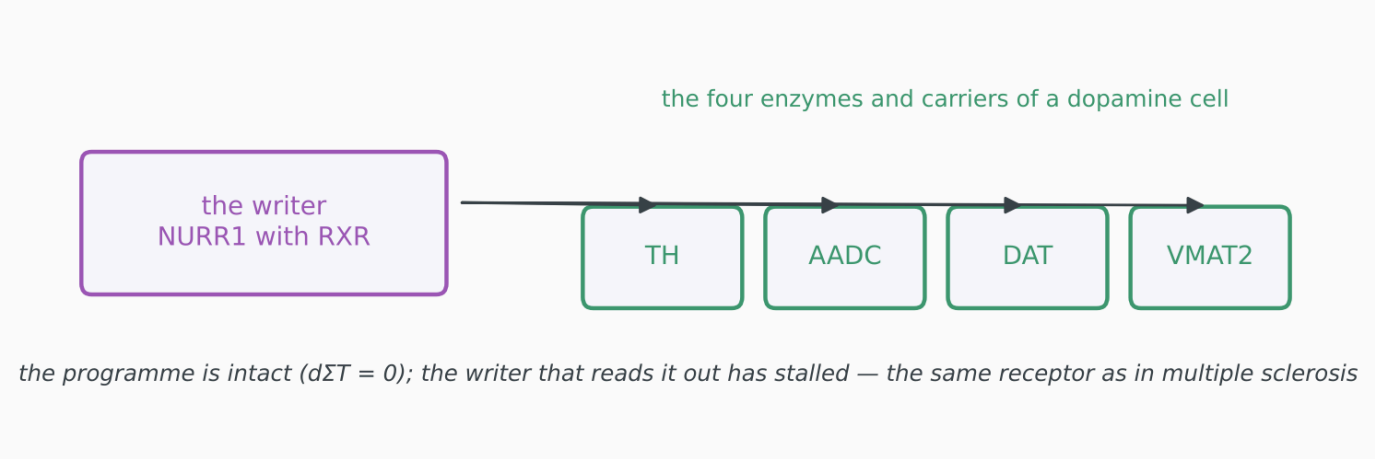


Figure 3 — The writer: NURR1 with RXR switches on the four genes of a dopamine cell — TH, AADC, DAT and VMAT2. The programme is intact; the writer has stalled — the same receptor as in multiple sclerosis.

13. Where these results come from

The research is theirs. Levodopa is George Cotzias's and his colleagues'; deep-brain stimulation Alim-Louis Benabid's and his colleagues'; the beta rhythm Peter Brown's group's; the silent loss of dopamine Herbert Bernheimer's; the staging Heiko Braak's; the seed test Andrew Siderowf's and the PPMI investigators'; the antibody trial Gennaro Pagano's and his colleagues'; NURR1 Rolf Zetterström's, Chung-Hwan Kim's and Kwang-Soo Kim's groups'; the stem-cell grafts Viviane Tabar's and Lorenz Studer's, and Nobukatsu Sawamoto's and Jun Takahashi's groups'. **The frequencies and the credit for finding that they act are theirs.** It was their results that pointed this paper to these parts of the problem, and their work is the supporting evidence on which these sections are built. What this paper adds is the theory's reading — the motor register at 40 Hz [$2^3 \cdot 5$] and its fall to the tremor band, the four-fifths threshold, the residue as noise, the shared writer, and the lattice settings 120 and 128 Hz within the clinic's band — offered to those groups, and to any team so minded, to test.

PART III — FOUR ROUTES, FOUR CORRECTIONS

14. Four ways the beat is lost

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. The four routes here work at two levels that are one mechanism — the network, where the beat falls, and the cell, where the residue gathers and the writer fails — and a given patient is losing the beat by all of them at once.

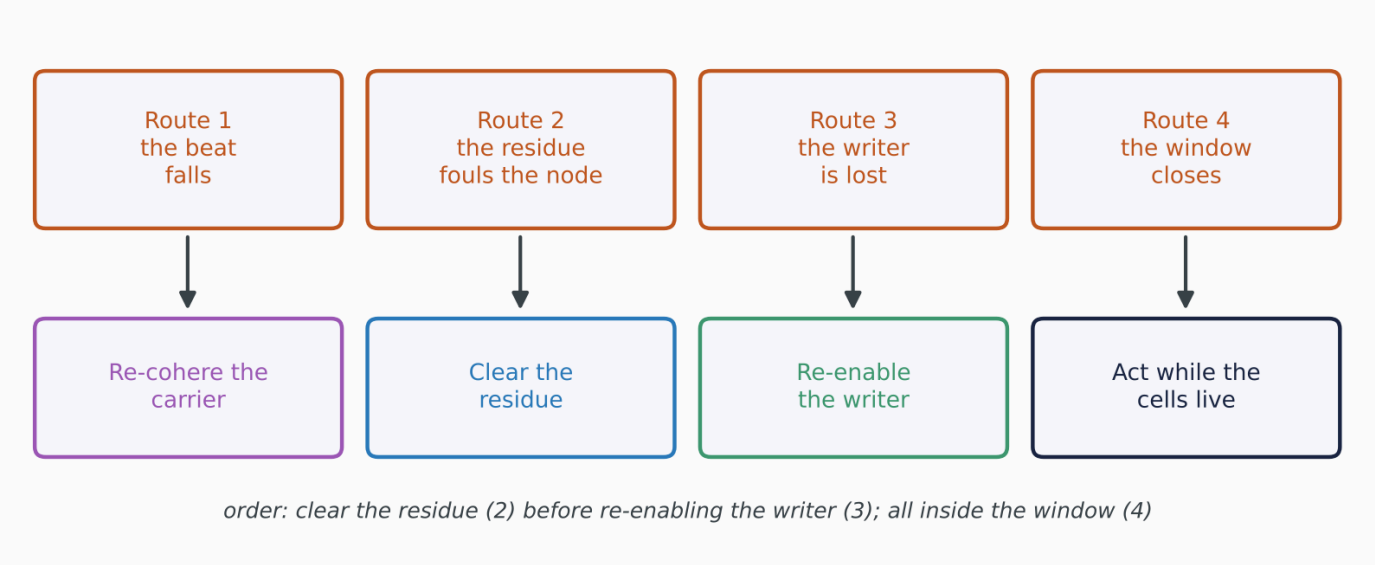


Figure 4 — The four routes by which the motor register is lost, each paired with its correction: clear the residue before re-enabling the writer, and all inside the window.

15. Route 1 — the beat falls

Past the threshold the register cannot hold 40 Hz and falls to the tremor band.

Correction 1 — re-cohere the carrier at its own beat. If the beat has fallen, the correction is to drive it back — at the carrier's own frequency, 40 Hz [$2^3 \cdot 5$], re-lighting the fundamental rather than only overdriving the envelope. The theory also offers the lattice settings within the clinic's stimulation band, 120 Hz [$2^3 \cdot 3 \cdot 5$] and 128 Hz [2^7], for comparison. The values are printed; how any stimulation is given is held in the Foundation's clinical reference.

16. Route 2 — the residue fouls the node

α-synuclein gathers as T-noise in the failing cells and fouls the machinery the writer needs.

Correction 2 — clear the residue. Clearing the residue is the permitting condition, not the cure by itself — which is exactly what the antibody trial found when it was tried alone.

17. Route 3 — the writer is lost

The dopamine programme is intact, but NURR1 with RXR has stopped reading it out.

Correction 3 — re-enable the writer, so the programme expresses again. If the cell has stopped being a dopamine cell because its writer fell silent, the correction is to re-enable the writer, so the four genes are read again. Because the writer is shared with multiple sclerosis, one re-enabling reaches both. Where the cells are already gone, the stem-cell grafts show that cells carrying the whole programme can be returned. The detail is held in the Foundation's clinical reference.

18. Route 4 — the window closes

A neurone that has physically died cannot be re-written.

Correction 4 — act while the cells still live. Restoration works through the surviving cells and the progenitors beside them, which still carry the intact programme. The mercy is in the threshold: because the register fails only past four-fifths, recovery need only lift the working carrier back above the line, not rebuild the whole population. The warning is in the clock: every year of loss turns a cell that could be re-written into one that cannot. Timing is itself the correction — and the seed test, which sees the disease before the tremor, is the first instrument that can read the clock in time.

19. The order law

Correction 2 must come before correction 3. The residue is T-noise that fouls the nuclear-receptor machinery the writer needs; it must be cleared before the writer can be re-enabled. Clearance is the permitting condition; re-inscription is the act it permits — the same sequence the theory finds in multiple sclerosis, where the attack must be halted before the myelin writer can work. The order cannot be reversed.

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

We have acknowledged the illness — the beat you never hear, lost cell by cell until the hand shakes. We have read the motor register and its fall: the tremor as the register still ringing at the frequency it fell to, the freeze as an address locked, the silence of the early years as compensation masking the loss. We have read the residue as noise and not cause, the writer as stalled and shared with multiple sclerosis, and the stimulation that works as an over-drive of a fallen register, with lattice settings to test in the clinic's band. We have named four routes and given for each its correction, bound by the order law.

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-PD-1.** The substantia nigra carries the body's motor register, which the theory places at 40 Hz [$2^3 \cdot 5$]; the dopamine cells are its maintenance crew.
- **P-PD-2.** Past the threshold the theory reads at four-fifths lost [$2^2/5$], the register cannot hold its beat.
- **P-PD-3.** A register that loses its frequency falls rather than vanishes: through the beta band medicine records, to the resting tremor at 4 to 6 Hz [2^2, 5, $2 \cdot 3$].
- **P-PD-4.** The freezing of gait is the frozen address; rigidity and slowness are the same fallen carrier in tone and speed.
- **P-PD-5.** Compensation without restoration masks the loss for years; the debris is largely the residue of overwork.
- **P-PD-6.** Deep-brain stimulation over-drives a fallen register; the clinic's 130 Hz is not a lattice address, and the theory offers 120 Hz [$2^3 \cdot 3 \cdot 5$] and 128 Hz [2^7] within its band to test.
- **P-PD-7.** α-synuclein is residue, not cause; clearing it alone does not slow the disease.
- **P-PD-8.** The writer, NURR1 with RXR, switches on the four genes of a dopamine cell (TH, AADC, DAT, VMAT2); it is the same writer stalled in multiple sclerosis.
- **P-PD-9.** Routes 1 and 2: the beat falls; the residue fouls the node. Corrections: re-cohere the carrier; clear the residue.
- **P-PD-10.** Routes 3 and 4: the writer is lost; the window closes. Corrections: re-enable the writer; act while the cells live.
- **P-PD-11.** Order law: clear the residue before re-enabling the writer — never the reverse.
- **P-PD-12.** Where cells are gone, cells carrying the programme can be returned: the stem-cell grafts survive and make dopamine.

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APPENDIX — EVERY NUMBER, REBUILT

Every value can be rebuilt with any calculator, from twos, threes, fives and π. The script P_calc.py asserts every station; it passed in full.

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THE MOTOR REGISTER, NUMBER FIRST
   the carrier (theory)            40 Hz                    2^3.5
   the threshold (theory)          4/5 lost                 2^2/5
   resting tremor                  4 to 6 Hz                2^2 ; 5 ; 2.3
   beta (measured)                 13 to 30 Hz              the band the carrier falls through
   stimulation, clinic             130 Hz and up            130 is not a lattice address
   stimulation, lattice settings   120 ; 128 Hz             2^3.3.5 = 3 x 40 ; 2^7
   the writer's genes              TH, AADC, DAT, VMAT2     four
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A NOTE ON THE NUMBERS

Throughout this paper a value is given first as the plain physical reading — a frequency, a fraction of cells — and only then, in brackets, as its place on the {2,3,5,π} lattice. Where a value is the theory's reading rather than a measurement, the paper says so; where a value is off the lattice, the paper says it cannot be written in twos, threes and fives, and no more. The lattice settings are given as values; how any stimulation is given is held in the Foundation's clinical reference and is 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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