# Trauma, Resilience and T-Register Recovery

*Time caught in a loop — the three ways it takes hold, the way back of each, and the one law that keeps the memory whole*

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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 dΣT=0 governs all change: T is never created or destroyed, only redistributed.*

## Abstract

Trauma is often described as being unable to move on, and the Universal Force of Time takes that description almost literally. A healthy mind is a T-node that advances steadily through its register addresses, always arriving at now, held on track by the body's maintenance beats — the heartbeat at 72 beats per minute (1.2 Hz, $(2^3\times3^2)$), the brain's 40 Hz gamma $(2^3\times5)$, and the circadian day of 86,400 seconds $(2^7\times3^3\times5^2)$. A violent event knocks the node off that track into a quadratic T-well whose depth grows as the square of how far it was thrown, $E_{trauma} = m_T \times |\Delta T|^2$, and post-traumatic stress is the node trapped in that well as a persistent T-loop — returning to then instead of advancing to now. From that mechanism this paper sets trauma on three genuinely distinct routes and pairs each with the principle of its recovery: the node is thrown off track at the event, and the answer is to throw the tow line — the 40 Hz carrier offered from outside until the node re-locks; the address will not file in memory, because an over-dense write fused a vivid trace to a time-stamp the node keeps mis-reading as now, and the answer is to re-seat the address so the trauma files into the past; and the field loses its hold as the maintenance beats fall out of lock, where the answer is to rebuild the recovery capacity that sleep, exercise, meditation and connection build. The first two are sequential — re-lock, then re-file; the third runs beneath both from the start. One law binds the account: under dΣT=0 the memory's material trace is information and cannot be destroyed — recovery re-files the address, it never erases the memory, and the present is always there to restore toward. Eleven propositions, P-TRR-1 to P-TRR-11, are given; any T-restoration protocol is held in the Foundation's confidential clinical reference.

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

## 1. Time that will not move on

People who have lived through something terrible often describe it the same way: a part of them is still back there, unable to move forward, while the rest of life carries on without them. A year passes on the calendar, but inside, the clock has stopped at a single moment.

We tend to hear this as a figure of speech — a poetic way of saying the memory is vivid. The Universal Force of Time hears it as a literal, physical description of what has happened.

In this framework a mind is not a thing that merely contains time; a mind is something made of time — a node in the T-field whose health is measured by whether it is still advancing. Trauma is what happens when that advance is forced off its track, and the suffering that follows is the precise, mechanical consequence of a node that cannot move forward. The reason this matters is not only that it explains the symptoms. It is that, once you see trauma as a fault in the architecture of time rather than a flaw in the person, a way back appears — and this paper builds toward it, on three routes.

## 2. What “now” is — a mind tracking the broadcast

To understand the fault, begin with the healthy state, because the healthy state defines it. In the Force of Time a healthy mind is a T-node whose register address advances monotonically — it moves from the present address to the next, and the next, never falling behind, always arriving at now (Figure 1). What we experience as the steady, unforced passage of the present is the node keeping pace with the larger T-flow the whole living world is carried on — the solar broadcast that advances every node together.

Figure 1 — A healthy node advances to now; trauma forces a displacement; PTSD loops back; the 40 Hz carrier tows it home

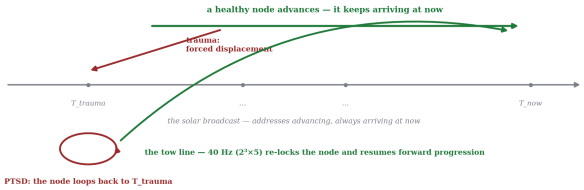


*Figure 1 — A healthy node advances to now; trauma forces a register displacement; PTSD loops back to $T_{trauma}$ instead of advancing; the 40 Hz $(2^3\times5)$ carrier acts as a tow line that re-locks the node and resumes forward progression.*

Crucially, the node does not have to generate this rhythm from nothing. It is held on track by a small set of maintenance beats, each a clean node on the {2,3,5} lattice (Figure 4): the heartbeat at 72 beats per minute (1.2 Hz, $(2^3\times3^2)$), the brain's binding rhythm at 40 Hz $(2^3\times5)$ — the gamma oscillation neuroscience already ties to the unified conscious moment — and the circadian day of 86,400 seconds $(2^7\times3^3\times5^2)$ that re-seats the whole system every night. Memory does not contradict this forward motion: a memory is a stored T-address you can sample without leaving the present. To be well is to feel time move through you while you move with it.

## 3. Trauma is a forced register displacement

Trauma is a violent external event that forces the T-node's register address away from its stable, broadcast-synchronised value to a displaced one. In the Force of Time that displacement carries an energy, and the form of that energy is the key to everything that follows: $E_{trauma} = m_T \times |\Delta T|^2$ — the node's mass-equivalent times the square of how far its address was thrown.

Figure 2 — The quadratic displacement well: a severe throw leaves walls higher than the node’s own step

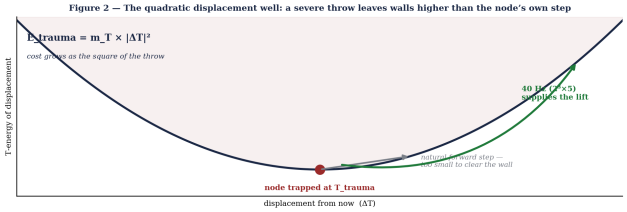

*Figure 2 — The displacement well, $E_{trauma} = m_T \times |\Delta T|^2$. Because the cost grows as the square of the displacement, a severe trauma leaves a well whose walls are higher than the node's natural forward step — so it cannot climb out alone, and oscillates instead. The 40 Hz carrier supplies the lift.*

The quadratic is not decoration. It means the cost of being knocked off track does not grow gently with the size of the event; it grows steeply, so that a sufficiently violent displacement leaves the node sitting at the bottom of a deep, steep-walled well centred on $T_{trauma}$. A mild knock leaves a shallow dish the node climbs out of within hours or days — the ordinary bruise of a bad experience that heals on its own. A severe one leaves a well whose walls are higher than the node's own forward step can clear. This is the physical meaning of the everyday observation that some events we shrug off and others change us: same mechanism, different depth, set by $|\Delta T|^2$.

## 4. Why the node cannot simply step out

Here is the heart of the disorder, and the part conventional accounts struggle to make mechanical. A healthy node advances by a natural forward step — the increment the broadcast hands it each moment — and that step has a fixed size. When the node is dropped into a well deeper than that step, the arithmetic is merciless: each moment the broadcast offers the node its forward increment, and each moment that increment is smaller than the wall the node would have to climb to reach $T_{now}$.

So the node does not advance. Worse, the curvature of the well actively pushes it back toward the bottom — toward $T_{trauma}$ — every time it tries to rise. The result is not stasis but oscillation: the node rolls up one wall, falls back, rolls up the other, falls back, over and over. That oscillation is the loop. It is why willpower alone fails. Telling a trapped node to advance is telling it to take a step it does not have the energy to take; the failure is not of will but of available T-flow. This is the first thing the three routes must answer.

## 5. PTSD is a persistent T-loop

Post-traumatic stress disorder is, in the Force of Time, exactly this: a persistent T-loop at the trauma address. The node repeatedly returns to $T_{trauma}$ even as the solar broadcast keeps trying to advance it to $T_{trauma}+1$, $T_{trauma}+2$, and on. Everything clinicians describe as the natural history of PTSD follows from the loop.

The delay before onset is the time it takes the node to exhaust its first attempts to climb out and settle into steady oscillation. The way anniversaries and sensory cues re-trigger the whole state is the well being re-deepened — a matching address handed to the node drops it straight back to the bottom. And the way the disorder can persist for years untreated is simply that an oscillation in a closed well has no reason to stop on its own; without an outside rhythm to lift it, the node will loop indefinitely. The loop is not a metaphor for being stuck. It is the stuckness itself, drawn as a trajectory.

## 6. The three symptoms are three faces of one loop

The cardinal symptoms of PTSD look, to the sufferer, like three separate afflictions. The Force of Time shows them to be three faces of the single stuck register (Figure 3).

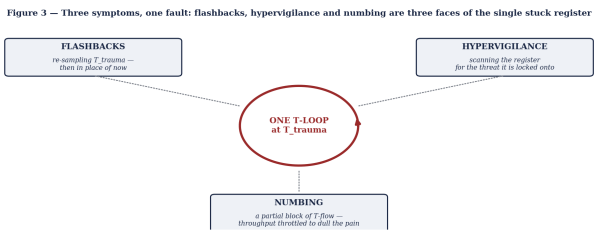


*Figure 3 — The three PTSD symptoms are three faces of one T-loop: flashbacks (re-sampling $T_{trauma}$ in place*

*of $T_{now}$), hypervigilance (scanning for register threat), numbing (a partial block of T-flow) — all the node failing to advance.*

Flashbacks are the node directly re-sampling $T_{trauma}$ — not remembering the event but briefly living it, because the node has fallen to the bottom of the well and is reading the trauma address as though it were now. Hypervigilance is the node scanning the register outward from $T_{trauma}$, searching the neighbouring addresses for the threat it is locked onto; the raised baseline of arousal is the cost of that constant scanning. Numbing is a partial block of T-flow — the system throttling its own throughput to reduce the pain of repeatedly re-sampling the well, at the price of also dimming everything else. Intrusive memory, nightmares, the sense of a foreshortened future: all are the same node, failing to advance from $T_{trauma}$ to $T_{now}$, seen from different angles. Treating them as one fault, rather than three, is what lets a single corrective rhythm address them together.

## 7. Why time itself distorts around catastrophe

People who survive a car crash or an assault report something stranger than fear: time changed. The seconds stretched; the world moved as if underwater; details burned in with impossible clarity. The Force of Time predicts this directly.

During extreme threat the node's sampling rate against the broadcast spikes — it reads its register far more densely than usual, so a few external seconds are written into a great many internal addresses. That is the slowed clock of terror, and it is also why the trauma address is encoded so deeply: it was written with far more T than an ordinary moment, which is part of why the well it carves is so steep. The frozen-in-time quality of the memory afterward is the same fact seen later — an address laid down at abnormal density does not file itself into the ordinary past; it keeps presenting as though it were current. Conventional psychology observes the over-encoding and the intrusiveness separately; here they are one consequence of one over-sampled write — and that single write is the seed of the second route.

## 8. Memory is a two-strand coordinate

This account rests on what the Force of Time says memory is. A memory is not a picture stored in a cell. It is a two-strand coordinate: a material trace — Strand 1, the physical pattern held in the hippocampal and cortical register — bound to a temporal address — Strand 2, the (dimension, T) coordinate that says when on the node's own track the trace belongs.

Ordinary remembering reads Strand 1 while leaving Strand 2 correctly filed in the past. Trauma corrupts the pairing: the over-dense write of Section 7 fuses an unusually vivid Strand 1 to a Strand 2 that the node keeps mis-reading as now. This is why a flashback feels present-tense in a way an ordinary recollection never does — the temporal coordinate has not been allowed to settle into the past. It also tells us exactly where recovery must act: not by erasing the material trace (Strand 1 is information, and is conserved), but by restoring the correct temporal filing of Strand 2 — letting the address take its proper place behind the present. Hold on to that distinction; it is the whole of the binding law at the end of this paper.

## 9. The mind as temporal architecture

Widen the lens. The Force of Time makes a single, unifying claim about the mind: it is temporal architecture, built of the same T as

the rest of physics and sitting on the same lattice. Personality is a stable cluster of T-register addresses; emotion is a T-flow perturbation, a measured deviation from the baseline flow rate; attention is the node's sampling focus, and a train of thought is a path traced through addresses.

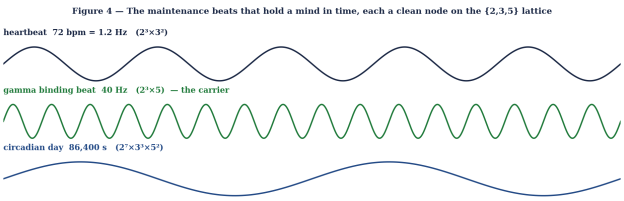


*Figure 4 — The maintenance beats that hold a mind in time: the heartbeat 72 bpm (1.2 Hz, $(2^3\times3^2)$), the gamma rhythm 40 Hz $(2^3\times5)$, and the circadian day 86,400 s $(2^7\times3^3\times5^2)$. Trauma breaks the node's lock on these beats; 40 Hz is the one offered back as the tow line.*

None of this reduces the mind to mere chemistry — rather, it raises chemistry and psychology onto the same footing, both expressions of one T-field. The payoff is moral as much as scientific. A traumatised mind is not weak, broken, or lacking in character. It is a sound architecture with a node knocked off its track — a fault in the structure of time the mind is made of, and therefore a fault that can be addressed at the level of the carrier rather than blamed on the person who carries it. With the mechanism in hand, we can now read it the way a clinician must: as three definite problems, each with a definite answer.

## 10. Three routes trauma takes — and the way back of each

Everything to this point has been mechanism. Now we read it as recovery must read it: not as one shapeless affliction but as three distinct things going wrong at once, each a definite physical problem, each with a definite Force-of-Time answer. The answers below are principles, not prescriptions — the direction in which the register is to be restored, never a therapy named here. Two of the three are sequential — the node must be re-locked before its memory can re-file — and the third holds beneath both from the start (Figure 5).

Route 1 — THE NODE IS THROWN OFF TRACK (the event). At the moment of the event, ageing's slow descent has no counterpart here: trauma is sudden. A violent write hurls the node's address into the quadratic well, $E_{trauma} = m_T \times |\Delta T|^2$, deeper than the node's own forward step can climb. The node is stranded — looping back to $T_{trauma}$ while the broadcast advances without it. This is not weakness and not a failure of will; it is a node that has lost the energy to take the step the present keeps offering it.

Easing 1 — THROW THE TOW LINE. If the node is stranded because it has lost its lock on the body's carrier rhythm, the route home is to give that rhythm back. The carrier is 40 Hz $(2^3\times5)$ — the gamma beat tied to the unified conscious present, one of the maintenance beats of Figure 4 and, in the wider framework, the solar T-carrier read down through $10^3\times\pi$. The principle of recovery is re-synchronisation: the displaced node is offered its reference rhythm again, from outside, until it can lock to it and use that lock to climb out of the well it could not leave alone. The principle is the tow line; the precise delivery and register-matching that make the lock take are held in the Foundation's clinical reference and are not printed here.

Route 2 — THE ADDRESS WON'T FILE (the memory). Lift from the event to the memory it left, and a second, distinct problem appears — one that survives even after the acute loop is broken. The over-dense write of Section 7 fused a vivid Strand 1 to a Strand 2 the node keeps reading as now. The trauma will not file. It does not take its place behind the present the way an ordinary memory does; it keeps presenting as current, which is why a

flashback is lived rather than recalled. Re-locking the carrier lets the node move again, but the mis-filed address must still be allowed to settle.

Easing 2 — RE-SEAT THE ADDRESS. Where the problem is a temporal coordinate stuck on now, the answer is to re-seat it — to let the node, once advancing again, file Strand 2 into the past where it belongs. Recovery here does not erase the material trace; Strand 1 is information and is conserved, and a recovered person keeps the whole of what happened to them. What changes is the address: the trauma stops being read as the present and takes its proper place behind it. The principle is restoration of the filing, not removal of the memory; the means are held in confidence.

Route 3 — THE FIELD LOSES ITS HOLD (the standing capacity). Beneath the event and the memory lies the third route — the standing capacity of the field itself. A node that has been thrown, and a node that is well rested, well connected and steady, are not equally easy to strand. As the maintenance beats fall out of lock — disrupted sleep, isolation, a nervous system never given time to re-seat — the node's recovery capacity thins: it is thrown deeper by a given event, and climbs back more slowly. This is why trauma in childhood cuts so deep, the young node's track still forming, so a displacement reshapes the architecture rather than merely denting it.

Easing 3 — REBUILD THE RECOVERY CAPACITY. Resilience is not a fixed trait one is born with or without; it is T-field recovery capacity, and ordinary, powerful practices build it, each now with a mechanism. Sleep is a daily T-address reset, re-seating the node on the circadian beat (86,400 s, $(2^7\times3^3\times5^2)$) every night. Exercise raises T-flow throughput, giving the node a larger forward step to climb with. Meditation steadies the carrier the node locks to, narrowing the noise that competes with the broadcast. And social connection is literally synchronisation — coupling your register to other people's, so their steady advance helps carry yours; which is why isolation is so corrosive and being with others who are well is itself restorative. This route does not wait its turn: it runs beneath the other two from the start, both lowering how deep the throw goes and supplying the throughput the climb out demands.

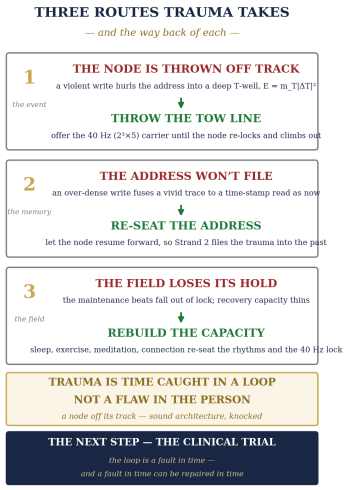


*Figure 5 — The three routes trauma takes, each paired one-to-one with the principle of its recovery. Routes 1 and 2 are sequential — re-lock the node, then re-file its memory; Route 3, the standing recovery capacity, runs beneath both from the start. Towed, re-seated, rebuilt: the loop broken, the memory kept.*

## 11. The order of the three, and the law that keeps the memory whole

The three routes are not a list to be worked through in any order; they have a definite arrangement. Route one and route two are sequential, and the sequence cannot be reversed: a node still oscillating in its well cannot file anything, so the carrier must be thrown first and the node set advancing again before Strand 2 can be re-seated into the past.

Route three is different — it is not a step but a foundation, the recovery capacity that runs beneath both from the very start, making the throw shallower and the climb quicker (Figure 6).

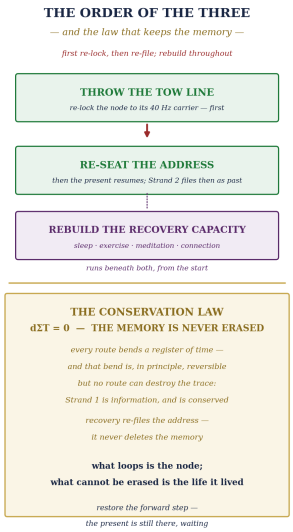


*Figure 6 — Recovery in order: throw the tow line first, then re-seat the address; rebuild the recovery capacity throughout. Beneath them the binding law: under dΣT=0 the memory's material trace is conserved — what loops is the node, what cannot be erased is the life it lived.*

And now the binding clause of the whole account, the most important line in this paper. It would be easy to hear three routes of damage as a counsel of despair, or to imagine that recovery means cutting the bad memory out. The Force of Time draws a line that does neither. What is displaced, on every one of the three routes, is the node's position in time. What is never destroyed — what cannot be destroyed — is the material trace itself. The conservation law dΣT=0 forbids the destruction of T; it can only be redistributed. Strand 1, the physical record of what happened, is information, and information is conserved. Recovery does not reach into a life and delete a day of it.

This is why the Force of Time separates two things ordinary language runs together. Register displacement is the physical injury of trauma — and because it is a bend in the node's temporal coordinate and not the loss of a memory, it is in principle reversible: there is always a present to restore the node toward. Memory permanence is the deeper fact beneath it: the trace persists regardless of where the node is reading it from. Recovery re-files the address; it never erases the memory. A person who has come through trauma is not someone the event was taken from — it is someone for whom the event has finally been allowed to become the past. What loops is the node; what cannot be erased is the life it lived.

The picture that emerges is not bleak; it is clarifying. We tell the traumatised that they must move on, as though moving on were a choice they keep failing to make. The Force of Time says something kinder and far more exact: a part of them genuinely cannot move on, because a node has been thrown into a well too steep for its own forward step, and is looping back to then while the world has gone on to now. Flashback, hypervigilance and numbing are three faces of that one stuck register; the distortions of time, the over-vivid memory, the foreshortened future are the same over-dense write read in different lights. And the way out is not willpower but a rhythm — the 40 Hz carrier thrown as a tow line, the mis-filed address re-seated into the past, the recovery capacity rebuilt beneath both. The mind is temporal architecture; trauma is a fault in it; and a fault in time can be repaired in time.

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## Appendix A — The Three Routes at a Glance

Routes 1 and 2 are sequential — re-lock, then re-file; Route 3 runs beneath both from the start. Every recovery is a principle — a direction of restoration — never a therapy named here; all protocol detail is held in the Foundation's confidential clinical reference. Under dΣT=0 each route bends a register of time, none can destroy the memory's material trace.

| Route | The register fault | The recovery (principle only) | What it restores |
|---|---|---|---|
| **1 — The node is thrown off track (event)** | a violent write hurls the address into the quadratic well $E_{trauma} = m_T\|\Delta T\|^2$, deeper than the node's forward step | throw the tow line — offer the 40 Hz ($2^3\times5$) carrier from outside until the node re-locks and climbs out | the node's forward advance to now |
| **2 — The address won't file (memory)** | an over-dense write fuses a vivid Strand 1 to a Strand 2 the node mis-reads as now; the trauma keeps presenting as current | re-seat the address — let the advancing node file Strand 2 into the past; the trace is kept, not erased | the memory's correct place behind the present |
| **3 — The field loses its hold (standing capacity)** | the maintenance beats fall out of lock; recovery capacity thins, so the node is thrown deeper and climbs back slower | rebuild the capacity — sleep, exercise, meditation, connection re-seat the rhythms and the 40 Hz lock | the node's resilience and its carrier lock |

## Appendix B — The Register Model of Trauma at a Glance

Each value is given physical-first, with its {2,3,5,π} lattice form alongside. The point of the table is the pattern: the body's maintenance beats all rest on the same small lattice, and trauma is the node losing its lock on them.

| Quantity | Physical value | Lattice form | Role in trauma |
|---|---|---|---|
| **Gamma binding beat** | 40 Hz | $2^3\times5$ | the conscious-present carrier; the tow line (Route 1) |
| **Heartbeat** | 72 bpm = 1.2 Hz | $2^3\times3^2$ | a maintenance beat holding the node on track |
| **Circadian day** | 86,400 s | $2^7\times3^3\times5^2$ | the nightly T-address reset; sleep's lever (Route 3) |
| **Displacement energy** | $E = m_T\|\Delta T\|^2$ | quadratic in ΔT | sets the well depth — why severe events trap the node |
| **Memory** | two-strand coordinate | Strand 1 (trace) · Strand 2 (address) | trauma mis-files Strand 2 as now (Route 2) |

## Appendix C — The Ledger

**Table A1 — Propositions P-TRR-1 … P-TRR-11**

| # | Proposition |
|---|---|
| **P-TRR-1** | A healthy mind is a T-node whose register address advances monotonically, tracking the solar T-broadcast and always arriving at now; memory is a stored T-address sampled without leaving the present. |
| **P-TRR-2** | The advancing mind is held on track by the body's maintenance beats, each a {2,3,5} node: the heartbeat 72 bpm (1.2 Hz, $(2^3\times3^2)$), gamma 40 Hz $(2^3\times5)$, and the circadian day 86,400 s $(2^7\times3^3\times5^2)$. |
| **P-TRR-3** | Trauma is a forced T-register displacement carrying energy $E_{trauma} = m_T \times |\Delta T|^2$; because the cost is quadratic, a severe event leaves a well whose walls exceed the node's natural forward step. |
| **P-TRR-4** | PTSD is a persistent T-loop in that well: the node oscillates back to $T_{trauma}$ as the broadcast tries to advance it, which is why the disorder persists without an external rhythm to lift it out. |
| **P-TRR-5** | The three cardinal symptoms are three faces of the one loop: flashbacks = re-sampling $T_{trauma}$ (then in place of now); hypervigilance = scanning the register for threat; numbing = a partial T-flow block. |
| **P-TRR-6** | Time distortion in catastrophe is over-sampling: under extreme threat the node reads its register at abnormal density, slowing the felt clock and laying down an over-encoded address that keeps presenting as now. |
| **P-TRR-7** | Memory is a two-strand coordinate: a material trace (Strand 1, hippocampal/cortical) bound to a temporal address (Strand 2). Trauma fuses a vivid Strand 1 to a Strand 2 mis-filed as now; recovery restores the filing, not erasure. |
| **P-TRR-8** | 40 Hz $(2^3\times5)$, the gamma carrier of the conscious present (the solar T-carrier read down through $10^3\times\pi$), is the re-synchronisation rhythm of Route 1: re-locking the node to it lets it climb out of the well and resume forward progression. The precise parameters are held confidentially pending clinical trials under the Foundation's supervision. |
| **P-TRR-9** | Resilience is T-field recovery capacity (Route 3), built by sleep (a daily T-address reset on the circadian beat), exercise (raised T-flow throughput), meditation (a steadied carrier), and social connection (synchronisation with other T-nodes); childhood trauma cuts deepest because the young node's track is still forming. |
| **P-TRR-10** | Trauma resolves onto three genuinely distinct routes, each a definite register fault paired one-to-one with the principle of its recovery: (1) the node is thrown off track — throw the tow line; (2) the address won't file — re-seat the address; (3) the field loses its hold — rebuild the recovery capacity. Routes 1→2 are sequential (re-lock before the address can re-file); Route 3 runs beneath both from the start. The three are not padded to a quota — trauma has three real faults, not four. |
| **P-TRR-11** | The binding law of the three routes: under $d\Sigma T=0$ the memory's material trace (Strand 1) is information and cannot be destroyed. Register displacement is in-principle reversible — there is always a present to restore the node toward — but recovery re-files the temporal address (Strand 2), it never erases the memory. What loops is the node; what cannot be erased is the life it lived. |

## A note on the numbers

Every value in this paper is given first as the plain physical quantity and only then, in brackets and in grey, as its place on the {2,3,5,π} 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 — the same figure can present as a frequency, a period, an angle or a length depending on where on the lattice it is read. The gamma binding-beat of 40 hertz is written $2^3\times5$ — and it is the same $2^3\times5$ whether you read it as a beat per second of the conscious present or as a node on the {2,3,5} lattice. The heartbeat of 72 beats per minute is 1.2

hertz, $2^3 \times 3^2$; the circadian day of 86,400 seconds is $2^7 \times 3^3 \times 5^2$. These are not approximations fitted after the fact — they are exact lattice forms, and the fact that the body's maintenance beats all sit on the same small lattice is the evidence, not a coincidence. The {2,3,5,π} reading is the quiet stamp that a number belongs to the T-field; the physics, told in plain language, is what explains why it matters. The precise re-synchronisation parameters — the exact delivery and register-matching that make a stranded node re-lock to its carrier — are held in confidence in the Foundation's clinical reference pending clinical trials, and are not printed here.

## References

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[7] Daubney, S. Death as Time-Equalization Failure (Strand 1 / Strand 2; the maintenance beats), The Daubney Foundation, 2026.

*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*