THE UNIVERSAL FORCE OF TIME · MEDICINE

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

Stephen Daubney · The Daubney Foundation · 2026 · Rev 6 (supersedes Rev 5: the condition given in full as medicine knows it; the time-distortion, memory, resilience, treatment and 40 Hz research credited by name; the statement on values corrected — values are printed, only administration is held)

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 BEATS THAT HOLD A MIND IN TIME

heartbeat **72** a minute ($2^3 \cdot 3^2$), **1.2 Hz** · binding beat **40 Hz** ($2^3 \cdot 5$) · the day **86,400 s** ($2^7 \cdot 3^3 \cdot 5^2$)

the displacement well: $\mathbf{E_{trauma} = m_T \times |\Delta T|^2}$

recovery re-files the address; it never erases the memory

ABSTRACT

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. Most people will meet at least one traumatic event in their lives; for a few in every hundred, it leaves post-traumatic stress disorder. Medicine has learned a great deal: that time seems to slow during terror, that trauma memories feel present rather than past, that sleep, exercise and other people protect, and that therapies which help a person re-process the memory work. It has no single account of why the memory will not become the past.

This paper reads trauma in the Universal Force of Time, in full, and takes the sufferer's description almost literally. **Part I sets out the condition as medicine knows it** — the symptoms, the risk and resilience, the treatments — and what the research has found: the slowed clock of terror is memory laid down more densely, not perception speeded up (Chess Stetson, Matthew Fiesta and David Eagleman, 2007); trauma memories carry a sense of **"nowness"** because they are poorly filed into their time and place (Anke Ehlers and David Clark, 2000); lack of social support is among the strongest predictors of who develops the disorder (Chris Brewin and colleagues, 2000); and rhythmic **40 Hz** stimulation entrains the brain's gamma rhythm (Li-Huei Tsai's group, 2016 and 2019). **Part II reads it in the theory.** A healthy mind is a T-node advancing steadily through its addresses, always arriving at now, held on track by the body's **maintenance beats** — the heartbeat at **72** a minute [$2^3 \cdot 3^2$], the gamma rhythm at **40 Hz** [$2^3 \cdot 5$], the day of **86,400** seconds [$2^7 \cdot 3^3 \cdot 5^2$]. A violent event throws the node into a well whose depth grows as the square of the throw, **$E_{trauma} = m_T \times |\Delta T|^2$**, and post-traumatic stress is the node looping in that well — returning to *then* instead of advancing to *now*.

Part III reads the condition as three routes — the node thrown off track, the address that will not file, the field that loses its hold — each paired with its way back: throw the tow line, re-seat the address, rebuild the capacity. One law binds them: **under $d\Sigma T = 0$ the memory's trace is information and cannot be destroyed — recovery**

re-files the address; it never erases the memory. Twelve propositions, P-TRR-1 to P-TRR-12, are stated. The research groups are credited by name; how any rhythm is given is held in the Foundation's clinical reference.

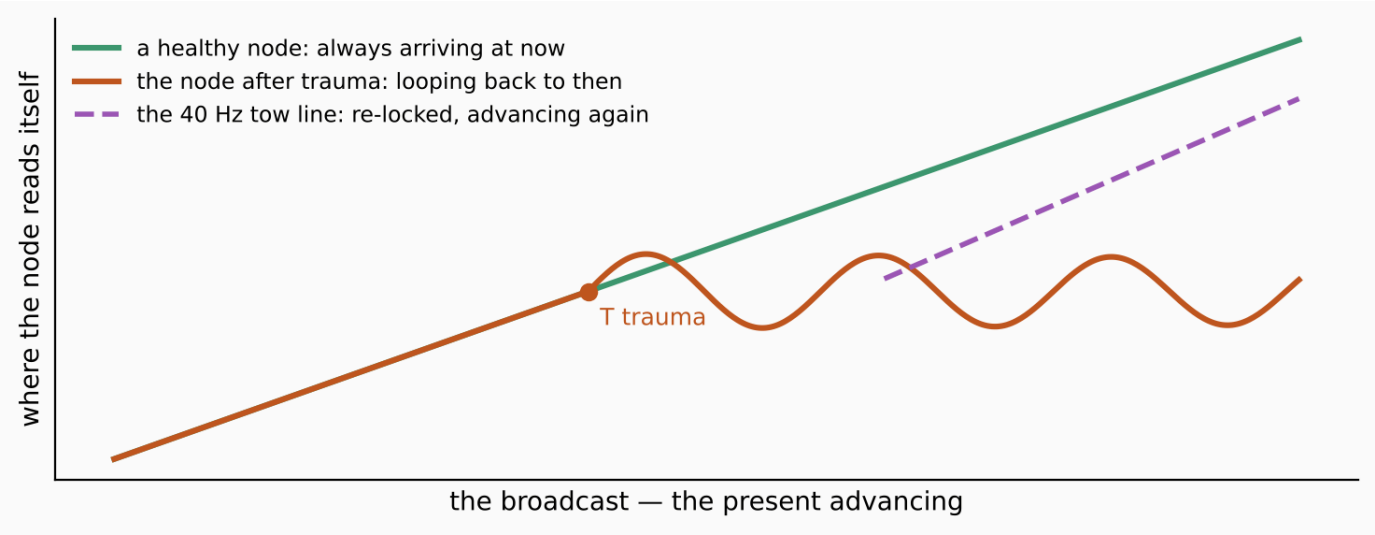


Figure 1 — A healthy node advances to now. Trauma throws it to a displaced address, and post-traumatic stress is the node looping back to then while the present moves on. The 40 Hz carrier, offered from outside, is the tow line that re-locks it and lets it advance again.

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 — TRAUMA AS MEDICINE KNOWS IT

1. The event and the disorder

A traumatic event is one that involves actual or threatened death, serious injury or sexual violence — experienced, witnessed, or learned of in someone close. Across the World Mental Health Surveys more than two-thirds of people reported at least one such event in their lives, and about **four in a hundred** developed post-traumatic stress disorder (Karestan Koenen and colleagues, 2017). Most people who meet a terrible event recover on their own over weeks and months; some do not, and for them the disorder can last for years.

2. The symptoms

Psychiatry groups the symptoms of PTSD in four clusters: **intrusions** — flashbacks, nightmares and unwanted memories that feel as though the event is happening again; **avoidance** of reminders; **negative changes** in thought and mood, including numbness, detachment and a foreshortened sense of the future; and **arousal** — hypervigilance, startle, poor sleep and irritability. Anniversaries, sounds and smells can bring the whole state back at once.

3. Time during terror

People who survive a crash or an assault often report that time changed: the seconds stretched, the world moved as if under water, details burned in with impossible clarity. Chess Stetson, Matthew Fiesta and David Eagleman tested this by dropping volunteers in free fall from a tower into a net. Afterwards the volunteers judged their own fall to have lasted about a third longer than others' falls — yet a display flashing too fast to read at rest stayed unreadable during the fall. **Time had not slowed for the senses; the memory had been laid down more densely** (*PLoS ONE*, 2007).

4. A memory that feels like now

Anke Ehlers and David Clark proposed that trauma memories are **poorly elaborated and poorly filed** into their context of time and place, so that when they are triggered they carry a sense of current threat — of happening *now* — rather than of the past (*Behaviour Research and Therapy*, 2000). The treatments that work most reliably — trauma-focused cognitive behavioural therapy, cognitive processing therapy, prolonged exposure, and eye-movement desensitisation and reprocessing (EMDR) — all help a person bring the memory up in safety and re-file it, and the World Health Organization recommends trauma-focused CBT and EMDR (2013).

5. Risk and resilience

Who develops the disorder depends not only on the event. Chris Brewin and colleagues' meta-analysis found that factors during and after the trauma — the severity of the event, lack of **social support**, and further life stress — were among the strongest predictors (*Journal of Consulting and Clinical Psychology*, 2000). Disturbed sleep both follows trauma and predicts a worse course; exercise, meditation and connection with others are associated with recovery. Trauma in childhood, while the brain is still developing, has the deepest and longest effects.

6. What the research has found

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

The dense write. Stetson, Fiesta and Eagleman's free-fall study, above: retrospective time stretched, perception did not.

The unfiled memory. Ehlers and Clark's model, above, now the basis of a leading trauma-focused therapy.

The protective field. Brewin and colleagues' meta-analysis, above, and the wider finding that social support protects.

A medicine-assisted therapy — reviewed and not approved. In a phase 3 trial, Jennifer Mitchell and colleagues found that MDMA given alongside psychotherapy left 67% of participants with severe PTSD no longer meeting the diagnosis after eighteen weeks, against 32% with therapy and placebo (*Nature Medicine*, 2021); in 2024 the United States regulator declined to approve it, asking for further study.

The 40 Hz rhythm. Hannah Iaccarino, Annabelle Singer, Li-Huei Tsai and colleagues showed that lights and sounds flickering at **40 Hz** entrain the brain's gamma rhythm in mice and change its cells (*Nature*, 2016; *Cell*, 2019) — the first evidence that the brain's binding rhythm can be supplied from outside.

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

PART II — TRAUMA IN THE UNIVERSAL FORCE OF TIME

7. Time that will not move on

We tend to hear "part of me is still back there" as a figure of speech. The Universal Force of Time hears it as a literal, physical description. In this framework a mind is not a thing that merely contains time; **a mind is 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 consequence of a node that cannot move forward. Once trauma is seen as a fault in the architecture of time rather than a flaw in the person, a way back appears.

8. What "now" is

A healthy mind is a T-node whose address **advances steadily** — from the present address to the next, never falling behind, always arriving at now. What we experience as the unforced passage of the present is the node keeping pace with the larger flow the whole living world is carried on — the solar broadcast that advances every node together. Memory does not contradict this: a memory is a stored address you can sample without leaving the present. To be well is to feel time move through you while you move with it.

The node does not generate its rhythm from nothing. It is held on track by a small set of **maintenance beats**, each a lattice node: the **heartbeat** at 72 beats a minute [$2^3 \cdot 3^2$], **1.2 Hz**; the brain's **binding rhythm** at **40 Hz** [$2^3 \cdot 5$] — the gamma oscillation neuroscience already ties to the unified conscious moment, and, as Stephen Daubney reads it, the Earth's circumference of 40,000 km [$2^6 \cdot 5^4$] at its decade; and the **day** of 86,400 seconds [$2^7 \cdot 3^3 \cdot 5^2$], which re-seats the whole system every night.

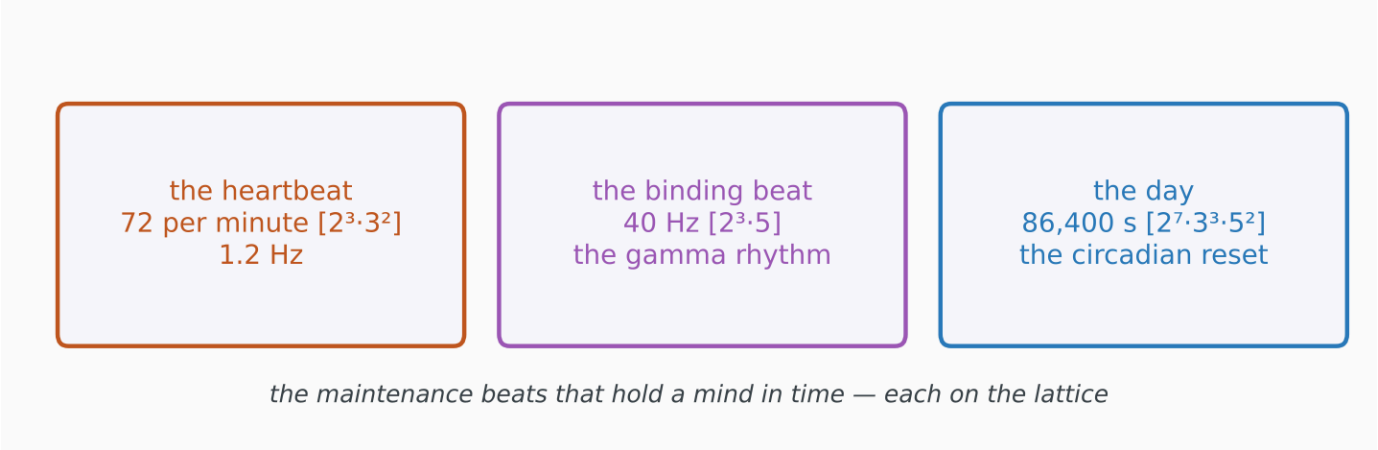


Figure 2 — The maintenance beats that hold a mind in time: the heartbeat at 72 a minute [$2^3 \cdot 3^2$], the binding beat at 40 Hz [$2^3 \cdot 5$], and the day of 86,400 seconds [$2^7 \cdot 3^3 \cdot 5^2$]. Trauma breaks the node's lock on them; 40 Hz is the one offered back as the tow line.

9. Trauma is a forced displacement, and the well is quadratic

A violent event forces the node's address away from its broadcast-synchronised value. In the theory that displacement carries an energy, and its form 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. The square is not decoration. The cost of being knocked off track does not grow gently with the size of the event; it grows steeply. A mild knock leaves a shallow dish the node climbs out of within hours or days — the ordinary bruise of a bad experience. A severe one leaves a well whose walls are higher than the node's own forward step can clear. That is the physical meaning of the everyday observation that some events we shrug off and others change us: one mechanism, different depth.

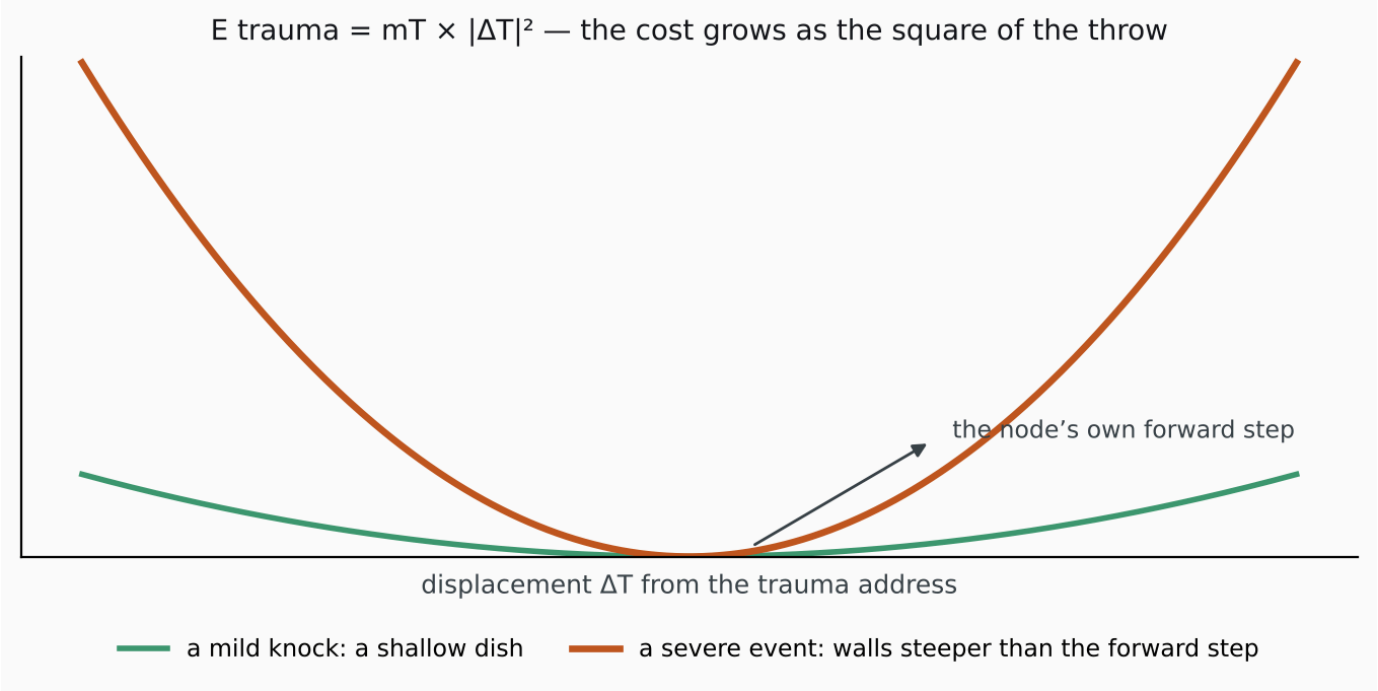


Figure 3 — The displacement well. Because the cost grows as the square of the throw, a severe trauma leaves a well whose walls are higher than the node's natural forward step: it cannot climb out alone, and oscillates instead.

10. Why the node cannot simply step out — the loop

A healthy node advances by a natural forward step, the increment the broadcast hands it each moment, and that step has a fixed size. Dropped into a well deeper than the step, the node does not advance — and worse, the curvature of the well pushes it back toward the bottom every time it rises. The result is not stillness but **oscillation**: the node rolls up one wall, falls back, rolls up the other, over and over. **Post-traumatic stress disorder is exactly this: a persistent T-loop at the trauma address**, the node returning to then even as the

broadcast keeps offering now. 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 delay before onset is the node exhausting its first attempts to climb; anniversaries and cues re-deepen the well by handing the node a matching address; and an oscillation in a closed well has no reason to stop on its own.

11. Three symptoms, one loop

The cardinal symptoms look, to the sufferer, like separate afflictions. The theory reads them as three faces of one stuck register. **Flashbacks** are the node re-sampling the trauma address — not remembering the event but briefly living it, because it has fallen to the bottom of the well and is reading that address as though it were now. **Hypervigilance** is the node scanning the neighbouring addresses for the threat it is locked onto; the raised arousal is the cost of that scanning. **Numbing** is the node throttling its own throughput to reduce the pain of re-sampling — at the price of dimming everything else. Treating them as one fault is what lets one rhythm reach them together.

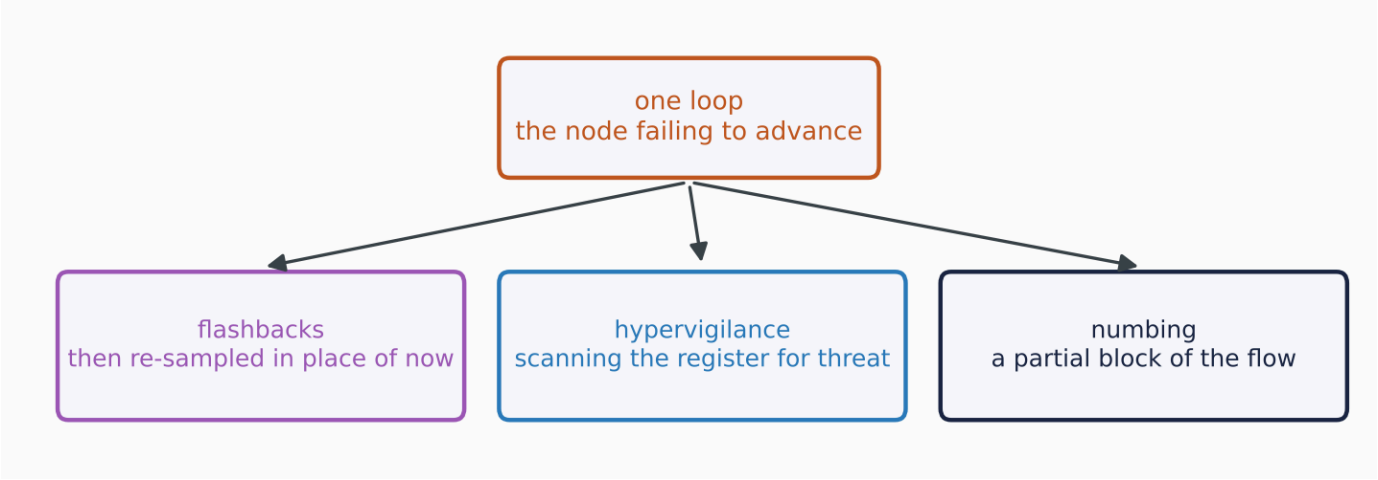


Figure 4 — The three cardinal symptoms are three faces of one loop: flashbacks, the past re-sampled in place of now; hypervigilance, the register scanned for threat; numbing, a partial block of the flow.

12. The dense write — why time distorts, and why the memory will not file

During extreme threat the node's sampling rate spikes: it reads its register far more densely than usual, so a few seconds outside are written into a great many addresses inside. That is the slowed clock of terror — and it is exactly what the free-fall study found: not faster perception, but a memory laid down more densely. It is also why the trauma address carries more T than an ordinary moment, and why its well is so steep.

A memory, in the theory, is a **two-strand coordinate**: a material trace (Strand 1, the physical pattern held in the brain) bound to a temporal address (Strand 2, the coordinate that says *when* on the node's own track the trace belongs). Ordinary remembering reads the trace while leaving the address correctly filed in the past. Trauma corrupts the pairing: the over-dense write fuses a vivid trace to an address the node keeps mis-reading as **now** — which is why a flashback feels present-tense in a way an ordinary memory never does. It is Ehlers and Clark's "nowness", read as a mis-filed coordinate. And it tells us exactly where recovery must act: not by erasing the trace, which is information and is conserved, but by restoring the filing of the address.

13. The research read

The research reads directly. The therapies that work best are the ones that bring the memory up in safety and let it be re-filed — in the theory, re-seating the address into the past while keeping the trace. The protective power of other people is synchronisation: coupling your register to others' who are advancing steadily helps carry yours. Sleep is the nightly reset on the circadian beat. And the 40 Hz result is the first demonstration that the brain's binding rhythm — one of the maintenance beats — can be supplied from outside, which is exactly the tow line the first route needs.

14. Where these results come from

The research is theirs. The dense write is Chess Stetson's, Matthew Fiesta's and David Eagleman's; the unfiled memory Anke Ehlers's and David Clark's; the risk and resilience Chris Brewin's and his colleagues'; the prevalence Karestan Koenen's and the World Mental Health Surveys'; the 40 Hz entrainment Li-Huei Tsai's group's; the MDMA

trial Jennifer Mitchell's and her colleagues'; the treatment guidance the World Health Organization's. 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 node, the quadratic well, the loop, the two-strand memory and the maintenance beats on the lattice — offered to those groups, and to any team so minded, to test.

PART III — THREE ROUTES, AND THE WAY BACK OF EACH

15. Three things going wrong at once

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 with the correction that would set it right. Trauma takes hold by three routes — the event, the memory, and the standing capacity of the field — each a definite physical problem with a definite answer. The answers are principles, not prescriptions. Two are sequential; the third runs beneath both from the start.

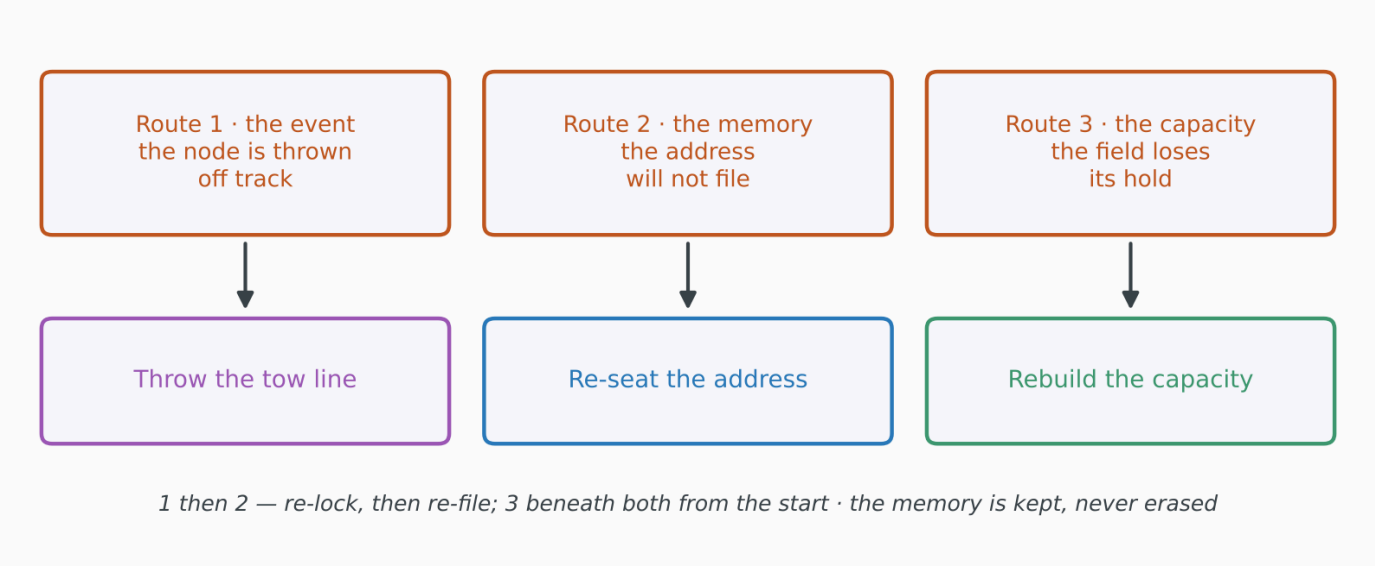


Figure 5 — The three routes trauma takes, each paired with the principle of its recovery. Routes 1 and 2 are sequential — re-lock the node, then re-file its memory; Route 3, the standing capacity, runs beneath both from the start.

16. Route 1 — the node is thrown off track (the event)

A violent write hurls the node's address into the quadratic well, deeper than its own forward step can climb. The node is stranded — looping back to the trauma address while the broadcast advances without it. This is not weakness; it is a node that has lost the energy to take the step the present keeps offering it.

Way back 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** [$2^3 \cdot 5$] — the binding beat of the conscious present, one of the maintenance beats. The principle 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 value is printed; how any rhythm is given is held in the Foundation's clinical reference.

17. Route 2 — the address will not file (the memory)

Lift from the event to the memory it left, and a second problem appears — one that survives even after the acute loop is broken. The over-dense write fused a vivid trace to an address the node keeps reading as now. The trauma will not take its place behind the present; it keeps presenting as current.

Way back 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 the address into the past where it belongs. Recovery here does not erase the trace: the trace 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 place

behind it. This is what the best trauma-focused therapies already do, and the theory says why they work. The principle is restoration of the filing, not removal of the memory.

18. Route 3 — the field loses its hold (the standing capacity)

Beneath the event and the memory lies the standing capacity of the field itself. A well-rested, well-connected, steady node and a depleted one are not equally easy to strand. As the maintenance beats fall out of lock — broken sleep, isolation, a nervous system never given time to re-seat — the node is thrown deeper by a given event and climbs back more slowly. That is why trauma in childhood cuts so deep: the young node's track is still forming, so a displacement reshapes the architecture rather than merely denting it.

Way back 3 — rebuild the capacity. Resilience is not a fixed trait one is born with or without; it is the field's recovery capacity, and ordinary, powerful practices build it, each now with a mechanism. **Sleep** is a daily reset, re-seating the node on the circadian beat every night. **Exercise** raises throughput, giving the node a larger forward step to climb with. **Meditation** steadies the carrier the node locks to. And **connection** is literally synchronisation — coupling your register to others', 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, making the throw shallower and the climb quicker.

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

The three routes have a definite arrangement. **Routes 1 and 2 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 the address can be re-seated into the past. **Route 3 is not a step but a foundation**, running beneath both from the very start.

And now the binding clause of the whole account. 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 theory draws a line that does neither. What is displaced, on every route, is the node's **position in time**. What is never destroyed is the **trace** itself. The conservation law $d\Sigma T = 0$ forbids the destruction of T; it can only be redistributed. 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. Recovery re-files the address; it never erases the memory.** And because the displacement is a bend in the node's temporal coordinate and not the loss of the memory, it is in principle reversible: there is always a present to restore the node toward. What loops is the node; what cannot be erased is the life it lived.

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

We tell the traumatised that they must move on, as though moving on were a choice they keep failing to make. The theory says something kinder and 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 slowed clock, the over-vivid memory and the foreshortened future are the same dense write read in different lights. 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 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.**

The ways back 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-TRR-1.** A healthy mind is a T-node whose address advances steadily, tracking the solar broadcast and always arriving at now; a memory is a stored address sampled without leaving the present.
- **P-TRR-2.** The advancing mind is held on track by maintenance beats on the lattice: the heartbeat at 72 a minute $[2^3 \cdot 3^2]$ (1.2 Hz), gamma at 40 Hz $[2^3 \cdot 5]$, the day of 86,400 s $[2^7 \cdot 3^3 \cdot 5^2]$.
- **P-TRR-3.** Trauma is a forced 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 forward step.
- **P-TRR-4.** PTSD is a persistent T-loop in that well: the node oscillates back to the trauma address while the broadcast tries to advance it.
- **P-TRR-5.** Flashbacks, hypervigilance and numbing are three faces of the one loop.

- **P-TRR-6.** The slowed clock of terror is an over-dense write — memory laid down more densely, as the free-fall study found — not faster perception.
- **P-TRR-7.** Memory is a two-strand coordinate: a trace bound to a temporal address. Trauma fuses a vivid trace to an address mis-read as now — the "nowness" of trauma memory.
- **P-TRR-8.** Route 1: the node is thrown off track. Way back: throw the tow line — re-synchronise the node to its 40 Hz carrier from outside.
- **P-TRR-9.** Route 2: the address will not file. Way back: re-seat the address into the past; the trace is kept, not erased.
- **P-TRR-10.** Route 3: the field loses its hold. Way back: rebuild the capacity — sleep, exercise, meditation and connection, each with a mechanism.
- **P-TRR-11.** Order: Routes 1 then 2, re-lock before re-file; Route 3 beneath both from the start.
- **P-TRR-12.** Under dΣT = 0 the memory's trace is conserved: recovery re-files the address, never erases the memory; what loops is the node, what cannot be erased is the life it lived.

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APPENDIX — EVERY NUMBER, REBUILT

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

```
THE BEATS, NUMBER FIRST
   heartbeat                    72 per minute = 1.2 Hz      2^3.3^2 ; 2^2.3/10
   binding beat (gamma)         40 Hz                       2^3.5
   the Earth's circumference    40,000 km                   2^6.5^4
   the day                      86,400 s                    2^7.3^3.5^2
   the displacement well        E = m_T x |dT|^2            quadratic in the throw
```

A NOTE ON THE NUMBERS

Every value in this paper is given first as the plain physical quantity and only then, in brackets, as its place on the {2,3,5,π} lattice. The point of the few numbers here 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. The 40 Hz carrier is printed; how any rhythm is delivered, and the register-matching that makes a stranded node re-lock to it, 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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