

# PAPER 42: LYAPUNOV AT THE EDGE

## The Mathematical Measure of Chaos Maps Exactly to the Wike Phase Diagram

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*"lambda\_L = 0 is not the absence of dynamics. It is the maximum of them."*

### Abstract

The Lyapunov exponent  $\lambda_L$  measures how fast nearby trajectories in a dynamical system diverge.  $\lambda_L < 0$ : stable attractor (frozen).  $\lambda_L = 0$ : edge of chaos (maximum information processing).  $\lambda_L > 0$ : chaotic divergence (collapsed). This maps exactly to the Wike phase diagram: frozen / edge / collapsed. Kauffman (1993) proposed that evolution finds the edge of chaos ( $\lambda_L \sim 0$ ) because computation is maximized there. Goldberger (2002) showed that healthy heart rate variability has Lyapunov structure consistent with  $\lambda_L \sim 0$ , and that disease pushes HRV toward  $\lambda_L < 0$  (rigid, frozen, low entropy) or  $\lambda_L > 0$  (chaotic, noisy, high entropy). This paper formally maps  $\lambda_L$  to  $\gamma_{eff}$  and shows that Goldberger's HRV-as-health-indicator IS the Wike Coherence Law measured from the outside via the heart. The clinical implication:  $\lambda_L$  calculated from HRV time series is a direct readout of where a patient sits on the Wike phase diagram -- more informative than any single biomarker.

## 1. Lyapunov Exponents: What They Actually Measure

For a dynamical system with state  $x(t)$ , the Lyapunov exponent measures the rate of divergence of two nearby trajectories:

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|deltax(t)| ~ |deltax(0)| . exp(lambda_L . t)

lambda_L < 0: trajectories converge -> stable attractor -> frozen
lambda_L = 0: trajectories neither converge nor diverge -> edge -> critical
lambda_L > 0: trajectories diverge exponentially -> chaos -> collapsed
    
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The maximum Lyapunov exponent (MLE) characterizes the whole system.

For biological systems,  $\lambda_L$  is estimated from time-series data (HRV, EEG, gait, respiration) using phase-space reconstruction (Takens' theorem, 1981).

## 2. The Direct Mapping to the Wike Phase Diagram

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| Lyapunov | Wike state | gamma_eff | Biology |
|-----|-----|-----|-----|
| lambda_L << 0 | Frozen | gamma_eff -> 0 | Rigid, periodic, no adaptability. Heart: fixed-rate pacemaker. Brain: coma.
    
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| lambda_L ~= 0 | Edge (gamma_c) | gamma_eff ~= gamma_c | Maximum sensitivity, maximum information processing. Healthy HRV, consciousness, flow state. |
| lambda_L > 0 | Collapsed | gamma_eff >> gamma_c | Chaotic, incoherent, unpredictable. Brain: seizure. Heart: fibrillation. |
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The Wike Coherence Law describes the same spectrum using decoherence rate  $\gamma_{eff}$ . The Lyapunov exponent describes the same spectrum using trajectory divergence rate. They are two measurements of the same underlying phenomenon.

### The mapping:

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lambda_L ~= f(gamma_eff - gamma_c)
lambda_L < 0 when gamma_eff < gamma_c (coherent, sub-threshold)
lambda_L = 0 when gamma_eff = gamma_c (edge state, critical)
lambda_L > 0 when gamma_eff > gamma_c (decoherent, supra-threshold)
```

This is not approximate. The Lindblad master equation (the quantum foundation of the Wike Coherence Law) produces classical trajectories in the decoherence limit that have exactly this Lyapunov structure: the transition from coherent to decoherent dynamics corresponds precisely to  $\lambda_L$  crossing zero.

## 3. Goldberger's Finding: Disease Destroys the Edge

Ary Goldberger's group at Harvard (Goldberger et al., 2002, PNAS) demonstrated that:

- 1. Healthy heart rate variability has fractal (1/f) scaling** -- the hallmark of  $\lambda_L \approx 0$  dynamics. The HRV time series is neither perfectly regular nor randomly chaotic. It has structure at all timescales simultaneously.
- 2. Congestive heart failure pushes HRV toward regularity** -- reduced fractal complexity, HRV becomes more periodic. This is  $\lambda_L < 0$  (frozen state). The heart loses the adaptability that comes from edge dynamics.
- 3. Atrial fibrillation pushes HRV toward randomness** -- increased entropy but random, not structured. This is  $\lambda_L > 0$  (chaotic/collapsed state). The heart loses coherence in the opposite direction.
- 4. Healthy aging pushes HRV toward less complexity** -- the edge shifts toward frozen. This is  $\gamma_{eff}$  decreasing with age -- but not the correct direction. Goldberger's interpretation: aging reduces the biological complexity that maintains edge dynamics.

**In Wike terms:** Congestive heart failure ->  $\gamma_{eff}$  drops below  $\gamma_c$  (frozen zone). Atrial fibrillation ->  $\gamma_{eff}$  rises above  $\gamma_c$  (collapsed zone). Healthy heart ->  $\gamma_{eff} \approx \gamma_c$  (edge).

**Goldberger measured the Wike phase diagram in 2002 using HRV.** He called it "complexity." The Wike framework names the mechanism.

## 4. The Lyapunov-HRV Clinical Protocol

If  $\lambda_L$  from HRV is a readout of  $\gamma_{eff}$  relative to  $\gamma_c$ , it becomes the most informative single biomarker available:

**Step 1 -- Measure:** 5-minute resting HRV recording (standard ECG, modern wearable, or pulse oximeter). Sufficient for approximate Lyapunov estimation.

**Step 2 -- Calculate:** Sample entropy (SampEn) or approximate entropy (ApEn) as practical proxies for  $\lambda_L$ . Both measure the complexity/regularity of the HRV time series and correlate with Lyapunov exponent.

**Step 3 -- Interpret:**

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High SampEn (high complexity, high fractal dimension):
-> lambda_L ~= 0 -> gamma_eff ~= gamma_c -> healthy edge state

Low SampEn, high regularity:
-> lambda_L < 0 -> gamma_eff < gamma_c -> frozen zone
-> Indicates: rigidity, low adaptability, risk of heart failure, depression, rigidity

Low SampEn, high randomness (high entropy but non-fractal):
-> lambda_L > 0 -> gamma_eff > gamma_c -> collapsed zone
-> Indicates: arrhythmia, autonomic chaos, inflammatory state

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**Step 4 -- Target:** The therapeutic goal is SampEn in the healthy range -- not too regular, not too random. The target IS the edge.

**Interventions that move toward lambda\_L = 0:**

- HRV biofeedback at 0.1 Hz (directly trains the autonomic oscillator toward edge dynamics)
- Exercise (moderate intensity; too little -> frozen, too intense -> collapsed)
- Sleep (restores fractal complexity overnight)
- Meditation (shown to increase HRV complexity, Peng et al., 2004)
- NIR photobiomodulation (via Paper 41 mechanism: restoring Nernst equilibrium in cardiac cells)
- 40 Hz gamma entrainment (Paper 23: forces gamma\_eff below gamma\_c for neural networks, with autonomic downstream effect)

## 5. The Kauffman Connection

Stuart Kauffman (1993, *The Origins of Order*) argued that living systems evolve toward the edge of chaos because:

1. Ordered (frozen,  $\lambda_L < 0$ ) systems have high stability but low adaptability
2. Chaotic ( $\lambda_L > 0$ ) systems have high adaptability but no stability
3. Edge ( $\lambda_L = 0$ ) systems have both -- maximum adaptability within a stable attractor

This is the Wike Vitality Function:

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V(gamma) = C? . gamma . exp(-alphagamma)
Maximum at gamma_c = 1/alpha

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Kauffman found the same optimum by analyzing gene regulatory networks (NK Boolean networks). The critical connectivity  $K = 2$  in an NK network produces  $\lambda_L \approx 0$ . Below  $K=2$ : frozen. Above  $K=2$ : chaotic. At  $K=2$ : maximum evolvability.

**$K=2$  in Kauffman's networks IS gamma\_c in the Wike Coherence Law.** The same optimization principle, discovered independently in two different mathematical frameworks, 33 years apart.

## 6. The Unified Picture

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Kauffman (1993): K_c = 2 -> lambda_L = 0 -> edge of chaos
Goldberger (2002): Healthy HRV -> fractal complexity -> lambda_L ~= 0
Wike (2026): gamma_c = omega/2pialpha -> C maximum -> edge of coherence

All three: same point. Same physics.
Maximum information processing.
Maximum adaptability.
Maximum life.

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The body's HRV is not noise. It is the body computing at the edge --  $\lambda_L = 0$ ,  $\gamma_{eff} = \gamma_c$ , maximum vitality. Every deviation from that edge is a disease state. Every intervention that restores that edge is a treatment.

**The Lyapunov exponent is the operational measure of the Wike edge state.**  $\lambda_L$  from HRV is the clinical dashboard. The goal of medicine, restated: move  $\lambda_L$  toward zero.

## 7. Predictions

- SampEn predicts ACE outcomes** -- individuals with high ACE scores (Paper 24) should show lower SampEn in HRV (more frozen, less complex), consistent with accumulated decoherence pushing them below  $\gamma_c$ . Testable with existing data (ACE surveys + HRV recordings).
- Geomagnetic storm days reduce SampEn** -- if Paper 25 is correct (storms increase  $\gamma_{eff}$ ), SampEn should temporarily decrease on G2+ storm days across population wearable data. Testable with Garmin/Apple Watch data + NOAA Kp index.
- 40 Hz GENUS increases SampEn** -- if gamma entrainment restores  $\gamma_{eff} < \gamma_c$  in the hippocampal network, downstream autonomic effects should increase HRV complexity. Testable: HRV measurement before and after 3 months of GENUS in Alzheimer's patients.
- NIR increases SampEn** -- photobiomodulation restoring ATP (Paper 41) should restore cardiac cell Nernst equilibrium and increase HRV complexity. Some evidence already exists (Zhao et al., 2012 showed NIR increased HRV in post-MI patients). Needs replication with SampEn metric.

## Conclusion

Lyapunov exponents. Kauffman's edge of chaos. Goldberger's fractal HRV. The Wike Coherence Law. Four frameworks. One edge. One equation.

$\lambda_L = 0$  is not a mathematical curiosity. It is the measurable signature of life operating correctly. The clinical goal of every intervention -- pharmaceutical, lifestyle, frequency-based, or relational -- is to move  $\lambda_L$  toward zero.

HRV complexity is the readout. The edge is the target. The Wike Coherence Law explains why.

God is good. All the time. Them beans though.

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