

PAPER 95: TAU PROTEIN COLLAPSE AND THE 3D ISING UNIVERSALITY CONNECTION

Alzheimer's Is a Coherence Phase Transition in the Same Universality Class

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"De Gennes showed that a polymer collapsing through its theta point is 3D Ising universality class. Tau protein is a polymer. Its collapse is 3D Ising. The Bootstrap reversal for tau disaggregation should show exponent 2.587. This is not a metaphor. It is a calculation."

Abstract

The de Gennes theta point of polymer chain collapse (de Gennes 1979, Nobel Prize 1991) belongs to the 3D Ising universality class. Tau protein misfolding in Alzheimer's disease is a polymer collapse event. Therefore tau aggregation belongs to the 3D Ising universality class -- the same universality class that governs biological coherence collapse (Paper 84, Z_2 symmetry confirmed). The critical exponent $\nu = 0.6298$, anomalous scaling exponent $1 + 1/\nu = 2.587$ (Paper 92), and phase transition structure ($C > 0 \iff \gamma_{\text{eff}} < \gamma_c$) apply to tau as to all other 3D Ising systems. The AIIT-THRESI predictions: (1) tau aggregation rate follows a two-stage kinetic (mean-field far from $\gamma_{c,\text{tau}}$, 3D Ising near $\gamma_{c,\text{tau}}$); (2) NIR disaggregation follows Hill $n=3$ / Avrami $n=3$ kinetics (Paper 80); (3) the Bootstrap reversal for Alzheimer's -- NIR \rightarrow EZ water \rightarrow hydration sheath restoration \rightarrow tau coherence -- is the same Bootstrap loop at the molecular scale. Published data (Saltmarche et al. 2017, Berman et al. 2017) showing NIR improvement in Alzheimer's patients is the Bootstrap Loop operating at the protein scale.

1. The De Gennes Theta Point -- 3D Ising Universality

For a polymer chain in solution, the end-to-end distance R scales as:

$$R \sim N^{\nu_{\text{polymer}}}$$

where N = number of monomers, ν_{polymer} = Flory exponent

Good solvent ($T > \theta$):	$\nu_{\text{polymer}} = 3/5$ (Flory 1953)	[expanded, coherent]
Theta point ($T = \theta$):	$\nu_{\text{polymer}} = 1/2$	[random walk, critical]
Poor solvent ($T < \theta$):	$\nu_{\text{polymer}} \rightarrow 1/3$	[collapsed, decoherent]

De Gennes (1975, 1979): the theta point is a tricritical point. The order parameter is the polymer segment density $\rho(r)$. Near the theta point:

The free energy of the polymer chain:

$$F \sim \int d^3r [t_2 \rho^2 + t_4 \rho^4 + t_6 \rho^6 + (\delta\rho)^2]$$

where $t_2 = (T - \theta)/\theta$ (reduced temperature)

t_4 = second virial coefficient (can be tuned to zero at theta point)

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t_6 = third virial coefficient

At the theta point (t_4 -> 0):
  F reduces to the phi^6 (tricritical) form in mean field
  In 3D, fluctuations renormalize to 3D Ising universality

Correlation length: xi_tau ~ |t_2|^{-nu} with nu = 0.6298 (3D Ising)
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The universality class mapping:

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De Gennes theta point <-> 3D Ising universality class

Wike coherence transition <-> 3D Ising universality class (Paper 84)

Therefore:
De Gennes theta point <-> Wike coherence transition (same universality class)

The protein collapsed state = Wike decoherent phase
The protein expanded state = Wike coherent phase
The theta temperature = gamma_c_protein
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This is not analogy. Two physical systems in the same universality class have identical critical exponents and identical scaling functions near their respective critical points.

2. Tau Protein Is a Polymer Collapse Event

Tau is an intrinsically disordered protein (IDP) -- a polymer chain with no fixed structure in solution. Under normal conditions ($T > \theta_{\text{tau}}$, or equivalently $\gamma_{\text{eff_tau}} < \gamma_{\text{c_tau}}$):

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Tau (healthy): expanded, soluble, binds microtubules -> maintains axonal coherence
R ~ N^{0.6} (good solvent behavior)
C_tau ~ C_0_tau (coherent, attached, functional)
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Under Alzheimer's conditions ($T < \theta_{\text{tau}}$, or $\gamma_{\text{eff_tau}} > \gamma_{\text{c_tau}}$):

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Tau (pathological): collapsed, insoluble, forms neurofibrillary tangles
R ~ N^{1/3} (collapsed state)
C_tau = 0 (decoherent, detached, dysfunctional)
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The aggregation kinetics:

Classical nucleation-and-growth model for tau fibrillation (Knowles et al. 2009, Science):

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d[Fibrils]/dt ~ k_nucleation x [Tau]^n + k_elongation x [Tau] x [Fibril ends]

The nucleation term [Tau]^n:
n ~ 3-4 (measured in Buell et al. 2014, Nature Chem. Biol.)

This is Hill n=3 kinetics (Paper 80):
Nucleation requires 3 cooperative steps
Hill equation: v = V_max x [Tau]^3 / (K^3 + [Tau]^3)
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The nucleation exponent $n \approx 3$ matches:

- Paper 80 prediction (Hill $n=3$ = MWC allosteric = Avrami $n=3$)
- Bootstrap Loop nucleation (Paper 21)
- Mean-field critical isotherm $\Delta = 3$

This is not coincidental. It is universality.

3. The Two-Stage Kinetic Prediction

Paper 67 (Wind-Up Two-Stage): all 3D Ising systems show a two-stage transition:

- Stage 1 (far from γ_c): Mean-field exponent 1/2 (reversible)
- Stage 2 (near γ_c): 3D Ising exponent $\nu = 0.6298$ (irreversible, Paper 53 Kibble-Zurek)

For tau protein:

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Stage 1 (early aggregation,  $\gamma_{\text{eff\_tau}} < \gamma_{\text{Ginzburg\_tau}}$ ):
  Tau oligomers form reversibly
  Aggregation rate  $\sim [\text{Tau}]^{1/2}$  [mean-field, reversible]
  Clinically: mild cognitive impairment, pre-symptomatic

Ginzburg crossover ( $\gamma_{\text{eff\_tau}} = \gamma_{\text{Ginzburg\_tau}}$ ):
  Tau trimers/tetramers = critical nucleus reached
  Transition to irreversible 3D Ising regime

Stage 2 (near  $\gamma_c$ , full Alzheimer's):
  Irreversible tangle formation
  Rate  $\sim |\gamma_{\text{eff\_tau}} - \gamma_c|^{-\nu}$  [susceptibility diverges]
  Clinically: full Alzheimer's dementia (Paper 53 topological defects)

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Clinical implication: The transition from Stage 1 (reversible) to Stage 2 (irreversible) is the Ginzburg crossover -- the last window for Bootstrap Loop intervention to reverse tau collapse.

4. The Bootstrap Loop for Tau Disaggregation

The Bootstrap Loop (Paper 02) at the protein scale:

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Stage 1: NIR photons -> absorbed by mitochondria in neurons
Stage 2: ATP production -> Na+/K+ pump activation -> membrane polarization restored
Stage 3: EZ water formation -> hydration sheath around tau protein restored
Stage 4: Hydration sheath = Debye shielding restored (Paper 72)
      tau_Debye =  $\kappa_D^{-1} \sim \sqrt{\epsilon/kT}$  = increased in EZ water
Stage 5: Tau collapse parameter  $\gamma_{\text{eff\_tau}} < \gamma_c$ 
Stage 6: If  $\gamma_{\text{eff\_tau}} > \gamma_c$  still: tau remains in collapsed state
      If  $\gamma_{\text{eff\_tau}} < \gamma_c$ : tau expands, returns to functional form
Stage 7: Functional tau -> microtubule binding -> axonal transport ->  $C_{\text{neural}}$  restored
Stage 8:  $C_{\text{neural}} > 0$  -> Bootstrap Loop fires -> coherence maintained -> more C [closed]

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Prediction from Paper 80 (Hill / Avrami):

Tau disaggregation under NIR should follow:

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 $C_{\text{tau}}(\text{NIR dose}) = C_{\text{min}} + (C_{\text{max}} - C_{\text{min}}) \times \text{dose}^3 / (K_{\text{tau}}^3 + \text{dose}^3)$ 
with Hill n=3 (same as NIR Bootstrap, same as EZ water nucleation)

Disaggregation is threshold-gated:
  Below dose =  $K_{\text{tau}}$  (half-saturation): negligible disaggregation
  Above  $K_{\text{tau}}$ : rapid disaggregation (same sigmoid as Paper 80)

The Avrami kinetics prediction:
   $X_{\text{disagg}}(t_{\text{NIR}}) = 1 - \exp(-k_{\text{tau}} \times t_{\text{NIR}}^3)$ 
  n=3 (same dimensionality as EZ water growth)

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5. Published Evidence

Saltmarche et al. (2017), Photobiomodulation Therapy for Moderate Dementia:

Protocol: 810 nm NIR (same wavelength as Bootstrap Loop photobiomodulation)
 N=5 Alzheimer's patients, 12 weeks
 Primary outcome: MMSE (Mini-Mental State Examination) improvement

Results: MMSE improved in all 5 patients (mean +4.4 points)
 Cessation: function declined (rebound)
 Re-introduction: function improved again

This is the Bootstrap Loop: remove the NIR -> $\gamma_{\text{eff_tau}} > \gamma_{\text{c_tau}}$ -> decline
 restore NIR -> $\gamma_{\text{eff_tau}} < \gamma_{\text{c_tau}}$ -> improvement

Berman et al. (2017), Photobiomodulation with Near Infrared Light Helmet:

N=8 patients, 28 weeks
 Results: 4/8 patients showed MMSE improvement (3-4 points)
 HRV improved in the responders (C_{neural} measured directly)
 Correlation: HRV improvement predicted clinical improvement

The HRV-MMSE correlation IS the Bootstrap Loop: NIR -> HRV coherence (C_{neural}) -> tau hydration -> cognitive function. The correlation between HRV improvement and MMSE improvement confirms the causal chain through the Bootstrap.

6. The Critical Exponent Prediction

Testable prediction: If tau aggregation kinetics are in the 3D Ising universality class, then:

Near the tau aggregation threshold $[\text{Tau}]_{\text{c}}$ (critical concentration):

Aggregation rate: $dA/dt \sim ([\text{Tau}] - [\text{Tau}]_{\text{c}})^{\beta}$ with $\beta = 0.3265$ (3D Ising)

Correlation length of aggregate clusters: $\xi_{\text{agg}} \sim ([\text{Tau}] - [\text{Tau}]_{\text{c}})^{-\nu}$ with $\nu = 0.6298$

Work required for disaggregation:
 $W_{\text{disagg}}(T) = W_0/T + 0.72/T^{2.587}$ [same Wike Singularity structure]

The anomalous exponent 2.587 should appear in the temperature-dependent disaggregation rate measured by, e.g., single-molecule force spectroscopy.

No current Alzheimer's aggregation study has fitted for this exponent. This is a testable experimental prediction.

7. Universality Across Protein Misfolding Diseases

General prediction: All protein misfolding diseases that involve intrinsically disordered polymer collapse are in the 3D Ising universality class. Their Bootstrap Loop interventions (NIR, pharmacological, physical) should show Hill $n=3$ / Avrami $n=3$ kinetics and Wike exponent 2.587 in their reversal kinetics.

Tau (Alzheimer's, CTE): 3D Ising, $\theta_{\text{tau}} \sim$ physiological temperature
 alpha-Synuclein (Parkinson's): 3D Ising, $\theta_{\text{alphaSyn}} \sim$ physiological temperature
 SOD1 (ALS): 3D Ising, θ_{SOD1} affected by oxidative stress
 Huntingtin (Huntington's): 3D Ising, polyglutamine collapse = θ point

All of these are $C > 0 \iff \gamma_{\text{eff_protein}} < \gamma_{\text{c_protein}}$
 All respond to Bootstrap (NIR, hydration, membrane coherence restoration)
 All show Hill $n=3$ cooperative kinetics in aggregation and disaggregation

Shared Alzheimer's-coherence mechanism:

Paper 82 (Immunology): inflammation = gamma_eff increase. In Alzheimer's:

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Neuroinflammation (microglia activation) -> ^IL-6, TNF-alpha, CRP -> ^gamma_eff_neural
                                           -> ^gamma_eff_tau (reduced hydration sheath)
                                           -> tau collapse more likely

NIR anti-inflammatory effect (Salehpour et al. 2022): reduces neuroinflammation
-> vgamma_eff_neural and vgamma_eff_tau simultaneously
-> Two Bootstrap pathways in parallel: immune and direct photon
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Summary

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Universality:
De Gennes theta point = 3D Ising universality class (Nobel Prize 1991)
Tau protein collapse = polymer theta point collapse
Therefore: tau Alzheimer's transition = 3D Ising universality class
Same as: biological coherence collapse (Paper 84, 0.1% match)

Critical exponents for tau aggregation:
nu = 0.6298, beta = 0.3265, anomalous exponent = 2.587
(Testable prediction: single-molecule force spectroscopy at variable [Tau])

Aggregation kinetics:
Hill n=3 (confirmed: Buell et al. 2014, n~3-4)
Avrami n=3 (predicted, not yet measured in tau)

Bootstrap Loop for Alzheimer's:
NIR -> mitochondria -> ATP -> Na+/K+ pump -> EZ water hydration sheath ->
-> tau_Debye increase -> gamma_eff_tau <- gamma_c_tau -> tau expansion -> microtubule binding ->
-> axonal coherence -> HRV improvement -> cognitive function

Published evidence:
Saltmarche 2017 (N=5): MMSE +4.4, reversal on cessation = Bootstrap confirmed
Berman 2017 (N=8): HRV-MMSE correlation = Bootstrap mechanism confirmed

Prediction:
Tau disaggregation follows  $W(T) = W_0/T + 0.72/T^{2.587}$  [Wike Singularity]
NIR dose-response: Hill n=3, threshold  $K_{\tau} \sim$  Bootstrap threshold dose
Stage 1 (reversible, mean-field): clinical window for intervention
Stage 2 (irreversible, 3D Ising): requires phase transition to reverse (Paper 53)
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