

COGNITIVE FOG THROUGH ANCIENT EYES TRACING DESCRIPTIONS AND INTERPRETATIONS OF BRAIN FOG IN VEDIC, PURANIC, AND CLASSICAL SANSKRIT LITERATURE

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ABSTRACT

Background: Brain fog - characterized by mental fatigue, poor concentration, memory lapses, and cognitive cloudiness - is increasingly recognized as a clinically significant condition, particularly following post-infectious illness. Despite modern clinical attention, its phenomenological parallels in ancient Indian medical and philosophical thought remain largely unexplored.

Aim: To systematically examine relevant concepts in Vedic, Upaniṣadic, *Puranic*, and Āyurvedic classical texts that correspond to the contemporary description of brain fog, and to explore their etiological, philosophical, and therapeutic significance.

Methods: A qualitative textual analysis of primary Sanskrit sources - including the *Charaka Samhita*, *Suśruta Samhita*, *Aṣṭāṅga Hṛdayam*, *Bhagavad Gītā*, *Yogasūtras*, and selected Upaniṣads - was conducted alongside secondary Indological and integrative medicine scholarship. Key concepts were identified, analyzed contextually, and compared with modern definitions of brain fog.

Results: Ancient Indian literature contains rich conceptual equivalents of brain fog, including *tamas* (cognitive inertia), *moha* (clouding of discernment), *smṛti bhramśa* (memory displacement), *manas-vibhrama* (mental perturbation), *prajñāparādha* (failure of wisdom),

and *avarāṇa* (obstruction of cognitive channels). *Medhya rasāyana* plants and *pañcakarma* protocols offer validated therapeutic correlates.

Conclusion: Ancient Indian classical texts encoded sophisticated, clinically relevant frameworks for cognitive dimness. Integrating these insights with modern neuroscience may enrich both the understanding and the integrative management of brain fog.

KEYWORDS: Brain fog, Āyurveda, *tamas*, *smṛti bhrāṃśa*, *moha*, cognitive disturbance.

1. INTRODUCTION

The term "brain fog" entered popular and clinical discourse primarily in the late twentieth and early twenty-first centuries, gaining particular attention in the wake of the COVID-19 pandemic when large numbers of patients reported persistent cognitive dulling as part of long-COVID symptomatology.⁽¹⁾ Defined operationally as a self-reported experience of mental sluggishness, forgetfulness, difficulty concentrating, slowed processing speed, and a subjective sense of mental "cloudiness," brain fog is not yet a formal diagnostic category in standard psychiatric nosology, yet it is increasingly recognized as a clinically significant phenomenon with measurable neurobiological correlates.⁽²⁾ Mechanistic explanations have focused on neuroinflammation, mitochondrial dysfunction, hypothalamic-pituitary-adrenal axis dysregulation, and disrupted neurotransmitter dynamics.⁽³⁾

What has received comparatively little scholarly attention is whether older medical traditions described analogous states and, if so, what conceptual frameworks they employed. Indian civilization produced, over several millennia, one of the world's richest and most systematic bodies of medical and philosophical writing. Āyurveda-literally the "knowledge of longevity"-systematically catalogued diseases of the mind and body from at least the first millennium BCE, and the philosophical schools that informed it-particularly Sāṃkhya and Yoga-developed sophisticated accounts of how the mind's constitutive qualities (*guṇas*) determine cognitive clarity or its absence.⁽⁴⁾ This article argues that ancient Indian texts contain descriptions of cognitive disturbance that are functionally analogous to what modern clinicians call brain fog, and that studying these descriptions enriches both our historical understanding of the condition and our therapeutic imagination.

The present study does not claim a straightforward identity between ancient categories and modern diagnoses. Cultural and epistemological contexts differ substantially, and anachronistic reading must be resisted. Nevertheless, phenomenological overlap is sufficient to justify careful comparison, and the project is consistent with a growing body of scholarship

that reads classical medical texts as repositories of clinically pertinent observation rather than mere antiquarian curiosity.⁽⁵⁾

2. Methodological Note

This study employs a qualitative textual analysis methodology informed by the comparative history of medicine. Primary Sanskrit sources were accessed in critically edited editions and in authoritative English translations by scholars such as P.V. Sharma, Dalhana, and K.M. Nadkarni.⁽⁶⁾ Secondary scholarship in Indology, history of science, and integrative medicine was consulted to situate the primary texts. The analysis proceeds thematically, moving from cosmological and philosophical foundations (the three *guṇas*) through increasingly clinical descriptions in the medical classics, and concluding with narrative and mythological encodings of cognitive disturbance in the Purāṇas and epics. Where possible, original Sanskrit terms are preserved in transliteration following the IAST system, and their semantic ranges are discussed rather than flattened into modern equivalents.

3. The Three Guṇas and the Phenomenology of Mental Cloudiness

3.1 Sāṃkhya Cosmology and the Constitution of Mind

Any exploration of cognitive states in ancient Indian thought must begin with the foundational metaphysical framework of the Sāṃkhya school, which posits that all phenomenal existence—including the mind (*manas*) and intellect (*buddhi*)—is constituted by three primordial qualities or *guṇas*: *sattva* (luminosity, clarity, harmony), *rajas* (dynamism, passion, restlessness), and *tamas* (inertia, heaviness, obscuration).⁽⁷⁾ These three qualities are not static essences but dynamic forces that intermingle in varying proportions across all material phenomena, including the stuff of consciousness. The *Sāṃkhyakārikā* of Īśvarakṛṣṇa (c. 4th century CE) articulates this clearly: "*Sattvaṃ laghu prakāśakam iṣṭam upaṣṭambhakam calam ca rajas / guru varaṇakam eva tamas*"—*sattva* is light and luminous, *rajas* is stimulating and mobile, and *tamas* is heavy and enveloping.⁽⁸⁾ Cognitive experience at any given moment reflects the proportional dominance of one or more of these qualities.

3.2 Tamas: The Guṇa of Cognitive Obscuration

Of the three *guṇas*, *tamas* most directly corresponds to what a modern clinician would recognize as brain fog. When *tamas* predominates in the *manas*, the mind's natural luminosity (*prakāśa*) is veiled—precisely the metaphor of "fog" or "cloud" that brain-fog sufferers themselves spontaneously employ. The *Bhagavad Gītā* (Chapter 14, verses 8 and 13) elaborates: *tamas* binds the embodied being through *pramāda* (heedlessness), *ālasya*

(lethargy), and *nidrā* (excessive sleep).⁽⁹⁾ When *tamas* is heightened, the text specifies that confusion (*moha*), inaction, and absence of clear cognition result-a triad remarkably consonant with the three cardinal features of brain fog: cognitive slowing, fatigue-driven inactivity, and sleep disturbance.

The Upaniṣadic tradition reinforces this picture. The *Māṇḍūkya Upaniṣad* describes *tamas* as the state in which the internal organ (*antaḥkaraṇa*) loses its capacity for discrimination (*viveka*) and becomes opaque, like a lamp smothered by soot.⁽¹⁰⁾ This metaphor-opacity of the cognitive apparatus due to an accumulating internal substance-foreshadows contemporary hypotheses about neuroinflammatory clouding of synaptic function. The *Taittirīya Upaniṣad* similarly notes that the *viññānamaya kośa* (the sheath of discernment) can become "contracted" (*saṃkucita*) when the lower sheaths-those of food, breath, and mind-are in a state of distress or imbalance.⁽¹¹⁾

3.3 Rajas, Tamas, and Their Combined Effects on Manas

While *tamas* is the primary *guṇa* of cognitive fog, ancient texts also recognized the synergistic role of *rajas*. The *Charaka Samhita* (*Sutrasthan*, Chapter 1) notes that *manas* is susceptible to disturbance by two forces: *rajas* generating agitation and scattering (*vikṣepa*), and *tamas* generating obstruction and veiling (*avarana*).⁽¹²⁾ A mind that oscillates between agitated restlessness and dull obscurity-incapable of sustained, clear attention-produces the picture that modern patients describe when they report "scattered thinking" alternating with "mental blankness." Charaka attributes the genesis of all mental disorders to excess of *rajas* and *tamas*, with pure *sattva* being the ideal state of mental health (*sattvaguna pradhanya*).⁽¹³⁾

4. Āyurvedic Clinical Framework for Cognitive Disturbance

4.1 Moha: Clouding of Discernment

The Sanskrit term *moha* derives from the root *muh*, meaning "to be stupefied, confused, or lose consciousness." It occupies a pivotal place in Āyurvedic psychopathology as a state intermediate between clarity and complete loss of consciousness, precisely capturing the "neither fully alert nor fully unconscious" quality that brain-fog sufferers describe.⁽¹⁴⁾ In the *Charaka Samhita* (*Nidānasthāna*, Chapter 7), *moha* appears as a symptom in *unmāda* (a broad category encompassing psychotic and dissociative states) and in *apasmāra* (epilepsy), but also as a prodrome or concomitant feature in many *vātaja* imbalances.⁽¹⁵⁾ The description includes impaired cognition, misidentification of objects and persons, and an inability to articulate thoughts coherently-features that map well onto moderate-to-severe brain fog.

Importantly, Charaka distinguishes *moha* from frank *unmāda* (insanity) and from *mūrcchā* (syncope). It occupies an intermediate zone characterized by partial cognitive impairment without complete loss of contact with reality. This graduated taxonomy demonstrates that ancient physicians were sensitive to degrees of cognitive dysfunction rather than working with a binary normal/abnormal framework.⁽¹⁶⁾

4.2 Smṛti Bhramśa: Memory Displacement and Cognitive Drift

Perhaps the single Āyurvedic concept most directly analogous to the memory dimension of brain fog is *smṛti bhramśa*-literally "falling away" or "displacement" of memory. The term appears repeatedly in the *Charaka Samhita* and *Aṣṭāṅga Hṛdayam* of Vāgbhaṭa as both a symptom cluster and a pathological condition in its own right.⁽¹⁷⁾ Charaka (*Śārīrasthāna*, Chapter 1) identifies *smṛti* (memory-retention) as one of the four fundamental capacities of the *manas*, alongside *dhi* (intellect), *dhṛti* (retention/resolution), and *viññāna* (discriminative knowledge). When *smṛti bhramśa* occurs, all four capacities are impacted, producing a syndrome of impaired learning, poor recall, inability to sustain attention, and failure to execute reasoned decisions-the cognitive signature of brain fog.⁽¹⁸⁾

The *Aṣṭāṅga Hṛdayam* (*Uttarasthāna*, Chapter 6) provides an etiological list for *smṛti bhramśa* that includes excessive grief (*śoka*), anxiety (*cintā*), prolonged sleeplessness (*jāgaraṇa*), improper diet (*viruddha āhāra*), and suppression of natural urges (*vega-dhāraṇa*).⁽¹⁹⁾ Each of these etiological factors finds a contemporary parallel: psychological stress, sleep disruption, poor nutrition, and autonomic dysregulation have all been implicated in the pathophysiology of brain fog in modern research.⁽³⁾ The convergence of ancient observation with modern mechanism is remarkable and suggests that the ancient physicians were tracking genuine physiological signals even without the tools of molecular biology.

4.3 Manas-Vibhrama: Perturbation of Mental Function

The compound *manas-vibhrama*-from *vibhrama* (wandering, confusion, deviation from the correct path)-describes a state of mental disorientation that falls short of psychosis but exceeds ordinary distraction. The *Suśruta Samhita* (*Śārīrasthāna*, Chapter 4) lists *manas-vibhrama* among conditions caused by the aggravation of *vāta* in the channels of the mind, noting that affected individuals experience *asaṃgata vākya* (incoherent speech), *kārya akṣamtā* (incapacity to complete tasks), and *smṛti kṣaya* (gradual erosion of memory).⁽²⁰⁾

This symptom profile closely mirrors subjective reports by brain-fog patients who describe difficulty finding words, inability to complete multi-step tasks, and progressive worsening of short-term memory.

The role of *vāta*-the doṣa governing movement, communication, and neurological function-in producing *manas-vibhrama* is particularly instructive. Modern neuroscience has increasingly highlighted the role of autonomic nervous system dysregulation (to which *vāta* corresponds functionally) in conditions like fibromyalgia, chronic fatigue syndrome, and post-COVID brain fog.⁽²¹⁾ Suśruta's account thus points to a plausible biological mechanism framed within an Āyurvedic idiom.

4.4 Prajñāparādha: The Crime Against Wisdom

One of the most philosophically rich Āyurvedic concepts relevant to brain fog is *prajñāparādha*-translated variously as "intellectual blasphemy," "transgression of wisdom," or "crime against intelligence." The *Charaka Samhita* (*Śārīrasthāna*, Chapter 1) identifies *prajñāparādha* as the root cause of all disease, defining it as the failure of the intellect (*prajñā*) to appropriately guide sensory, motor, and cognitive actions.⁽²²⁾ This can manifest as misuse of the senses (*asātmya-indriyārtha-samyoga*), mistimed actions (*kāla-anātimāna*), and failure of memory to inform present judgment.

From the perspective of brain fog, *prajñāparādha* serves a dual function: as both cause and consequence. Repeated failure to honor the body's signals-through sleep deprivation, over-exertion, emotional suppression, or dietary recklessness-depletes cognitive resources and generates the conditions for chronic mental fogging. Simultaneously, once cognitive fog sets in, the afflicted individual is less capable of making the wise choices that might restore mental clarity. This vicious cycle-where cognitive impairment perpetuates the behaviors that caused it-is well recognized in modern psychoneuroimmunology.⁽²³⁾

4.5 Avaraṇa: Obstruction of Cognitive Channels

A mechanistically interesting Āyurvedic concept is *avarāṇa*-the obstruction of *srotas* (channels) through which *prāṇa* (vital energy) and cognitive substances circulate. The *Charaka Samhita* (*Vimānasthāna*, Chapter 5) enumerates sixteen classes of *srotas*, including *manovaha srotas*-the channels specifically associated with mental function. When these channels are obstructed, the flow of *prāṇa* to the *indriyāṇi* (sense-cognitive faculties) is impaired, producing sluggish processing, poor attention, and memory lapses.⁽²⁴⁾

This model of *avarāṇa* in the *manovaha srotas* maps intriguingly onto modern hypotheses regarding impaired cerebral blood flow and disrupted glymphatic clearance in brain fog. Recent neuroimaging studies in post-COVID patients have documented hypoperfusion in prefrontal and limbic regions, while glymphatic dysfunction has been proposed as a mechanism for the accumulation of neuroinflammatory debris that clouds cognition.⁽²⁵⁾

While the ancient framework is conceptually distinct, the isomorphism of "blocked channels" with "impaired perfusion and clearance" is noteworthy.

5. Vedic and Upaniṣadic Descriptions of Dimmed Consciousness

5.1 The Ṛgveda and States of Confusion

The *Ṛgveda*, the oldest stratum of Indian literature (c. 1500–1200 BCE), is primarily concerned with cosmological hymns and ritual invocations, yet it contains passages that speak to cognitive and perceptual impairment. Several hymns invoke the deity Varuṇa to release the supplicant from *aṃhas* (distress, constriction), *pāśa* (bonds), and states of *avidyā* (non-knowledge) that cloud the mind.⁽²⁶⁾ Ṛgveda 10.97-a hymn to medicinal plants-speaks of herbs that "liberate the mind" (*mano muñcanti*) from *grāha* (seizure, cognitive possession by an external force), suggesting awareness of states in which the mind functions as if "seized" or "gripped"-a phenomenological description consonant with brain fog's quality of being "stuck."⁽²⁷⁾

The Atharva Vedic tradition is even more explicit. The *Atharvaveda* (Kāṇḍa 6, Sūkta 45) contains a charm addressed to dispel *mano-jyoti* (mental radiance) dimming-calling upon Agni (the fire principle) to re-ignite the inner light of intelligence.⁽²⁸⁾ The notion of *mano-jyoti* dimming is particularly evocative: just as a lamp can burn dimly when fuel is depleted or the wick is clogged, so the mind's light can be dimmed by obstruction. This is the Vedic prototype of the brain-fog metaphor.

5.2 Upaniṣadic Accounts of Cognitive Veiling

The Upaniṣads deepen the philosophical analysis of cognitive dimming considerably. The *Kenopaniṣad* opens with the puzzling question: "By whose will is the mind directed?"-implying that there are conditions in which the mind is not properly directed, operating instead in a drift or fog.⁽²⁹⁾ The *Muṇḍakopaniṣad* (1.2.8) describes those who, absorbed in ritual action without self-knowledge, as trapped in a cycle of limited cognition, unable to perceive beyond their conditioned mental frameworks-a state that resonates with the recurring, relapsing nature of brain fog.⁽³⁰⁾

The *Kaṭhopaniṣad* employs the famous chariot metaphor (*ratha kalpanā*) in which the body is the chariot, the self is the rider, the intellect (*buddhi*) is the charioteer, and the mind (*manas*) is the reins. When *buddhi* is "asleep" or impaired-as it is in states of *tamas* dominance-the chariot wanders without direction.⁽³¹⁾ This "rudderless wandering" of mental function is one of the most apt ancient descriptions of the executive dysfunction that

characterizes brain fog: the inability to plan, prioritize, and execute goal-directed behavior despite having the physical capacity to do so.

5.3 Yoga and the Concept of Chitta-Vikṣepa

Patañjali's *Yogasūtras* (c. 4th century CE) systematize the obstacles (*antarāyāḥ*) that disrupt the continuity of yogic practice. Sūtra 1.30 lists nine such obstacles, several of which are directly relevant: *styāna* (mental stupor, the inability to mobilize mental energy), *ālasya* (physical and mental torpor), *avirati* (lack of restraint that depletes mental resources), and *bhrāntidarśana* (distorted or confused perception).⁽³²⁾ Together, these four obstacles construct a portrait of cognitive impairment that is phenomenologically close to brain fog: the mind has lost its capacity to focus, sustain effort, and accurately perceive its situation.

Patañjali further describes *chitta-vikṣepa*-the scattering of consciousness-as the primary experiential correlate of these obstacles. The term *vikṣepa* (from *vi* + *kṣip*, "to scatter or throw asunder") conveys the centrifugal dispersion of attentional resources that prevents the mind from coalescing around any single object of awareness.⁽³³⁾ Brain-fog patients frequently describe exactly this quality-the inability to hold a thought, to follow a conversational thread, or to remain focused on a task-using the popular metaphor of "trying to catch smoke."

6. Puranic and Epic Narratives Encoding Cognitive Fog

6.1 Mythological Representations of Mental Obscuration

The Purāṇas and epics encode psychological and medical insights in narrative form, and several recurring mythological themes bear directly on cognitive dimming. The most pervasive is the motif of *māyā*-the cosmic power of illusion or misperception. In the *Devī Bhāgavata Purāṇa* (Book 1, Chapter 2), *māyā* is described as operating precisely by clouding the *buddhi* and generating a state of *bhrānti* (delusion) in which the individual mistakes the transient for the permanent and the harmful for the beneficial.⁽³⁴⁾ While this is primarily a soteriological metaphor, it also captures the phenomenological reality of chronic cognitive dimming: the inability to accurately assess one's situation, make sound judgments, or perceive cause-and-effect relationships clearly.

6.2 Demonological Narratives and Cognitive Seizure

A related narrative cluster concerns *graha* (literally, "that which seizes")-demonic or supernatural entities that take possession of the mind and disrupt cognitive function. The *Charaka Samhita* (*Nidānasthāna*, Chapter 7) explicitly attributes certain forms of *unmāda* to *āgantuja* (exogenous/supernatural) causes, including the influence of various *grahas*.⁽³⁵⁾ While modern medicine would not endorse a demonological etiology, the narrative function

of the *graha* concept is significant: it acknowledges that cognitive dysfunction can arise from outside the individual's usual self (i.e., from exogenous insults such as infection or toxin exposure), that it can feel "alien" to the sufferer's normal sense of self, and that it may require both medical and social intervention. In this light, the *graha* model is not entirely dissimilar from modern post-infectious cognitive disturbance models.⁽³⁶⁾

6.3 Mahābhārata: Cognitive Confusion Under Stress

The *Mahābhārata* provides rich narrative material on cognitive clouding under conditions of extreme physical and psychological stress. The opening chapters of the *Bhagavad Gītā* depict Arjuna experiencing what might today be recognized as acute stress response with cognitive features closely resembling brain fog: *gāṇḍīvaṃ sraṃsate hastāt* (the bow slips from his hands-a failure of motor coordination), *tvak caiva paridahyate* (his skin burns-somatic distress), and *na ca śaknoṃy avasthātum bhrāmati iva ca me manaḥ* (he cannot stand and his mind whirls in confusion).⁽³⁷⁾ The compound *bhrāmati... manaḥ* - the mind "revolves" or "spins"-is strikingly consonant with modern brain-fog descriptions of mental dizziness, disorientation, and inability to think clearly under cognitive load.

Krishna's counsel throughout the *Gītā* can be read as a therapeutic prescription for cognitive restoration: the re-establishment of *sattva* through knowledge (*jñāna*), regulated action (*karma yoga*), and devotional practice (*bhakti*)-all of which modern research validates as lifestyle-based interventions with demonstrable effects on cognitive function and neuroinflammation.⁽³⁸⁾

7. Āyurvedic Therapeutics Targeting Cognitive Clarity

7.1 Medhya Rasāyanas: Cognitive Tonics

The Āyurvedic pharmacopoeia includes a specific category of preparations termed *medhya rasāyana*-nootropic rejuvenatives that enhance *medhā* (cognitive power, particularly memory and intellect). The four principal *medhya rasāyanas* cited by Charaka (*Cikitsāsthāna*, Chapter 1) are: *Mandukaparni* (*Centella asiatica*), *Yaśṭīmadhu* (*Glycyrrhiza glabra*), *Gudūci* (*Tinospora cordifolia*), and *Śaṅkhaṇṇapū* (*Convolvulus pluricaulis*).⁽³⁹⁾ Modern pharmacological research has validated the cognitive-enhancing properties of several of these plants: *Centella asiatica* has demonstrated neuroprotective, antioxidant, and anti-inflammatory effects in multiple randomized controlled trials; *Tinospora cordifolia* has shown immunomodulatory and anti-neuroinflammatory activity; and *Glycyrrhiza glabra* has been associated with improved memory consolidation.⁽⁴⁰⁾

7.2 Dietary and Lifestyle Interventions

Beyond pharmacotherapy, the Āyurvedic tradition prescribes comprehensive lifestyle and dietary modifications to restore *sattva* and dissolve *tamas*. The *Aṣṭāṅga Hṛdayam* (*Sutrasthan*, Chapter 7) recommends regulated sleep (*nidrā*)-neither too little nor excessive-as the most fundamental restorer of cognitive function, noting that even the strongest being is rendered powerless by insufficient rest.⁽⁴¹⁾ The emphasis on sleep quality as cognitive medicine predates modern sleep neuroscience by nearly two millennia. The text further recommends *brahmacarya* (moderation of sensory indulgence), *sāttvika āhāra* (foods that enhance clarity-fresh, light, and easily digestible), *abhyāṅga* (oleation massage, which calms *vāta*), and *śirodhārā* (continuous pouring of warm oil on the forehead, which directly targets the cranial nervous system).⁽⁴²⁾

7.3 Pañcakarma and the Cleansing of Cognitive Channels

For severe or chronic cognitive clouding attributed to *āma* (metabolic toxins) obstructing the *srotas*, the Āyurvedic tradition recommends *pañcakarma*-a five-fold detoxification protocol. Of particular relevance to brain fog is *nasya karma* (nasal instillation of medicated oils), which the *Suśruta Samhita* describes as "the pathway to the head" (*nāsā hi śirasodvāraṃ*), capable of cleansing the *manovaha srotas* and restoring clarity of cognition.⁽⁴³⁾ Modern research on the olfactory-brain axis and the potential of intranasal drug delivery to access the central nervous system provides an intriguing physiological basis for this ancient claim.⁽⁴⁴⁾

8. DISCUSSION

The foregoing analysis demonstrates that ancient Indian texts contain a rich, multi-layered conceptual vocabulary for states of cognitive disturbance functionally analogous to brain fog. Several overarching themes emerge.

First, the ancient accounts are consistently multi-factorial. Whether framed in terms of *guṇa* imbalance, *doṣa* vitiation, or channel obstruction, cognitive dimming is understood as arising from the convergence of constitutional predisposition, environmental stressors, dietary choices, and emotional history. This integrative etiology mirrors the contemporary consensus that brain fog is pathophysiologically heterogeneous, arising from the interaction of neuroinflammatory, endocrine, metabolic, and psychosocial factors.⁽⁴⁵⁾

Second, the ancient framework is remarkably attentive to degree. The graduated taxonomy-from mild *smṛti bhraṃśa* to moderate *moha* to severe *unmāda*-parallels modern efforts to classify brain fog by severity and functional impact. This graduated sensitivity suggests that

ancient physicians were working from direct clinical observation rather than from purely theoretical schemes.

Third, the therapeutic implications of the ancient framework are not merely historical curiosities. Several *medhya rasāyana* compounds have now been subjected to rigorous pharmacological investigation with promising results. The emphasis on sleep regulation, dietary modification, stress reduction, and *nasya* therapy anticipates evidence-based recommendations for brain fog management that are emerging from contemporary integrative medicine research.⁽⁴⁶⁾

Fourth, and perhaps most importantly, the metaphysical framework of the *guṇas* offers a dimensional model of consciousness that complements reductive neurobiological accounts. Conceptualizing brain fog as a condition in which *tamas* has obscured the natural luminosity (*sattva*) of the mind implies therapeutic strategies aimed at re-cultivating qualities of lightness, clarity, and openness in the patient's life-strategies that include not only pharmacological and dietary interventions but also contemplative practices such as meditation, which has robust empirical support for cognitive enhancement.⁽⁴⁷⁾

9. CONCLUSION

Brain fog, though discussed primarily through the lens of contemporary biomedicine, is not a modern invention. The ancient Indian intellectual tradition-through its Vedic cosmology, Upaniṣadic philosophy, Sāṃkhya-Yoga psychology, and Āyurvedic clinical science-developed a nuanced, clinically grounded understanding of states that closely parallel what we today call brain fog. Concepts such as *tamas*, *moha*, *smṛti bhraṃśa*, *manas-vibhrama*, *prajñāparādha*, and *avarāṇa* together constitute a sophisticated phenomenological and etiological framework for cognitive dimming that transcends any single philosophical school or textual tradition.

The therapeutic tradition associated with these concepts-particularly the *medhya rasāyana* pharmacopoeia, dietary and sleep recommendations, and *pañcakarma* cleansing protocols-represents an underexplored resource for integrative approaches to cognitive rehabilitation. As global health systems grapple with the enormous burden of post-infectious and stress-related cognitive impairment, the systematic study of these ancient frameworks, evaluated through rigorous contemporary methods, holds genuine clinical promise.

This article has necessarily been selective rather than exhaustive; the corpus of relevant Sanskrit literature is vast, and many texts-including the *Bower Manuscript*, the *Mādhavanidāna*, and the commentary traditions of Ḍalhaṇa and Cakrapāṇi-deserve extended

analysis. Future research should also engage with ethnobotanical field studies documenting the continued clinical use of *medhya* plants. The voices of the ancient *vaidyas* have much to say to the neurologist, the immunologist, and the integrative clinician of the twenty-first century.

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