

ROLE OF AHARA (DIET) IN SMRITIBHRAMSHA WITH SPECIAL REFERENCE TO DEMENTIA

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ABSTRACT

Background: Dementia is a clinical syndrome characterized by progressive impairment of cognition that interferes with everyday functioning. Ayurveda does not describe dementia as a single independent disease entity; however, cognitive manifestations can be examined through concepts such as Smriti, Medha, Buddhi, Manas, age-related decline and Vata disturbance. Ahara is regarded as a major determinant of health and disease in Ayurveda. **Objective:** To critically review the role of Ahara in Smritibhramsha with special reference to dementia and to develop an academically defensible dietary framework that connects classical Ayurvedic principles with contemporary evidence. **Materials and Methods:** A narrative review was undertaken using the Charaka Samhita and Sushruta Samhita as principal classical sources, supplemented by WHO guidance, international dementia-nutrition guidelines,

systematic reviews, meta-analyses and selected peer-reviewed literature on dietary patterns, cognition and Medhya Rasayana. The literature was synthesized thematically under Ayurvedic concepts and contemporary nutritional domains. **Results:** The reviewed literature indicates that Ahara in Ayurveda is concerned not only with food items but also with quantity, preparation, compatibility, timing, suitability and digestive capacity. Contemporary evidence supports healthy dietary patterns, particularly Mediterranean-like patterns, together with management of vascular and metabolic risk factors. In people living with dementia, prevention and treatment of malnutrition, dehydration and dysphagia-related complications are important. Evidence for isolated nutrients, supplements or individual Ayurvedic foods as

dementia treatments remains insufficient. The Ayurvedic concept of Medhya Rasayana provides a plausible supportive framework, but available clinical evidence is not adequate to claim disease modification or cure. **Conclusion:** An individualized Ayurvedic dietary approach for cognitive health should prioritize adequate and diverse nutrition, appropriate digestibility, hydration, metabolic health, avoidance of Ahita Ahara and stage-specific caregiver support. This framework is best regarded as preventive and supportive rather than a substitute for evidence-based diagnosis and management of dementia.

KEYWORDS: Smritibhramsha; dementia; Ahara; Medha; Smriti; Rasayana; Medhya Rasayana; Ayurveda; nutrition; cognitive decline.

INTRODUCTION

Dementia is a syndrome caused by a number of diseases that progressively affect memory, thinking and the ability to perform everyday activities. It is not an inevitable part of normal ageing. Age remains the strongest established risk factor, while several potentially modifiable factors, including physical inactivity, tobacco use, harmful alcohol use, obesity, hypertension, diabetes, dyslipidaemia, social isolation and unhealthy lifestyle patterns, contribute to risk across the life course. Current WHO guidance emphasizes multidomain risk reduction rather than a single preventive intervention.^[1,3]

Within Ayurveda, cognitive functioning is described through an interconnected set of concepts. Smriti denotes memory or recollection; Medha relates to intellectual and retentive capacity; Buddhi concerns discrimination and cognition; Dhi, Dhriti and Smriti are discussed as components of mental functioning; and Manas participates in the acquisition and processing of sensory information. Therefore, a contemporary diagnosis such as dementia should not be mapped mechanically onto one Ayurvedic term.

The available classical literature does not present dementia as an independent disease entity equivalent to the modern neurological syndrome. Smritibhramsha may describe impaired memory, but dementia involves impairment across one or more cognitive domains with functional consequences. An academically cautious Ayurvedic interpretation should therefore use Smriti, Medha, Buddhi, Manas, Vata, Agni, Dhatu nourishment and Rasayana as complementary explanatory domains rather than claiming one-to-one diagnostic equivalence. Ahara occupies a central position in Ayurvedic preventive thought. Charaka states that the body is produced and maintained through Ahara and that disease may also arise from Ahara,

emphasizing the importance of wholesome and unwholesome dietary choices.^[4] This principle is relevant to cognitive ageing because nutrition influences body weight, vascular health, metabolic status and overall physiological reserve. Contemporary evidence similarly supports healthy dietary patterns and management of cardiometabolic risk as components of dementia risk reduction.^[1,3]

MATERIALS AND METHODS

Review design

This manuscript was prepared as a narrative review using an IMRAD-compatible structure. It is not presented as a systematic review or meta-analysis.

Sources of evidence

Classical Ayurvedic evidence was drawn principally from the Charaka Samhita and Sushruta Samhita, with emphasis on Ahara, Agni, Smriti, Medha and Rasayana. Contemporary evidence was drawn from WHO dementia and healthy-diet guidance, the 2024 Lancet Commission report, the 2024 ESPEN guideline update on nutrition and hydration in dementia, and peer-reviewed systematic reviews and meta-analyses of Mediterranean, DASH and MIND dietary patterns, nutritional deficiencies and cognitive outcomes.^[1,3,5,13]

Thematic synthesis

Evidence was organized under four domains: (1) Ayurvedic concepts relevant to cognition and nutrition; (2) dietary patterns and dementia risk; (3) nutritional care in established dementia; and (4) the potential supportive role and evidence limitations of Medhya Rasayana. Classical claims were kept conceptually distinct from modern clinical evidence, and therapeutic claims were avoided when contemporary evidence was insufficient.

RESULTS

Ayurvedic conceptual framework of Smriti and cognition

Ayurveda describes cognitive activity as an integrated process rather than an isolated brain function. Sensory contact, acquisition of knowledge, experience, retention and recollection can be understood as a functional sequence involving Indriya, Manas, Buddhi, Medha and Smriti. From this perspective, impaired memory may result from disturbance at more than one functional level.

The term Smritibhramsha is therefore useful for describing memory disturbance, but it should not be used as a direct synonym for dementia. Modern dementia diagnosis additionally

considers cognitive domains such as language, executive function, visuospatial ability and functional independence. The distinction is clinically important because it prevents overstatement of classical-modern equivalence.

Ahara as a determinant of health

The classical statement in Charaka Samhita, Sutrasthana 28/45, presents Ahara as a determinant of bodily maintenance and disease.^[4] The significance of this statement extends beyond the identification of individual foods. Ayurvedic Ahara assessment considers quantity, quality, processing, combinations, timing, suitability and the capacity of the individual to digest and assimilate food.

For cognitive health, this suggests that dietary adequacy should be considered together with digestive tolerance, body composition, metabolic health and age. In an older person with cognitive impairment, an unnecessarily restrictive diet may be harmful if it causes inadequate energy or protein intake. Modern dementia-nutrition guidance likewise emphasizes screening for malnutrition, monitoring weight and supporting adequate oral intake.^[10]

Role of Agni and nutritional adequacy

Agni provides an Ayurvedic framework for understanding digestion and metabolism. In older adults, poor appetite, dental problems, medication burden, reduced mobility, altered taste and cognitive impairment may contribute to reduced intake. Ayurvedic dietary planning can therefore prioritize appropriately prepared, palatable and digestible meals rather than imposing rigid dietary restrictions.

The practical principle is not that a particular food directly increases memory, but that adequate nourishment supports physiological reserve. In established dementia, maintaining adequate energy, protein and fluids becomes especially important. The 2024 ESPEN guideline identifies malnutrition and low-intake dehydration as important risks and recommends individualized nutritional care.^[10]

Pathya Ahara: foods and patterns that may support cognitive health

An Ayurvedic dietary pattern for cognitive health may include diverse vegetables, seasonal fruits, suitable whole grains or traditionally prepared cereals, pulses that are tolerated well, nuts and seeds in appropriate portions, adequate protein and sufficient fluids. Milk and Ghrita

may be considered selectively according to individual suitability, digestive capacity, cardiometabolic status and dietary pattern rather than being prescribed universally.

The emphasis should be on dietary diversity and adequacy rather than on a single 'memory-enhancing' food. This position is consistent with contemporary research, in which overall dietary patterns have generally shown more meaningful associations with cognitive outcomes than isolated foods or supplements.^[5,9]

Dietary patterns and dementia risk: contemporary evidence

WHO guidance recommends a healthy, balanced diet and states that a Mediterranean-like diet may be considered for adults with normal cognition or mild cognitive impairment to reduce the risk of cognitive decline and/or dementia.^[1,2] A 2024 systematic review and meta-analysis involving 65,955 participants found that greater adherence to a Mediterranean diet was associated with lower dementia risk; the pooled odds ratio was 0.89 (95% CI 0.84-0.94), although heterogeneity was substantial.^[6]

Evidence for the MIND diet is promising but not definitive. Earlier systematic review evidence found favorable associations with several cognitive outcomes, while a 2024 review reported protective associations for dementia in 7 of 10 cohorts but less consistent evidence for longitudinal cognitive decline.^[7,8] A newer 2025 systematic review also found that most included observational studies supported better cognitive outcomes with greater MIND adherence, while the limited randomized evidence was less consistent.^[9] These findings support the use of a generally healthy dietary pattern but do not justify presenting MIND or Mediterranean diets as cures for dementia.

Cardiometabolic health as a bridge between Ahara and dementia prevention

The strongest point of convergence between Ayurvedic dietary principles and contemporary dementia prevention is the importance of long-term metabolic health. Hypertension, diabetes, obesity, dyslipidaemia and physical inactivity are recognized contributors to dementia risk. The 2024 Lancet Commission further emphasized the cumulative contribution of modifiable risk factors across the life course.^[3]

Accordingly, an Ayurvedic Ahara plan for cognitive health should avoid excessive refined sugars, frequent deep-fried foods, trans-fat-rich foods, excessive salt, sugar-sweetened beverages and habitual excessive alcohol intake. The purpose is not to claim that avoiding a

specific food prevents dementia, but to reduce an overall pattern of dietary and metabolic risk.

Nutritional deficiencies and supplementation

Nutritional deficiency should be considered when cognitive decline occurs, particularly when there is weight loss, restricted intake, malabsorption, medication-related risk or other clinical suspicion. Depending on the clinical context, assessment may include vitamin B12, folate, vitamin D, iron indices, thyroid function and markers of protein-energy malnutrition.

The evidence does not support routine high-dose supplementation solely for dementia prevention in people without deficiency. WHO guidance specifically recommends against routine use of vitamin B and E combinations, polyunsaturated fatty acids and multicomplex supplements for the purpose of preventing cognitive decline or dementia.^[2] Evidence concerning B vitamins is mixed: a large meta-analysis found some slowing of cognitive decline in selected non-dementia populations but did not demonstrate a clear benefit in established dementia.^[12] Therefore, supplementation should be guided by clinical assessment rather than by the assumption that more vitamins necessarily improve cognition.

Hydration and dysphagia

Adequate hydration is an important component of dementia care. People with dementia may forget to drink, have reduced thirst recognition, require assistance, or develop swallowing difficulties. The ESPEN 2024 guideline highlights low-intake dehydration as an important nutritional problem in dementia.^[10] Dysphagia may further increase the risk of dehydration, malnutrition and aspiration-related complications.^[11]

In advanced dementia, diet texture, feeding assistance and swallowing safety should be individualized. Suspected dysphagia requires assessment by appropriately trained healthcare professionals. An Ayurvedic dietary framework should complement, not replace, standard swallowing and nutritional assessment.

Stage-specific dietary considerations

Stage	Primary dietary priorities	Ayurvedic emphasis	Clinical caution
Early / mild	Balanced diet, hydration, healthy weight, cardiometabolic control	Prakriti, Agni, Satmya and regular meal timing	Do not over-restrict food or rely on supplements
Moderate	Adequate energy/protein, meal supervision, hydration,	Simple, familiar, palatable and digestible	Caregiver support may be necessary

	food recognition	preparations	
Advanced	Energy/protein adequacy, hydration, safe texture, aspiration prevention	Individualized Ahara according to tolerance	Assess dysphagia; monitor malnutrition and dehydration

Prakriti- and Agni-oriented dietary individualization

Ayurvedic individualization can be retained as a clinical framework, provided it is not represented as a validated dementia treatment. For a Vata-predominant presentation, warm, nourishing and easily digestible foods may be preferred. For Pitta-predominant individuals, moderately cooling and non-irritating foods may be considered. For Kapha-predominant individuals, lighter and appropriately energy-controlled meals may be useful when excess weight or metabolic risk is present. In Manda Agni, small and digestible meals may be appropriate; in Vishama Agni, regularity and avoidance of heavy or incompatible meals may be emphasized; and in Tikshna Agni, prolonged fasting and inadequate nourishment should be avoided.

These recommendations represent an Ayurvedic clinical interpretation, not a set of dementia-specific treatment recommendations validated by randomized trials.

Medhya Rasayana: possible supportive role:

Charaka describes four Medhya Rasayana approaches: Mandukaparni, Yastimadhu, Guduchi and Shankhapushpi, with specific classical dosage forms described in the Rasayana section.^[13] Their traditional relevance is to Medha and Rasayana effects. Contemporary reviews describe antioxidant, neuroprotective and other experimental mechanisms, but the clinical evidence base remains limited and heterogeneous.^[14]

Published Ayurvedic clinical work on Medhya Rasayana and age-associated memory impairment is of interest, but methodological limitations, small samples and variation in interventions limit the strength of inference. Therefore, these interventions should be described as potentially supportive or hypothesis-generating rather than as established disease-modifying treatments for dementia.

This distinction is particularly important for publication: an Ayurvedic review can legitimately propose a research hypothesis without presenting traditional indications or preclinical mechanisms as proof of efficacy in Alzheimer's disease or other dementias.

DISCUSSION

The central finding of this review is that Ahara offers a useful conceptual bridge between Ayurvedic preventive medicine and contemporary dementia risk reduction, but the bridge is strongest at the level of dietary pattern, nutritional adequacy and metabolic health rather than at the level of individual 'brain foods'. Ayurveda emphasizes wholesome and suitable food, digestive capacity, moderation and individualization. Modern evidence emphasizes balanced dietary patterns, physical activity, vascular risk control and avoidance of malnutrition.^[1,3]

A clinically useful integrated model may therefore be represented as: appropriate Ahara -> appropriate digestion and assimilation -> adequate nutritional status -> maintenance of systemic and metabolic health -> support of functional reserve and cognitive health. Conversely, chronically poor-quality or excessive intake may contribute to obesity, diabetes, hypertension and vascular disease, which are established dementia risk factors.^[3]

The concept of Rasayana adds another dimension by focusing on preservation of function and healthy ageing. However, a publication intended for a biomedical or integrative journal should clearly distinguish classical rationale from clinical evidence. The classical statement that Rasayana promotes memory and intellect supports a traditional rationale; it does not establish efficacy for dementia. Similarly, a herb with neuroprotective activity in experimental models cannot automatically be described as a treatment for Alzheimer's disease.

Current nutritional evidence also argues against an overly reductionist approach. A systematic review of Mediterranean, DASH and MIND dietary patterns suggests that plant-rich dietary patterns are associated with cognitive benefit, but study designs and outcomes vary.^[5,7,8] A 2026 meta-analysis of cohort studies likewise reported a potential reduction in dementia risk with MIND adherence, while acknowledging the broader uncertainty around dietary patterns.^[9] These findings support pattern-based dietary counselling while reinforcing the need for randomized and culturally diverse research.

For Ayurveda, this creates an important research opportunity. Future trials could test standardized, culturally appropriate Ayurvedic dietary patterns against usual care in people with mild cognitive impairment, while measuring cognition, nutritional status, metabolic biomarkers, quality of life and functional outcomes. Such studies would help move the discussion from theoretical compatibility toward clinical evidence.

Limitations

- This is a narrative review and not a systematic review; therefore, publication bias and selection bias cannot be excluded.
- Dementia is a heterogeneous syndrome with multiple causes, and dietary effects may differ by dementia subtype, disease stage and comorbidity.
- Classical Ayurvedic concepts cannot be assumed to have direct biomedical equivalents.
- Evidence for individual Ayurvedic Medhya Rasayana drugs in established dementia remains insufficient for therapeutic claims.
- Contemporary dietary studies are often observational and may be affected by residual confounding, reverse causation and differences in dietary assessment.
- Dietary recommendations must be individualized in the presence of diabetes, kidney disease, heart failure, dysphagia, obesity, undernutrition, food allergies or medication-related restrictions.

Future Research Directions

- Randomized controlled trials of standardized Ayurvedic dietary patterns in mild cognitive impairment and early dementia.
- Prakriti-stratified nutritional studies with validated cognitive outcomes such as MoCA and MMSE.
- Studies examining relationships among Agni-related clinical constructs, nutritional status and metabolic biomarkers.
- Standardized clinical trials of Medhya Rasayana as an adjunct to nutritional and lifestyle care, with transparent safety monitoring.
- Research on culturally adapted Mediterranean-like or MIND-like dietary patterns using Indian foods and Ayurvedic dietary principles.
- Studies of caregiver-supported nutrition, hydration and dysphagia management in moderate and advanced dementia.
- Longitudinal studies examining whether improved dietary quality is associated with changes in cognition, vascular risk and functional independence.

CONCLUSION

Ahara has a foundational role in Ayurveda and provides a coherent framework for discussing nutritional support in Smritibhramsha and cognitive ageing. Dementia should not be equated directly with Smritibhramsha or any single classical disease entity. Instead, cognitive decline

can be explored through the interconnected concepts of Smriti, Medha, Buddhi, Manas, Agni, Dhatu nourishment and Rasayana.

The most defensible contemporary interpretation is that a diverse, balanced and adequate dietary pattern, individualized according to digestive capacity, suitability, metabolic status and disease stage, may support brain and overall health. Mediterranean-like dietary patterns have the strongest current guideline-level support for risk reduction, while evidence for MIND and other healthy patterns is promising but still evolving. Nutritional assessment, hydration, prevention of malnutrition and safe feeding become increasingly important as dementia progresses.^[1,2,6,11]

Ayurvedic Medhya Rasayana provides a valuable traditional research framework, but current evidence does not justify presenting it as a cure or established disease-modifying therapy for dementia. The future of integrative research lies in carefully designed clinical studies that preserve Ayurvedic individualization while using modern diagnostic, nutritional and cognitive outcome measures.

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