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Quantum Medicine, Consciousness, and the Architecture of Suffering The Mental Body as a Field of Thought and Thinking

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Abstract

Quantum medicine proposes that healing and health are not merely biochemical phenomena, but emergent properties of consciousness structured through nested informational layers. This paper introduces a Five-Body Model of Consciousness—Bliss Body, Supramental Body, Mental Body, Vital Body, and Physical Body—each representing progressively denser expressions of quantum information into biological form. We argue that the Mental Body, located between the intuitive Supramental and the energetic Vital, is the central interface where consciousness begins to localize and self-identify. Here, we propose a novel distinction: thoughts arise from the Quantum Self as passive informational patterns, while thinking is an active process of attention by the Mind engaging with those patterns. It is this act of “thinking about thought,” we argue, that constitutes the core mechanism of human suffering.

While traditions such as Vedanta, Buddhism, and even modern cognitive neuroscience explore elements of this duality, we formalize the interaction as a bidirectional coupling between quantum informational fields (thoughts) and recursive neural processing (thinking). This feedback loop mirrors Integrated Information Theory (IIT) and Recurrent Processing Theory (RPT), but shifts the causal vector downward: from consciousness to chemistry. We further explore how meditation, yoga, and altered brainwave states serve to collapse overactive thinking loops, allowing the system to rest in the non-local field of the Quantum Self.

We conclude by proposing that true mental health arises not from altering neurochemistry, but from disidentification with thinking itself—reframing suffering as an artifact of misperceived agency within the Mental Body’s architecture.

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1) INTRODUCTION

1.1 Context and Motivation

The emergence of quantum medicine signals a profound shift in the biomedical paradigm—one that views health not merely as the absence of disease, but as the coherence of consciousness across multiple domains of existence. While traditional medicine localizes health in the physical body, and psychiatry in the brain, quantum medicine posits that the physical is but the final condensation of a much deeper ontological architecture. Drawing from ancient systems such as Vedanta, Ayurveda, and Kabbalah—as well as from modern theories of consciousness including Integrated Information Theory (IIT), Recurrent Processing Theory (RPT), and quantum biology—this model introduces Five Bodies of Consciousness:

1. The **Bliss Body** (Anandamaya Kosha): the non-local zero-point field of pure awareness.
2. The **Supramental Body**: the field of archetypes, intuition, and heart-brain coherence.
3. The **Mental Body**: the domain of cognition, where thoughts arise and thinking occurs.
4. The **Vital Body**: the electromagnetic/pranic field connecting mind and matter.
5. The **Physical Body**: the dense biological organism.

This paper focuses on the **Mental Body**, specifically on its unique architecture of suffering. We argue that the act of thinking—engaging attention with thought—is the singular origin of psychological suffering. A person does not suffer

from a thought itself, but from their identification with it. Drawing on the distinction between the **Quantum Self** (the source of thought) and the **Mind** (the actor in thinking), we propose a framework that explains the genesis of inner turmoil and offers a quantum-informed path toward psychological liberation.

2) THEORETICAL FRAMEWORK

2.1 Consciousness as Layered Information

In emergent spacetime models—such as holographic dualities and loop quantum gravity—geometry itself is not fundamental but arises from entanglement and information [1–4]. Quantum medicine analogously holds that biology emerges from subtle informational blueprints—morphogenetic fields, electromagnetic signatures, or quantum coherence patterns [5–6].

The Five-Body model adapts these principles, positing that each body represents a nested layer of reality, progressively localizing consciousness into form. The **Mental Body** functions as a bridge between higher-order archetypal insight and lower-order energetic embodiment. It is the site where abstract potential collapses into identity and narrative.

2.2 Thought and Thinking: The Architecture of the Mental Body

Whereas the Supramental Body expresses intuition and archetype, the Mental Body engages in linguistic cognition. We distinguish between **thought**—a passive, spontaneous emergence

from the field of awareness—and **thinking**—a recursive process of attention engaging with thought.

- **Thoughts** arise unbidden, often correlated with DMN (Default Mode Network) activity.
- **Thinking** involves recursive loops of judgment, narration, and attachment—correlated with prefrontal and midline cortical activity.

Integrated Information Theory (IIT) defines consciousness as the capacity for differentiated integration of information [7]. We propose that the **Mind’s act of thinking artificially integrates thought**, constructing a false sense of self. This misidentification is the root of psychological suffering.

3) EMPIRICAL AND PHILOSOPHICAL FOUNDATIONS

3.1 Neuroscience of Recursive Thought

The Default Mode Network (DMN)—involving the medial prefrontal cortex, posterior cingulate cortex, and angular gyrus—is activated during self-referential thought, rumination, and mind-wandering [8]. Overactivation of this network correlates with depression and anxiety [9]. These findings align with our model: **recursive thinking**, not thought itself, is the generator of suffering.

3.2 EEG Coherence and Non-Thinking States

Studies on advanced meditators reveal decreased DMN activity and increased alpha-theta

coherence during states of sustained non-thinking [10–11]. Gamma and hyper-gamma activity have also been observed in moments of deep absorption, sometimes described as “contact with the field” [12]. These findings support the notion that mental coherence emerges when the Mind ceases thinking.

3.3 Philosophical Parallels

Advaita Vedanta, Zen Buddhism, and modern cognitive science converge on the idea that the self is not the thinker. Thomas Metzinger’s model of the self as a “transparent self-model” echoes ancient insight: the Mind is not the Self [13]. Liberation arises when awareness withdraws from its identification with the mental narrative.

3.4 A Quantum Medical Interpretation

Psycho-neuroimmunology research shows that ruminative thinking patterns negatively affect immune response, inflammation, and HRV [14]. From a quantum medical view, this reflects incoherence in the Mental Body, which cascades downward into the Vital and Physical Bodies. Healing occurs not by altering brain chemistry, but by returning awareness to the field of thought before it is claimed by the Mind.

4) EXPERIMENTAL PROPOSALS AND FUTURE DIRECTIONS

4.1 EEG + Bio-Well Coherence Mapping

We propose a three-state protocol:

- **Baseline rest** (DMN-dominant)

- **Directed thinking** (ruminative focus)
- **Non-thinking meditation** (open awareness or mantra-based)

Body dysfunction.

EEG and Bio-Well GDV scans are conducted across all three. We hypothesize that non-thinking states will correlate with:

- Increased alpha–theta EEG coherence
- Decreased DMN activity
- Increased energy symmetry and field coherence (Bio-Well)

This would provide the first dual-modality map of **Mental Body coherence**.

4.2 Guided Non-Thinking Interventions

Through breathwork, self-inquiry, and attention redirection, participants disengage from thought-identification. Neurofeedback and pre/post Bio-Well scans can assess shifts in coherence, validating that disidentification restores energetic integrity.

4.3 The Thought–Thinking–Suffering Continuum

We suggest the creation of a continuum model:

1. Thought emergence
2. Thinking engagement
3. Suffering
4. Collapse into non-thinking (Quantum Self contact)

Empirical data across EEG, HRV, and GDV measurements can place individuals along this scale, offering a diagnostic framework for Mental

5) CONCLUSION AND PHILOSOPHICAL IMPLICATIONS

We have proposed that the **Mental Body is the origin site of human suffering**, not due to thought itself, but due to the recursive process of thinking. Neuroscience supports this claim, showing how DMN over activation correlates with psychological distress, and how meditative states—correlated with increased coherence and decreased narrative engagement—restore balance.

Quantum medicine invites us to reverse the traditional causal arrow: it is not the brain that generates consciousness, but the **collapse of consciousness into thinking** that creates the illusion of self. Healing, in this view, is not biochemical—it is **the return of awareness to its native field**, the Quantum Self.

To conclude: the Mind suffers because it thinks about thought. The Self does not suffer—because it watches thought without identity.

Bibliography

- 1) Van Raamsdonk, M. (2010). Building up spacetime with quantum entanglement. *General Relativity and Gravitation*.
- 2) Rovelli, C. (2004). *Quantum Gravity*. Cambridge University Press.
- 3) Susskind, L. (1995). The world as a hologram. *Journal of Mathematical Physics*.
- 4) Hooft, G. (1993). Dimensional reduction in quantum gravity. arXiv preprint gr-qc/9310026.
- 5) Sheldrake, R. (1981). *A New Science of Life*. Blond & Briggs.
- 6) Rubik, B. (2002). The biofield hypothesis: Its biophysical basis and role in medicine. *The Journal of Alternative and Complementary Medicine*.
- 7) Tononi, G. (2004). An information integration theory of consciousness. *BMC Neuroscience*.
- 8) Raichle, M. E. (2001). A default mode of brain function. *PNAS*.
- 9) Hamilton, J. P. et al. (2011). Default-mode and task-positive network activity in major depressive disorder. *PNAS*.
- 10) Lutz, A. et al. (2004). Long-term meditators self-induce high-amplitude gamma synchrony. *PNAS*.
- 11) Goleman, D., & Davidson, R. J. (2017). *Altered Traits*. Penguin Random House.
- 12) Dispenza, J. (2017). *Becoming Supernatural*. Hay House.
- 13) Metzinger, T. (2009). *The Ego Tunnel*. Basic Books.
- 14) Slavich, G. M., & Cole, S. W. (2013). The emerging field of human social genomics. *Clinical Psychological Science*.