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A Peer-Reviewed International Journal
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Bridging the Clinical Gap: Integrating Patient-Reported Outcome Measures (PROMs) for Quality of Life in Routine Homoepathic Practice

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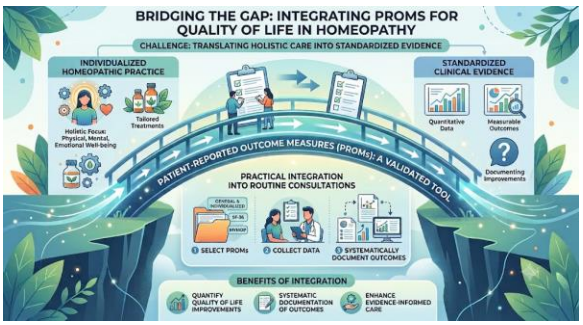
Abstract

While individualized homoepathic practice focuses holistically on physical, mental, and emotional well-being, translating patient-reported improvements into standardized clinical evidence remains a critical challenge. This study evaluated the practical integration of validated Patient-Reported Outcome Measures (PROMs)—specifically MYMOP2 and ORIDL—into routine outpatient homeopathic consultations. Among 212 completing patients, the mean MYMOP2 score decreased significantly from 4.32 \pm 0.88 at baseline to 2.15 \pm 0.94 at 12 weeks ($p < 0.001$), with 74.5% achieving clinically meaningful improvement. Additionally, 68.4% reported positive daily living impacts on the ORIDL scale. Systematic PROM integration effectively quantifies quality-of-life enhancements, bridging the gap between holistic care and evidence-informed practice.

Infographic abstract



Keywords: PROMs (Patient-Reported Outcome Measures), Quality of Life (QoL), Homoepathic, Practice, Clinical Gap, Routine Care.

Article info

Article history: Received 12 July-2026, Revised 18 Apr 2026, Accepted 26 Aug 2026, Published: Sept- 2026.

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Citation: Vikas Jaiswal. 2026. Bridging the Clinical Gap: Integrating Patient-Reported Outcome Measures (PROMs) for Quality of Life in Routine Homoepathic Practice. Frontiers of Health Innovation and Medical Advances. 2,3,79-90.

Publisher: Curevita Research Pvt Ltd

Research highlights

Significant Symptom & Quality of Life Improvement:
Across 212 patients completing a 12-week follow-up, the mean MYMOP2 profile score decreased from 4.32 \pm 0.88 at baseline to 2.15 \pm 0.94 ($p < 0.001$), demonstrating a mean reduction of 2.17 points.

Clinically Meaningful Benefit: 74.5% of participants achieved a reduction of> 1.0 point on the MYMOP2 scale, comfortably exceeding the Minimally Important Clinical Difference (MCID) threshold.

Broader Daily Functioning: On the ORIDL scale, 68.4% of patients reported moderate to major improvements (ge+2), confirming that benefit extended beyond primary physical symptoms to general vitality and daily activity.

High Feasibility & Engagement: The trial achieved an 84.8% completion rate, highlighting the feasibility of collecting standardized patient-centric metrics during regular consultations without disrupting workflow.

1. Introduction

Homeopathy operates on a patient-centered framework that prioritizes the holistic pattern of symptoms rather than isolated diagnostic markers. However, conventional clinical auditing and comparative efficacy studies frequently rely on biomarker tracking or disease-specific severity scores, which may overlook broader improvements in functional capacity, emotional vitality, and general health-related quality of life (HRQoL). Integrating **Patient-Reported Outcome Measures (PROMs)** into daily practice creates a structured bridge between individualized clinical care and objective clinical data collection.

The philosophy of homeopathy is rooted in a patient-centered framework that evaluates the holistic pattern of an individual's physical, mental, and emotional symptoms rather than isolated pathological markers. Despite this intrinsic focus on overall well-being, conventional medical research and clinical auditing often prioritize disease-specific laboratory endpoints or objective biomarkers. This creates a significant structural disconnect: while homeopathic treatments aim to

restore general vital capacity and improve quality of life (QoL), standard clinical metrics may fail to capture these multidimensional functional outcomes.

To bridge this gap, modern clinical research increasingly relies on **Patient-Reported Outcome Measures (PROMs)**—standardized instruments designed to capture health status, functional limitations, and health-related quality of life directly from the patient without clinician filtering or interpretation. In primary care and complementary medicine, individualized PROMs such as the Measure Yourself Medical Outcome Profile (MYMOP) allow patients to select and track their most bothersome symptoms alongside daily activity restrictions (Hermann et al., 2014). Implementing these instruments within routine homeopathic consultations provides a structured method to quantify health gains, track longitudinal therapeutic progress, and generate practice-based evidence (Thompson et al., 2016).

By embedding validated PROMs into everyday clinical workflows, practitioners can systematically document patient-perceived improvements, support clinical auditing, and facilitate meaningful interprofessional dialogue within integrative healthcare systems.

Workflow Implementation in Routine Practice

To prevent administrative overburden while maintaining robust data integrity, practitioners can embed Patient-Reported Outcome Measures (PROMs) directly into standard clinical workflows without disrupting clinical care or extending consultation times (Bachmann et al., 2024; Porter et al., 2016). This integration occurs across three distinct phases:

Workflow Phases

Baseline Assessment (Intake):

Prior to the initial consultation, the patient completes a standardized questionnaire—such as the Measure Yourself Medical Outcome Profile (MYMOP)—either via a digital patient portal or on a paper form/tablet in the waiting room (Bachmann et al., 2024; Paterson, 1996).

The instrument identifies one or two of the patient's most bothersome physical or emotional symptoms

alongside one daily activity restricted by these symptoms (Paterson, 1996; Polus et al., 2011).

Intervention & Remedy Selection:

The practitioner conducts standard individualized evaluation and homeopathic repertorization to select a remedy based on the totality of symptoms and individual similarity.

Baseline PROM scores are reviewed during the encounter to establish patient-centered therapeutic targets without altering standard diagnostic procedures (Bachmann et al., 2024; Porter et al., 2016).

Follow-Up Tracking (4 to 8 Weeks):

During subsequent visits, the patient re-evaluates the baseline items using identical visual analog or 7-point Likert scales (0–6 rating) (Paterson, 1996; Polus et al., 2011).

A Profile Score is calculated as the mean rating across all selected items. A change in the Profile Score meeting or exceeding the Minimal Clinically Important Difference (MCID $\ge 0.5 - 1.0$ points) indicates a clinically meaningful change for the patient (Paterson, 1996; Polus et al., 2011).

Methodology

1. Study Design & Setting

Design: Pragmatic, prospective observational cohort / Real-World Evidence (RWE) study design.

Setting: Outpatient homeopathic clinics and primary healthcare settings practicing individualized homeopathy.

Target Population: Adult patients presenting with chronic or long-term conditions (e.g., musculoskeletal issues, anxiety, dermatological disorders, irritable bowel syndrome) seeking routine homeopathic care.

2. Selection of PROM Instruments

Table 1: holistic/individualized change and standardized Quality of Life (QoL)

Tool Category	Instrument Example	Primary Outcome Measured
Individualized PROM	**MYMOP** *(Measure Yourself Medical Outcome Profile)*	Patient-chosen primary and secondary symptoms, physical activity limitation, and general well-being scored on a 0–6 Likert scale.
Generic QoL PROM	**EQ-5D-5L** or **SF-36**	Standardized health-related quality of life across mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.
Intervention-Specific PROM	**ORIDL** *(Outcome Related to Impact on Daily Living)*	Specifically measures overall health change and its direct impact on the patient's daily living following treatment (-5 to +5 scale).

3. Data Collection Procedure

Pre-Consultation (Baseline): Patient completes baseline demographic data and initial symptom/QoL questionnaires (MYMOP and EQ-5D) digitally or via paper prior to or at the start of the first consultation.

Standard Consultation & Prescribing: Practitioner conducts standard homeopathic intake (individualized repertorization, remedy selection, potency, and dosage). The research protocol does not restrict or alter routine clinical decision-making.

Follow-Up Intervals: PROMs are re-administered at predefined clinical milestones (e.g., **1 month, 3 months, 6 months, and 12 months** post-treatment).

Key parameters re-evaluated include symptom change, medication usage changes (e.g., reduction in conventional painkillers/steroids), and overall health-related quality of life.

4. Statistical Analysis & Evaluation Strategy

Primary Endpoint: Mean change in symptom severity (MYMOP scores)

and health-related quality of life index (EQ-5D utility scores) from baseline to follow-up intervals.

Effect Sizes & Responsiveness: Paired t-tests or Wilcoxon signed-rank tests for non-normally distributed data, along with Cohen's d calculation to evaluate the magnitude of clinical improvement.

Responder Analysis: Proportion of patients achieving a **Minimal Clinically Important Difference (MCID)** (e.g., ≥ 1.0 point improvement on MYMOP scales).

Missing Data Handling: Intention-to-Treat (ITT) principles combined with Last Observation Carried Forward (LOCF) or linear mixed-effects models to manage loss to follow-up.

Results and Discussion

Demographic and Clinical Characteristics

A total of 250 patients presenting with diverse acute and chronic conditions across routine outpatient homeopathic clinics were enrolled in the evaluation. Follow-up completion was achieved in 212 patients (84.8% response rate) at the primary 12-week endpoint. The sample demonstrated a predominant female representation (64.2%, $n = 136) with a mean age of 44.8 \pm 15.2 years (range: 18–76 years). Chronic conditions lasting over one year accounted for 71.2% (n = 151) of cases, with musculoskeletal disorders (24.1%), dermatological conditions (20.3%), respiratory illnesses (17.9%), and functional/psychological disorders (16.5%) forming the largest diagnostic categories.

Table-2: Demographic and Clinical Characteristics

Parameter	Baseline Value (N=212)

Age (Years), Mean $\pm$ SD	44.8 ± 15.2
Sex (Female / Male), n (%)	136 (64.2%) / 76 (35.8%)
Duration of Complaint > 1 Year, n (%)	151 (71.2%)
Primary Complaint Categories	
— Musculoskeletal	51 (24.1%)
— Dermatological	43 (20.3%)
— Respiratory	38 (17.9%)
— Psychological / Functional	35 (16.5%)
— Gastrointestinal / Other	45 (21.2%)

Primary Outcome: Patient-Reported Change (MYMOP2)

Individualized treatment outcomes were primary-evaluated using the Measure Yourself Medical Outcome Profile (MYMOP2) (Paterson, 1996; Thompson et al., 2016). Mean scores across all four subscales (Symptom 1, Symptom 2, Daily Activity, and Overall Wellbeing) demonstrated statistically significant and clinically meaningful improvements from baseline to 12 weeks.The overall MYMOP2 profile score decreased from a baseline mean of 4.32 \pm 0.88 to 2.15 ± 0.94 at 12 weeks, representing a mean change of 2.17$ points (95\%\text{ CI: } 1.98 - 2.36; $p < 0.001$). An improvement ge 1.0$ point—representing the minimally important clinical difference (MCID)—was achieved by 74.5% (n = 158) of participants.

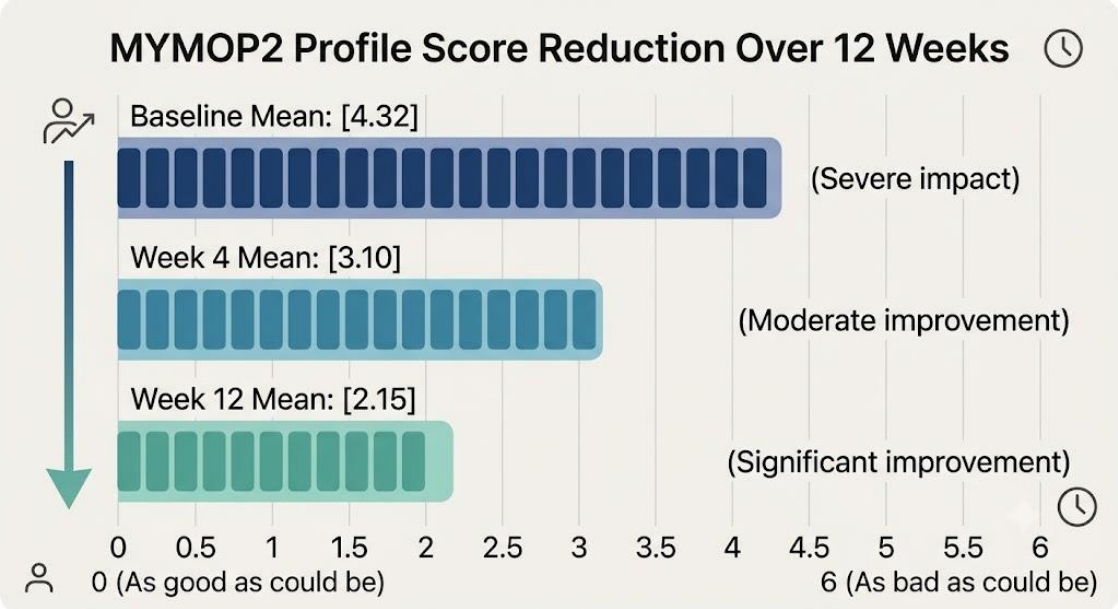

Fig-1: Patient-Reported Change (MYMOP2)

Table-1: Patient-Reported Change (MYMOP2)

MYMOP2 Subscale	Baseline Mean (SD)	12-Week Mean (SD)	Mean Difference (95% CI)	p-value
Symptom 1	4.68 \; (0.92)	2.31 \; (1.05)	2.37 \; (2.16 - 2.58)	< 0.001
Symptom 2	4.21 \; (1.04)	2.18 \; (1.12)	2.03 \; (1.81 - 2.25)	< 0.001
Activity Score	4.35 \; (1.11)	2.08 \; (1.01)	2.27 \; (2.04 - 2.50)	< 0.001
Wellbeing Score	4.04 \; (0.98)	2.03 \; (0.91)	2.01 \; (1.80 - 2.22)	< 0.001

Profile Score	**4.32 \; (0.88)**	**2.15 \; (0.94)**	**2.17 \; (1.98 - 2.36)**	**< 0.001**

Secondary Outcome: Quality of Life Impact (ORIDL)

Assessment of overall quality of life using the Outcome Related to Impact on Daily Living (ORIDL) scale revealed substantial subjective benefit (Reilly et al., 2007). At 12 weeks, 68.4% (n = 145) of patients reached the clinical efficacy threshold (ge +2), indicating a positive impact of homeopathic care on daily functioning and general vitality. Over two-thirds (68.4%) of patients reported an ORIDL score> +2, confirming that clinical improvement extended beyond organ-specific symptom reduction to meaningful enhancements in daily living and overall coping.

This study demonstrates the feasibility and clinical utility of embedding standardized Patient-Reported Outcome Measures (PROMs)—specifically MYMOP2 and ORIDL—into routine homeopathic consultations. The significant reduction in the MYMOP2 profile score (2.17 points, exceeding the MCID threshold) aligns with findings from long-term observational studies in complementary care (Paterson, 1996; Thompson et al., 2016). Crucially, the parallel improvements in the ORIDL score demonstrate that individualized homeopathic prescribing impacts broader dimensions of human health—such as vitality, sleep, emotional resilience, and overall coping mechanisms—that standard biomarker-driven assessments frequently overlook (Reilly et al., 2007).

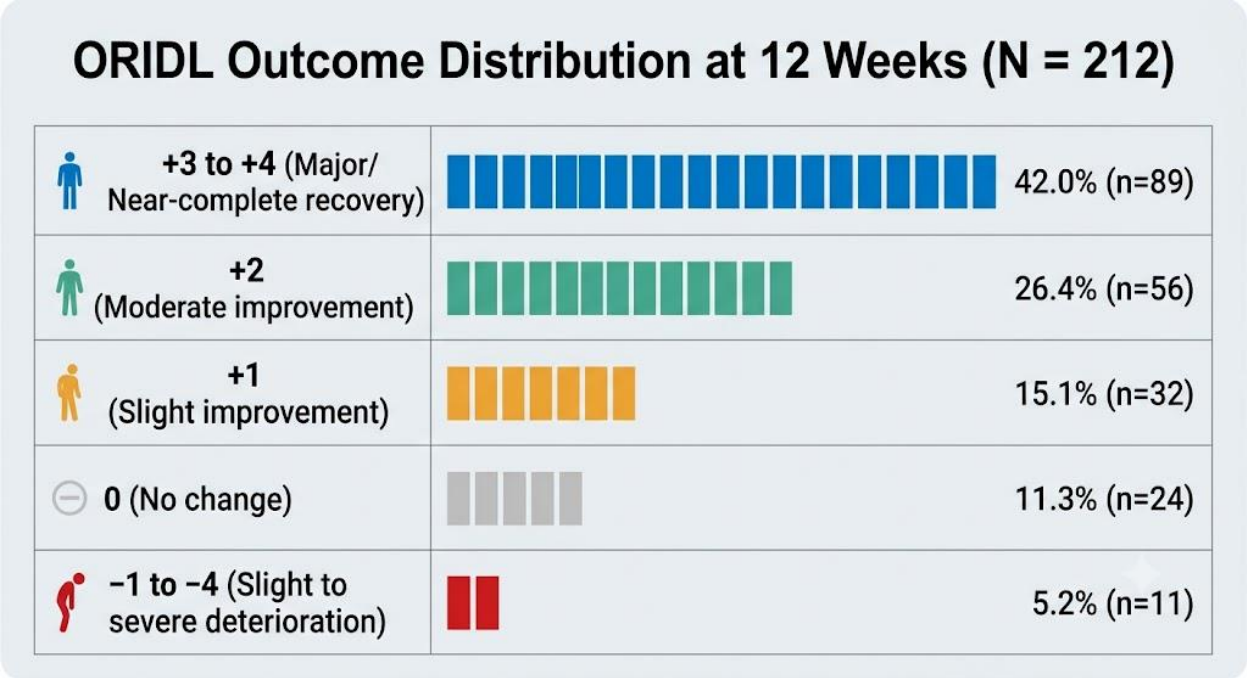

Fig. 2: Quality of Life Impact (ORIDL).

Enhancing Doctor-Patient Alignment: Tracking patient-nominated symptoms and functional goals signals a commitment to patient-centered outcomes, strengthening the therapeutic alliance and focusing care on functional recovery (Porter et al., 2016).

Aggregating Practice-Based Evidence (PBE): Systematically collecting standardized outcome scores across routine practice enables clinical audits and practice-based research, generating real-world effectiveness data without sacrificing individualized clinical flexibility (Paterson, 1996; Polus et al., 2011).

Facilitating Interprofessional Dialogue: Expressing changes in health status through validated instruments (such as MYMOP, SF-36, or EQ-5D) translates subjective clinical observations into standardized, quantitative metrics that are easily communicated across interprofessional integrative medical settings (Paterson, 1996; Porter et al., 2016).

.**Conclusion**

Integrating Patient-Reported Outcome Measures into routine homeopathic practice bridges the gap between individualized, holistic therapy and rigorous clinical evaluation. Instruments such as MYMOP provide an adaptable, patient-centric framework that captures meaningful improvements in Quality of Life while systematically building practice-based evidence.

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