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The Art of Rubric Selection in Homoeopathic Repertorisation: Principles, Challenges and Clinical Significance

Dr. Rupal Thummar[1], Dr. Amar Sheth[2], Dr. Nitin Patel[3]

[1]PG Scholar, MD Homoeopathy, Homoeopathic Repertory and Case Taking, [2,3]Professor,
[1,2,3]Shree B. G. Garaiya Homoeopathic Medical College & Hospital, Rajkot, Gujarat, India

ABSTRACT

Background

Repertorisation is an important method in traditional homoeopathic practice for analysing the symptoms obtained during case-taking and identifying medicines listed under corresponding repertorial rubrics. The accuracy of repertorisation depends substantially on the selection and interpretation of rubrics. Inappropriate rubric selection, excessive emphasis on common symptoms, and overlooking characteristic features may influence the final repertorial result.

Objective

This review aims to discuss the principles of rubric selection in homoeopathic repertorisation, examine the approaches described in major repertorial traditions, identify common challenges, and explore the clinical and methodological significance of standardised symptom interpretation.

Methods

A narrative review approach is adopted to discuss concepts drawn from classical homoeopathic literature, including the writings of Hahnemann, Kent, Boenninghausen, and Phatak, alongside relevant methodological literature on clinical reasoning and evidence evaluation. The article presents a conceptual synthesis rather than a systematic review. No original patient data or new clinical outcomes are reported.

Discussion

Rubric selection involves the careful interpretation of symptoms, differentiation between common and characteristic features, evaluation of modalities and concomitants, and selection of rubrics that accurately represent the patient's reported experience. Different repertorial systems may emphasise different aspects of a case. This can create variation between practitioners and affect reproducibility. A structured approach to case analysis, transparent documentation, and critical evaluation of repertorial results may improve consistency in repertorial practice.

Conclusion

Rubric selection is a fundamental interpretative step in homoeopathic repertorisation. Its quality depends on accurate case-taking, faithful translation of symptoms into repertorial language, appropriate use of repertories, and awareness of methodological limitations. Further empirical research is needed to assess the reliability and clinical significance of rubric selection.

KEYWORDS: *Homoeopathy, repertorisation, rubric selection, repertory, case-taking, symptom analysis, individualisation, clinical reasoning.*

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1. INTRODUCTION

Homoeopathic repertorisation is a method traditionally used to organise the symptoms of a patient and identify medicines associated with those symptoms in a repertory. A repertory is generally arranged through rubrics and subrubrics, under which medicines are listed according to the repertory's compilation principles and grading system.

The repertory serves as a reference tool during the analysis of a homoeopathic case. It does not replace case-taking, clinical assessment, diagnostic reasoning,

or the practitioner's responsibility to interpret the patient's symptoms. Its practical usefulness depends partly on how accurately the symptoms are understood and represented.

Rubric selection is one of the most important stages of repertorisation because the information entered into a repertory determines which medicines are subsequently displayed. A symptom may be expressed in ordinary language, whereas a repertory may contain a more specific or differently worded rubric. The practitioner must therefore interpret the patient's account without changing its original meaning.

For example, a patient may describe headache that becomes worse in sunlight and improves after resting in a dark room. The practitioner must distinguish the headache itself from its aggravating and ameliorating circumstances. Selecting rubrics that accurately represent these features is different from choosing broad rubrics simply because they are easy to locate.

Classical homoeopathic literature places considerable emphasis on individualisation and the careful evaluation of symptoms. Hahnemann discussed the importance of obtaining a complete and characteristic representation of the disease, while Kent and Boenninghausen developed approaches to symptom evaluation and repertorial analysis. Phatak's repertory provides another concise repertorial resource for locating symptoms and associated medicines.

Although rubric selection is traditionally regarded as an essential skill in homoeopathic education, differences in interpretation may occur between practitioners. These differences raise important questions about consistency, transparency, and the reproducibility of repertorial results.

This review examines rubric selection as both a practical repertorial skill and a methodological issue in homoeopathic case analysis.

2. AIM AND OBJECTIVES

2.1. Aim

To critically discuss the principles, challenges, and clinical significance of rubric selection in homoeopathic repertorisation.

2.2. Objectives

1. To explain the concept and importance of rubric selection.
2. To discuss the major principles involved in selecting appropriate rubrics.
3. To review the approaches to symptom analysis described in classical homoeopathic literature.
4. To identify common errors and challenges encountered during rubric selection.
5. To discuss the importance of consistency, documentation, and standardisation in repertorial practice.
6. To identify areas requiring further methodological and clinical research.

3. CONCEPT OF RUBRIC SELECTION

A rubric is a heading in a repertory under which one or more medicines are listed in association with a particular symptom or symptom characteristic. A rubric may describe a location, sensation, modality, concomitant, mental symptom, general symptom, or another clinically relevant feature, depending on the repertory's structure.

Rubric selection is the process of identifying the repertorial headings that most accurately represent the symptoms obtained during case-taking.

The process involves several related steps:

1. Obtaining a clear account of the patient's complaints.
2. Clarifying the location, sensation, onset, duration, and progression of symptoms.
3. Identifying aggravating and ameliorating circumstances.
4. Recording associated or concomitant symptoms.
5. Distinguishing individual features from common manifestations.
6. Locating suitable rubrics in the selected repertory.
7. Verifying the rubric's meaning and scope.
8. Reviewing the resulting repertorial analysis in the context of the complete case.

These steps are interdependent. An inaccurate understanding of a symptom may lead to an inappropriate rubric, while an overly broad rubric may fail to represent the distinctive feature of the complaint.

Rubric selection should therefore be regarded as an interpretative process rather than a simple exercise in searching for matching words.

4. PRINCIPLES OF RUBRIC SELECTION

4.1. Accuracy of symptom interpretation

The first principle is to understand the symptom as described by the patient. The practitioner should clarify the meaning of expressions such as burning, pressing, throbbing, stitching, cramping, or tearing pain.

Similar words may represent different experiences. Conversely, patients may use different words to describe comparable sensations. The practitioner should clarify the experience before assigning a repertorial term.

For example, a patient describing abdominal pain as "pulling" should be questioned about the nature and location of the sensation rather than having the symptom automatically converted into a different repertorial description.

The selected rubric should preserve the meaning of the original symptom as closely as possible.

4.2. Individualisation and characteristic symptoms

Classical homoeopathic literature emphasises the importance of individualising the case. In repertorial practice, this involves distinguishing symptoms that are common to many patients from those that provide more specific information about the individual case.

A symptom may be considered distinctive because of its unusual nature, clear modality, peculiar concomitant, or specific circumstances of occurrence.

For example, headache is a common complaint. Headache associated with a clearly described aggravation from a particular activity and relief under a specific circumstance provides additional information for repertorial analysis.

However, a symptom should not be considered important merely because it sounds unusual. Its accuracy, relevance, consistency, and relationship to the overall case must also be considered.

4.3. Evaluation of modalities

Modalities describe circumstances that aggravate or ameliorate a symptom. They may include the effects of movement, rest, posture, temperature, time, food, pressure, or environmental conditions.

A clear modality can help differentiate between otherwise similar symptom descriptions.

For example, two patients may report knee pain, but one may describe aggravation during movement while the other reports aggravation after prolonged inactivity. These distinctions may be relevant when selecting rubrics.

Modalities should be recorded only when supported by the patient's account or appropriate observation. An assumed modality should not be introduced simply because it appears in a familiar medicine's traditional description.

4.4. Importance of concomitant symptoms

Concomitants are symptoms occurring alongside the principal complaint. In traditional homoeopathic case analysis, these may be considered when they provide distinctive information about the presentation.

For example, a headache may occur with nausea, visual disturbance, or another associated complaint. Each feature should be clarified and recorded separately when appropriate.

The practitioner should distinguish a genuinely associated symptom from an unrelated complaint or a symptom that is merely presumed to accompany the condition.

Concomitants can contribute to the completeness of the case, but their significance should not be exaggerated without sufficient clinical justification.

4.5. General and particular symptoms

General symptoms are traditionally understood as features reflecting the patient's overall state, whereas particular symptoms relate to a specific organ, region, or complaint.

The distinction is not always straightforward. A symptom may be local in location but have a broader significance if its characteristics are clearly individualised.

For example, a general preference for warmth differs from a report that a particular painful area improves with local warmth. These observations should not automatically be treated as identical.

The practitioner must understand the context of each symptom and select rubrics that correspond to the actual information obtained.

4.6. Appropriate use of repertory language

Repertories may use terminology that differs from modern everyday language. The practitioner must identify the closest accurate rubric while avoiding unjustified changes in meaning.

A patient's statement should not be forced into a rubric merely because the wording appears similar. The definition, subrubrics, cross-references, and arrangement of the selected repertory should be checked whenever possible.

The same symptom may be represented differently across repertories. Therefore, the name of the repertory and the exact rubric selected should be documented, particularly in academic work.

4.7. Avoidance of unnecessary rubrics

Including too many rubrics may make a repertorisation appear comprehensive while actually reducing its interpretative clarity.

Common symptoms may receive excessive weight, while weakly supported or repetitive symptoms may introduce noise into the analysis. Conversely, excluding important symptoms may produce an incomplete representation of the case.

A balanced selection should include sufficiently informative symptoms without reproducing every

detail of the patient's history as a separate repertorial entry.

4.8. Verification of the final rubric

Before a rubric is used, the practitioner should verify:

- The exact wording of the rubric.
- Its position within the repertory.
- The meaning of its subrubrics.
- Any relevant cross-references.
- The medicines listed and their grades, where applicable.
- Whether the rubric accurately represents the recorded symptom.

This verification is particularly important when using digital repertories, where search functions may display related terms without fully explaining their context.

5. APPROACHES TO RUBRIC SELECTION IN CLASSICAL REPERTORIAL SYSTEMS

Different repertorial traditions offer different ways of organising and evaluating symptoms. Their approaches should be understood in relation to their respective structures and theoretical foundations.

5.1. Kent's approach

Kent's repertory is an important reference in homoeopathic repertorial education. It is organised hierarchically, with general sections followed by progressively more specific categories and subcategories.

Kent's approach is commonly associated with attention to the patient's individual characteristics, mental symptoms, general symptoms, and particular complaints. In educational practice, students are taught to analyse the case and identify symptoms considered important for individualisation.

Rubric selection using Kent's repertory requires familiarity with its arrangement, terminology, subrubrics, and medicine grading system.

One challenge is that the hierarchy of the repertory may encourage inexperienced users to select a broad rubric without adequately examining the more specific subrubrics. A careful reading of the rubric structure is therefore necessary.

Kent's repertory should be used as a structured reference rather than as a substitute for clinical assessment or critical reasoning.

5.2. Boenninghausen's approach

Boenninghausen's repertorial tradition is associated with systematic symptom analysis and the evaluation of modalities and concomitant features.

In this approach, the characteristics of a complaint may be analysed through aspects such as location, sensation, modalities, and associated symptoms. The importance of these elements depends on the information available in the case.

For example, a local pain may be described accurately by its site, sensation, aggravating circumstances, ameliorating circumstances, and associated features.

This approach highlights the value of examining a symptom in its component parts rather than selecting a rubric based solely on the name of the disease or the anatomical location.

A potential difficulty arises when practitioners combine symptom components without adequate justification. A rubric combination should reflect the patient's actual experience, not a hypothetical symptom picture.

5.3. Phatak's approach

Phatak's repertory is widely used as a concise reference for locating symptoms and associated medicines. Its practical appeal includes its compact presentation and clinically oriented repertorial structure.

In postgraduate repertory education, Phatak's repertory can be studied for its rubric wording, organisation, medicine listings, and relationship to other repertorial sources.

Rubric selection requires familiarity with the specific edition being used. The practitioner should verify the exact wording and medicine entries rather than assume that a rubric is identical across different repertories.

Because repertories may differ in structure and content, results obtained from Phatak's repertory should not automatically be considered equivalent to those obtained from Kent's or Boenninghausen's repertorial systems.

5.4. Comparative perspective

The three approaches offer useful opportunities for academic comparison.

Feature	Kent's repertory	Boenninghausen's repertorial tradition	Phatak's repertory
Organisation	Hierarchical repertorial structure	Systematic organisation of symptom characteristics	Concise repertorial arrangement
Common educational emphasis	General and particular symptoms; individualisation	Location, sensation, modalities and concomitants	Practical rubric reference and symptom lookup
Rubric selection challenge	Correct use of hierarchy and subrubrics	Accurate analysis of symptom components	Familiarity with exact rubric wording and scope
Important verification step	Check rubric hierarchy and grades	Confirm that symptom components are supported by the case	Verify entries in the specific edition used

This table provides a broad educational comparison rather than a claim that every practitioner or edition follows exactly the same method. Detailed comparison should be supported by the original repertories and their explanatory texts.

6. COMMON CHALLENGES IN RUBRIC SELECTION

6.1. Ambiguous patient language

Patients may describe symptoms using regional expressions, figurative language, or terms that have different meanings in different contexts. A word such as “heavy” may refer to pressure, fullness, weakness, or discomfort.

The practitioner should clarify the description through neutral questions before selecting a rubric.

Leading questions should be avoided because they may influence the patient's response and introduce information that was not originally reported.

6.2. Translation difficulties

Case-taking may involve communication in Gujarati, Hindi, English, or another language, while the repertory uses English or traditional medical terminology.

Translation may alter the meaning or intensity of a symptom. A regional expression may not have a direct equivalent in the repertory.

Recording the patient's original words, followed by a carefully interpreted clinical description, can improve transparency and reduce the risk of distortion.

6.3. Overemphasis on mental symptoms

Mental and emotional symptoms are included in many traditional homoeopathic approaches to individualisation. However, their use requires careful assessment.

A temporary emotional response, a general personality description, and a persistent symptom are not necessarily equivalent. Practitioners should avoid assigning mental rubrics based on assumptions or isolated impressions.

Mental symptoms must be documented sensitively, interpreted in context, and distinguished from symptoms that require appropriate psychological or psychiatric evaluation.

6.4. Over-reliance on familiar remedies

A practitioner may become familiar with particular medicines and unconsciously select rubrics that favour those medicines. This creates a risk of confirmation bias.

For example, selecting a rubric because it is traditionally associated with a preferred medicine, rather than because the patient's symptom fits the rubric, reverses the intended direction of analysis.

A more transparent method is to document the symptom first, select the rubric independently, and then review the listed medicines.

6.5. Differences between repertories

Different repertories may use different terminology, include different symptoms, and assign different grades to medicines. A symptom available in one repertory may be absent or arranged differently in another.

Consequently, two practitioners may obtain different repertorial results even when examining the same case.

These differences should be documented rather than concealed. A comparative study should identify the repertory, edition, rubric wording, and rules used for analysis.

6.6. Digital repertorisation

Digital tools can make repertory searches faster and allow users to compare numerous rubrics. However, the speed of searching does not guarantee accuracy.

Search results may include synonyms, related terms, or rubrics that do not precisely correspond to the patient's symptom. Automated scoring may also create an impression of mathematical precision without addressing the quality of the information entered.

Digital repertorisation should therefore be accompanied by verification of rubric definitions, source information, and the clinical context.

6.7. Insufficient documentation

When the selected rubrics are not recorded with their sources or rationale, another practitioner may find it difficult to reproduce the analysis.

For educational and research purposes, documentation should include the symptom, the reason for selecting the rubric, the repertory and edition used, and any relevant grading or scoring method.

Such documentation supports critical discussion and makes disagreements easier to examine.

7. CLINICAL SIGNIFICANCE OF RUBRIC SELECTION

Rubric selection has several important roles within traditional homoeopathic case analysis.

7.1. Organisation of case information

A detailed case may contain numerous symptoms and observations. Repertorial rubrics provide a structured way to organise selected features and compare the medicines listed under them.

This process can assist the practitioner in reviewing the case systematically, provided the underlying symptoms have been recorded accurately.

7.2. Support for differential analysis

The repertorial result may be used to identify medicines for further comparison. The practitioner may then consult materia medica and other appropriate sources to examine whether the available descriptions correspond to the case.

A medicine's position in a repertorial calculation should not be interpreted as proof of its clinical effectiveness or suitability.

7.3. Educational value

Rubric selection can help students develop familiarity with repertorial language, symptom classification, and the structure of different repertories.

Teachers can assess students' reasoning by asking them to explain why a particular rubric was chosen, why an alternative was rejected, and whether the selected rubric accurately represents the case.

This is more informative than assessing students solely on the final medicine or total score.

7.4. Consistency in clinical records

A structured method for recording rubrics can improve clarity in teaching cases, clinical audits, and research documentation.

Consistency does not necessarily mean that every practitioner will select exactly the same rubrics. Rather, it means that the reasoning and rules used to reach the selection are clearly described and open to review.

7.5. Limitations of clinical interpretation

Repertorisation is a traditional homoeopathic method, and its outputs must be interpreted within the limitations of the available evidence.

A repertorial match does not establish that a medicine is effective for a disease. Nor does it demonstrate that a patient's symptoms are caused by the mechanism proposed in homoeopathic theory.

Clinical diagnosis, evidence-based treatment, patient safety, and appropriate referral remain essential. Repertorisation should not delay necessary investigations or proven treatment.

8. A PROPOSED STRUCTURED FRAMEWORK FOR RUBRIC SELECTION

For teaching and documentation, the following framework may be useful. It is a proposed organisational aid for this review, not a formally validated instrument.

Step 1: Record the patient's account. Document the complaint in the patient's own words, including its onset, duration, frequency, severity, and effect on daily activities.

Step 2: Clarify the symptom. Ask neutral questions to distinguish the location, sensation, and other relevant features. Avoid suggesting a symptom the patient has not reported.

Step 3: Identify supported characteristics. Record clearly established modalities, concomitants, and other distinctive features. Separate observed facts from assumptions.

Step 4: Consider clinical diagnosis and safety. Assess the complaint using appropriate clinical methods. Investigations and referral should be arranged when indicated, irrespective of the repertorial analysis.

Step 5: Identify possible repertorial rubrics. Search the selected repertory for headings that correspond to the recorded symptom. Check the hierarchy, definitions, and cross-references.

Step 6: Verify each rubric. Confirm that the rubric accurately reflects the patient's experience. Exclude rubrics that require assumptions or duplicate the same information without justification.

Step 7: Document the rationale. Record why each rubric was selected and identify the repertory and edition used.

Step 8: Review the repertorial result critically. Examine the listed medicines and their grades, where applicable. Do not interpret the highest score as automatic proof of the correct prescription.

Step 9: Compare with other relevant sources. Within traditional homoeopathic practice, practitioners may consult materia medica and other repertories. Differences should be recognised and explained.

Step 10: Record follow-up independently. If the method is used in clinical research, assess outcomes using predefined, appropriate measures. Do not treat a repertorial score as a substitute for a patient-centred clinical outcome.

This framework offers a practical way to teach rubric selection while making the reasoning process more transparent.

9. NEED FOR STANDARDISATION AND FUTURE RESEARCH

Rubric selection deserves further methodological study because different practitioners may interpret the same symptom differently.

One area for research is **inter-rater reliability**: the extent to which independent practitioners agree when selecting rubrics from the same case record. A study could provide standardised case descriptions to several trained repertory users and compare their selections.

A second area is the evaluation of **intra-rater reliability**, which examines whether the same practitioner makes similar selections when reassessing a case under comparable conditions.

A third area is the comparison of repertories. Researchers could examine whether the same case produces similar or different repertorial results when analysed using specified editions of Kent's, Boenninghausen's, and Phatak's repertories.

Studies should define the rules for symptom selection, rubric inclusion, handling of missing information, and medicine grading before analysis begins. Independent assessment and transparent reporting would help distinguish differences caused by repertory structure from those caused by practitioner interpretation.

Digital repertories also present research opportunities. Search algorithms could be evaluated for their ability to identify relevant rubric candidates without introducing misleading synonyms or changing the meaning of the original symptom.

Importantly, reproducibility of rubric selection and clinical effectiveness are separate questions. Agreement between practitioners would demonstrate consistency in a method, not proof that the resulting prescriptions improve health outcomes. Clinical effectiveness requires appropriately designed clinical studies and independent assessment of patient-relevant outcomes.

Future research should examine both methodological reliability and clinical outcomes without assuming that success in one area establishes success in the other.

10. DISCUSSION

Rubric selection is a central interpretative stage in homoeopathic repertorisation. It connects the patient's narrative with the structured language of the repertory and influences the subsequent comparison of medicines.

The discussion of classical repertorial systems shows that different traditions offer different structures and emphases. Kent's hierarchical arrangement, Boenninghausen's systematic analysis of symptom characteristics, and Phatak's concise repertorial presentation provide distinct resources for learning and practice. Their usefulness depends on understanding their individual structures rather than treating them as interchangeable.

The major challenges include ambiguous symptom descriptions, translation difficulties, selection bias, differences between repertories, excessive inclusion of rubrics, and insufficient documentation. These problems suggest that rubric selection should be taught as a reasoning process in which students explain the relationship between the original symptom and the chosen repertorial heading.

A structured framework may improve transparency by encouraging practitioners to document their decisions and verify rubric meanings. However, such a framework requires formal evaluation before its reliability or superiority over other methods can be established.

The clinical significance of repertorisation must also be interpreted carefully. A repertory organises information according to its compilation system, but the resulting ranking does not independently establish diagnostic accuracy, therapeutic efficacy, or the safety of a prescription. These questions require separate evaluation using appropriate clinical and scientific methods.

Thus, the most defensible contribution of a theoretical review is to clarify the principles of rubric selection, identify sources of inconsistency, and propose testable directions for future research.

11. CONCLUSION

Rubric selection is a fundamental component of homoeopathic repertorisation because it determines how the symptoms obtained during case-taking are represented within a repertory. Accurate selection requires careful listening, clarification of symptom characteristics, appropriate interpretation of modalities and concomitants, and familiarity with the structure and terminology of the repertory being used.

The approaches associated with Kent, Boenninghausen, and Phatak offer different repertorial perspectives and should be studied in their original context. Common difficulties include ambiguous language, confirmation bias, excessive or insufficient rubric selection, and variation between practitioners.

A structured, transparent, and well-documented method may improve the consistency and educational value of repertorial analysis. Nevertheless, reproducibility and clinical effectiveness must be assessed separately. Further research is required to determine how reliably rubrics can be selected and whether particular methods of selection are associated with meaningful improvements in patient outcomes.

For postgraduate education, emphasis should be placed not merely on identifying rubrics but also on explaining and critically evaluating the reasoning behind their selection.

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