

A Diagnostic Challenge of a Recurrent Lumbar Abdominal Swelling: A CARE-Aligned Case Report with Individualized Homoeopathic Case Analysis

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Abstract

Background: Recurrent painful or tender cutaneous swellings may present a diagnostic challenge when classical clinical features such as fluctuation are absent. Differentiation between an abscess, granulomatous lesion, inflamed cyst, cellulitis, or other localized soft-tissue lesion may require serial clinical assessment and, where indicated, appropriate diagnostic investigations. This case describes a recurrent localized swelling in the left lumbar abdominal region with a previous history of hard boils and draining cutaneous lesions.

Case Presentation: The patient presented with a three-day history of swelling over the left lumbar abdominal quadrant associated with burning and pricking pain. Clinical examination revealed a hard, firm swelling measuring approximately 5–6 cm × 3–4 cm, with irregular margins and surface, local warmth and tenderness, and redness predominantly at the tip. Fluctuation was not elicited. The patient also reported previous recurrent hard boils and smaller eruptions involving the lumbar region, inner thighs, and genital region, some of which had been drained and healed with scar formation. The individualizing symptom picture included a hot thermal state, thirst, unrefreshing sleep with increased sleep requirement, easy forgetfulness, brooding over perceived problems, timidity, desire for appreciation, feelings of neglect and humiliation, sensitivity to comparison, and quarrelsomeness. The principal clinical differential diagnoses included abscess and granulomatous lesion, while other localized soft-tissue conditions, including recurrent follicular/occlusive disorders, were also considered.

Intervention: An individualized homoeopathic prescription of **Calcarea sulphurica 200CH** was administered as a **single dose**, with a total of **two doses** during the documented treatment period. The second administration was made on **11 July 2026 following reappearance of the purulent point**. Remedy selection was based on the totality of characteristic mental, constitutional, and local symptoms rather than solely on the clinical diagnosis of the lesion.

Outcome: Serial photographic follow-up documented progressive changes in the lesion. From the baseline photograph, the lesion remained raised and tense during 19–22 June 2026. On 22 June, the source record described the lesion as approximately half its previous size while remaining hard, followed by spontaneous semisolid drainage. Between 22 and 28 June, photographs documented drainage/opening followed by progressive reduction and healing. By 30 June–2 July, the lesion appeared substantially smaller, with a small residual lesion documented. On 9 July, recurrence was recorded as “TIP OF PUS?” with a new raised/pustular

point. Following repetition of the prescription on 11 July, the photographs dated 11 and 19 July showed a flatter residual area with discoloration compared with the earlier raised and draining stages.

Conclusion: This case demonstrates the value of chronological photographic documentation in recording changes in a recurrent localized cutaneous lesion during individualized homoeopathic management. The case also highlights the diagnostic uncertainty associated with a firm swelling without classical fluctuation and the importance of appropriate clinical evaluation when abscess, deep infection, granulomatous disease, or other structural lesions remain possible.

Keywords: Abscess; granuloma; recurrent cutaneous swelling; individualized homoeopathy; Calcareo sulphurica; photographic follow-up; case report.

1. Introduction

Localized painful swellings may have several possible aetiologies, including bacterial abscess, inflamed epidermal inclusion cyst, cellulitis, granulomatous inflammation, foreign-body reaction, hematoma, and other soft-tissue lesions. Clinical differentiation may be challenging because the physical characteristics of soft-tissue masses can overlap, particularly when a lesion is firm or indurated and fluctuation is absent. Ultrasonography can be useful in determining whether a lesion is cystic or solid and in assessing its depth and extent when the diagnosis remains uncertain.^{1,2}

A cutaneous abscess is generally a localized collection of pus within the dermis or deeper soft tissues and commonly presents as a painful, tender, erythematous and warm swelling; fluctuation may be present, although its absence does not exclude a deeper collection.¹ Deep soft-tissue infections such as pyomyositis may initially present with localized pain, tenderness, and a firm or “woody” consistency without clinically appreciable fluctuation.¹ Recurrent abscesses should prompt evaluation for local predisposing factors, including hidradenitis suppurativa, retained foreign material, or pilonidal disease.¹

An inflamed epidermal inclusion cyst is another important differential diagnosis. Such cysts typically present as subcutaneous nodules and may become painful and erythematous when inflamed. A central punctum, when present, may provide an additional clinical clue.² Cellulitis, in contrast, represents a diffuse superficial spreading infection rather than a discrete collection of pus; therefore, the presence of a definite purulent collection has implications for clinical management and terminology.¹

Granulomatous inflammation differs from an acute suppurative abscess in its pathological pattern. A granuloma is a chronic inflammatory pattern characterized by localized aggregation of histiocytes, with or without other inflammatory cells and with variable necrosis or foreign material.³ Consequently, a lesion may be considered clinically suspicious for a granulomatous process, but confirmation of a granuloma generally requires appropriate pathological assessment when clinically indicated.³ Foreign-body granuloma represents an inflammatory response to exogenous or altered endogenous material that the immune system recognizes as foreign and may be associated with macrophage and multinucleated giant-cell accumulation.⁴

A hematoma may also enter the differential diagnosis of a localized soft-tissue swelling, particularly when there is a history of trauma, anticoagulant use, or another predisposing factor. Hematomas may present as rapidly developing masses and can be evaluated with ultrasonography or magnetic resonance imaging when necessary.² In the present case, however, the documented local warmth, tenderness, erythema, pointing area, and subsequent purulent drainage make a purely hemorrhagic lesion less clinically characteristic.

2. PATIENT INFORMATION

2.1 Demographic information

Age: 20 years

Sex: Female

3. PRESENTING COMPLAINTS

The patient presented with:

1. Swelling over the left lumbar abdominal quadrant – for approximately 3 days.
2. Burning sensation at the affected site.
3. Pricking-type pain.
4. Local tenderness.
5. Local warmth.
6. Swelling with redness predominantly at the tip.
7. Reported pointing of pus.

The patient was concerned that the swelling had not spontaneously ruptured and specifically asked whether it would burst spontaneously or require aspiration/drainage.

4. HISTORY OF PRESENTING COMPLAINT

The patient was apparently healthy until approximately three days before presentation.

She gradually developed swelling and pain over the **left lumbar abdominal quadrant**. The pain was described predominantly as **pricking**, with associated burning. At presentation, the pain was described as very mild, although tenderness was elicited on examination.

The patient expressed concern regarding the absence of spontaneous rupture of the swelling. She reported a previous episode in which an apparently similar lesion had ruptured following antibiotic treatment and was subsequently drained using a syringe, with removal of a jelly-like thread-like material.

This previous experience contributed to her concern about whether the current lesion would also require mechanical drainage.

5. CLINICAL EXAMINATION

5.1 Local examination

Inspection

- Localized swelling over the left lumbar abdominal quadrant.
- Approximate size: **5–6 cm × 3–4 cm**.
- Hard/firm appearance and consistency.
- Irregular boundaries.
- Irregular surface.
- Redness predominantly at the tip of the lesion.

Palpation

- Local warmth present.
- Tenderness present.
- Firm/hard consistency.
- Clinically demonstrable fluctuation absent.
- Pain on pressure present.

Local clinical summary

The lesion therefore demonstrated:

Swelling + induration/firmness + warmth + tenderness + localized redness + reported pointing pus + absent fluctuation.

6. PAST HISTORY

The patient gave a history of recurrent hard boils approximately six months previously.

The previous lesions included small eruptions involving:

- Lumbar region
- Inner thighs
- Genital region

The lesions were reportedly:

- Non-itching
- Painless
- Drained by syringe
- Followed by scar formation

The residual scars were described as:

- Soft
- Hollow
- Dark
- Shiny

Past medical history

The patient had a documented history of **idiopathic thrombocytopenic purpura (ITP)** in December 2017. The initial presentation reportedly involved a rash over the right leg followed by involvement of both lower limbs.

7. FAMILY HISTORY

Maternal side

- Asthma
- Vitiligo
- Congenital disease since childhood in a maternal uncle, as reported.

Paternal side

- Paternal grandmother: carcinoma of the uterus, as reported.
- Paternal aunt: history of recurrent miscarriages.

8. PERSONAL HISTORY

Appetite

Normal; approximately three meals/day.

Diet

Mixed diet.

Desires

- Non-vegetarian food
- Chocolate, particularly chocolate with caramel

Aversions

- Eggplant
- Red gram

Thirst

Thirsty.

Thermal state

Hot patient.

The patient reported intolerance/aggravation from heat.

Bowel

Bowel movement approximately once every two days.

The original record also states a stool interval of 2–3 days. This should be clarified because these two descriptions are essentially overlapping.

Urine

Reported as normal.

Perspiration

Predominantly:

- Neck
- Upper lip
- Under-eye region

Sleep

- Unrefreshing sleep
- Increased desire for sleep

Dreams

Dreams related to:

- Family
- Work

9. MENSTRUAL HISTORY

Menarche: 2019

Duration: 5 days

Cycle: Initially regular for approximately four years after menarche; subsequently became irregular.

Current menstrual problem: Secondary amenorrhoea for approximately three months, according to the case record.

Subsequent bleeding: Day 4 reappearance was associated with dysmenorrhoea, as recorded; this statement requires clarification because the chronology is unclear.

Character of blood: Partly clotted; non-offensive.

LMP: 03-07-2026, reported after the homoeopathic prescription.

10. MENTAL GENERALS

The mental sphere constituted an important component of the individualized homoeopathic assessment.

Timidity: The patient was described as timid.

Brooding: She was described as **brooding over imaginary troubles**.

Desire for appreciation: A strong desire for appreciation was reported.

She felt that she was not adequately appreciated at home and perceived that her parents had high expectations of her.

Feeling neglected: She experienced a sense of being neglected in comparison with other children.

Jealousy/sibling comparison: During childhood, she reportedly experienced jealousy because her sister was perceived to receive better treatment.

Humiliation: She felt sad when relatives humiliated her, particularly in relation to her physical/fatty ppearance.

Sensitivity to comparison: Constant comparison with other children was experienced as emotionally significant.

Change according to people around her: She reportedly changed her behaviour according to the people around her.

Quarrelsomeness and obstinacy

The case record describes:

- Quarrelsomeness
- Obstinacy
- Hatred toward persons who disagree with her
- Maliciousness

Memory: Easy forgetfulness / low memory.

Emotional state: The patient expressed a "why me?" feeling, suggesting a subjective experience of being disproportionately burdened by problems.

11. GENERAL PHYSICAL EXAMINATION

Build: Fatty/flabby constitution

Weight: 65 kg

Height: 5'2"

Skin: Wheatish complexion

Neck: Pigmentation

Hair: Black

Face: Prone to painful pimples, subsequently leaving scars

Skin lesions: Fig-wart-like lesions reported as hereditary

Upper limbs: Normal range of movement

Lower limbs: Normal range of movement

Pallor: Absent

Clubbing: Absent

Lymphadenopathy: Absent

12. LIFE-SPACE INVESTIGATION

The patient was reportedly born by normal vaginal delivery and achieved developmental milestones at the expected time.

During childhood, she experienced feelings of neglect and jealousy within the family because she perceived that her sister received preferential treatment.

She is described as religious and gives considerable importance to:

- Family
- Career

- Appreciation from others

The patient's emotional development appears to have been influenced by perceived comparison, unmet expectations, and the need for appreciation.

13. PREVIOUS TREATMENT

The patient had previously taken allopathic medication.

The case record specifically describes an earlier lesion that reportedly ruptured after antibiotic treatment and was subsequently drained using a syringe.

14. DIFFERENTIAL DIAGNOSIS

1. Cutaneous abscess

A cutaneous abscess was an important differential diagnosis because of the localized swelling, tenderness, warmth, erythema, reported pointing area, and subsequent purulent drainage. However, fluctuation was not clinically demonstrable at the initial examination. The absence of fluctuation therefore contributed to the diagnostic uncertainty rather than definitively excluding an abscess.¹

2. Granulomatous lesion

A granulomatous lesion was considered because of the firm consistency and recurrent nature of the patient's previous cutaneous lesions. However, granuloma is a histopathological diagnosis rather than a diagnosis that can be established solely from the clinical appearance of a swelling.³ Histopathological examination would therefore be required if confirmation of granulomatous inflammation were clinically necessary.

3. Inflamed epidermal inclusion cyst

An inflamed epidermal inclusion cyst was another possible consideration because these lesions may present as painful, erythematous subcutaneous nodules and may resemble an abscess clinically.² The absence of a documented central punctum or characteristic cystic findings makes this diagnosis unconfirmed in the present case.

4. Cellulitis

Cellulitis was included in the differential because localized warmth, erythema, tenderness, and swelling may occur with superficial bacterial infection. However, cellulitis generally represents diffuse inflammation of the skin and subcutaneous tissues rather than a localized purulent collection.¹ The subsequent description of a pointing area and purulent drainage made a localized suppurative process an important consideration.

5. Hidradenitis suppurativa or another recurrent follicular/occlusive disorder

The history of recurrent painful or hard boils involving the inner thighs and genital region, together with subsequent drainage and scarring, raises the possibility of a recurrent follicular/occlusive disorder such as hidradenitis suppurativa. Diagnostic criteria for hidradenitis suppurativa emphasize three components: characteristic lesions, characteristic anatomical distribution, and chronicity or recurrence.⁵ The patient's history contains some features that overlap with this pattern; however, the available record does not establish

a diagnosis of hidradenitis suppurativa because the complete distribution, chronicity criteria, sinus tracts/tunnels, double comedones, and formal dermatological assessment are not documented.

6. Foreign-body reaction

A foreign-body reaction was considered as another possible cause of a persistent or recurrent localized lesion. Foreign-body granulomas can occur when retained exogenous or altered endogenous material produces a chronic inflammatory response.⁴ No retained foreign material was documented in the present case, so this remained a differential consideration rather than an established diagnosis.

7. Hematoma or other soft-tissue mass

Hematoma and other benign or pathological soft-tissue masses may present as localized palpable swellings.² A hematoma would generally be considered more strongly when there is a relevant history such as trauma or anticoagulant use.² Given the clinical findings and subsequent purulent drainage described in this case, a hematoma was considered less characteristic but remained part of the broader differential diagnosis.

15. HOMOEOPATHIC CASE ANALYSIS

15.1 Totality of symptoms

The case can be arranged into the following hierarchy.

Mental generals—high value

1. Desire for appreciation
2. Feeling neglected/not appreciated
3. Feeling humiliated about physical appearance
4. Brooding over imaginary troubles
5. Timidity
6. Jealousy/sibling comparison
7. Sensitive to comparison
8. Quarrelsome/obstinate
9. Hatred of those who disagree
10. Easy forgetfulness

Physical generals – moderate/high value

11. Hot patient
12. Intolerance of heat
13. Thirsty
14. Easy tiring
15. Unrefreshing sleep
16. Desire for sleep
17. Profuse/localized perspiration
18. Fatty/flabby constitution
19. Desire for chocolate/caramel
20. Irregular menstruation/secondary amenorrhoea

Particular/local symptoms

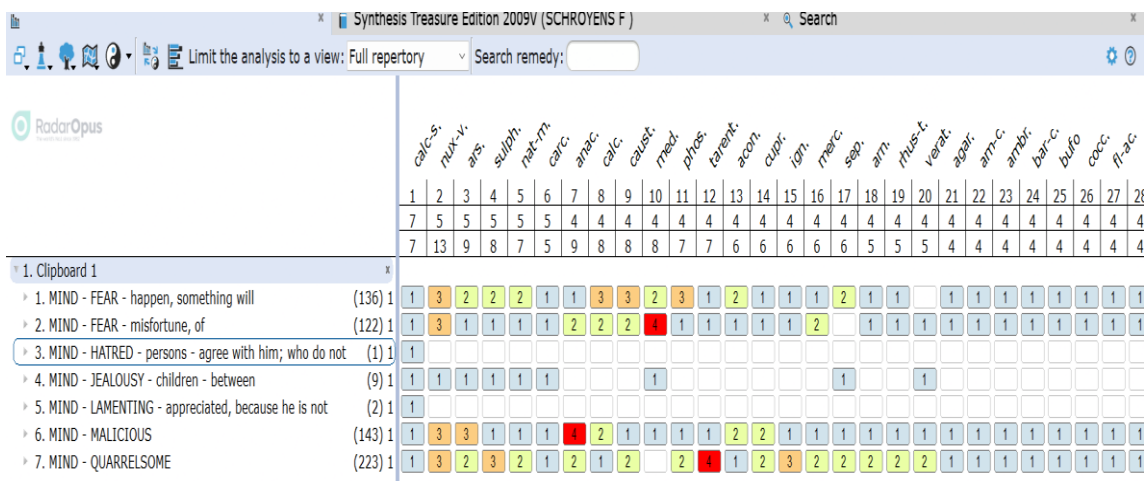
21. Swelling – left lumbar abdominal region
22. Swelling – hard/firm
23. Warmth
24. Tenderness
25. Pricking pain
26. Burning sensation
27. Pain on pressure
28. Redness at tip
29. Pointing pus
30. Absence of fluctuation
31. Recurrent boils
32. Previous lesions in lumbar/inner-thigh/genital regions
33. Healing with dark, shiny, hollow scars
34. Painful pimples leaving scars
35. Fig-wart-like lesions

16. SUGGESTED REPERTORY RUBRICS

No.	Symptom	Suggested repertorial concept	Importance
1	Desire for appreciation	Mind – Appreciation – desire for	★★★
2	Feels not appreciated	Mind – Delusion – unappreciated / neglected	★★★
3	Feels neglected	Mind – Neglected – feeling	★★★
4	Broods over imaginary troubles	Mind – Brooding – imaginary troubles	★★★
5	Timid	Mind – Timidity	★★
6	Jealousy from sibling comparison	Mind – Jealousy	★★★
7	Humiliated by relatives	Mind – Mortification / humiliation – ailments from	★★★
8	Sensitive to comparison	Mind – Sensitive – criticism / reproach / contradiction	★★
9	Hatred of people who disagree	Mind – Hatred – persons who contradict/disagree	★★
10	Quarrelsome	Mind – Quarrelsome	★
11	Obstinate	Mind – Obstinate	★
12	Easy forgetfulness	Mind – Memory – weakness / forgetful	★★
13	Hot patient	Generalities – Heat – aggravates	★★★
14	Thirsty	Stomach – Thirst	★
15	Easy tiring	Generalities – Weakness / easy fatigue	★★
16	Unrefreshing sleep	Sleep – Unrefreshing	★★
17	Desire for sleep	Sleep – Sleepiness / desire to sleep	★
18	Chocolate desire	Stomach – Desires – chocolate	★
19	Irregular menses	Female genitalia – Menses – irregular	★★

20	Amenorrhoea	Female genitalia – Menses – suppressed/amenorrhoea	★★
21	Swelling, hard	Skin – Swelling – indurated/hard	★★
22	Recurrent boils	Skin – Eruptions – boils/recurrent	★★★
23	Suppuration/pointing pus	Skin – Suppuration – tendency to	★★★
24	Pricking pain	Generalities/Pain – Pricking	★★
25	Burning pain	Generalities/Pain – Burning	★★
26	Pain on pressure	Generalities – Pain – pressure – aggravates	★
27	Warmth of affected area	Skin – Warmth – local	★
28	Redness at tip	Skin – Eruptions – redness	★
29	Scarring after boils	Skin – Scars – following eruptions	★★

17. REMEDY SELECTION



	calc-s.	flu-v.	ars.	sulph.	nat-m.	carb.	calc.	caust.	med.	phos.	tarant.	acon.	cupr.	ign.	metc.	sep.	am.	rhust.	verat.	agar.	am-c.	amb.	bar-c.	bufo.	coch.	flac.
1. Clipboard 1																										
1. MIND - FEAR - happen, something will	(136)	1	3	2	2	2	1	1	3	3	2	3	1	2	1	1	2	1	1	1	1	1	1	1	1	1
2. MIND - FEAR - misfortune, of	(122)	1	3	1	1	1	1	2	2	2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
3. MIND - HATRED - persons - agree with him; who do not	(1)	1																								
4. MIND - JEALOUSY - children - between	(9)	1	1	1	1	1	1		1						1			1								
5. MIND - LAMENTING - appreciated, because he is not	(2)	1																								
6. MIND - MALICIOUS	(143)	1	3	3	1	1	1	1	2	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1
7. MIND - QUARRELSOME	(223)	1	3	2	3	2	1	2	1	2		2	1	2	3	2	2	2	2	1	1	1	1	1	1	1

Preliminary individualized remedy: Calcarea sulphurica

The case analysis selected **Calcarea sulphurica** primarily because the mental generals appeared highly characteristic:

- Strong desire for appreciation
- Feeling unappreciated in the family
- Comparison with siblings/other children
- Jealousy
- Brooding
- Timidity
- Emotional response to humiliation
- Easy tiring
- Hot constitution

The local pathology additionally provided:

- Recurrent boils
- Suppurative tendency

- Hard/firm swelling
- Pointing
- Local inflammation

The original record therefore considered *Calcarea sulphurica* after integrating the mental and physical totality rather than relying only upon the local lesion.

18. THERAPEUTIC INTERVENTION

The patient was managed using an individualized homoeopathic prescription.

Prescription

Remedy: *Calcarea sulphurica*

Potency: 200CH

Dose: single

Number of doses: 02

Repetition criteria: on 11 July 2026, when the same pus reappeared

Rationale

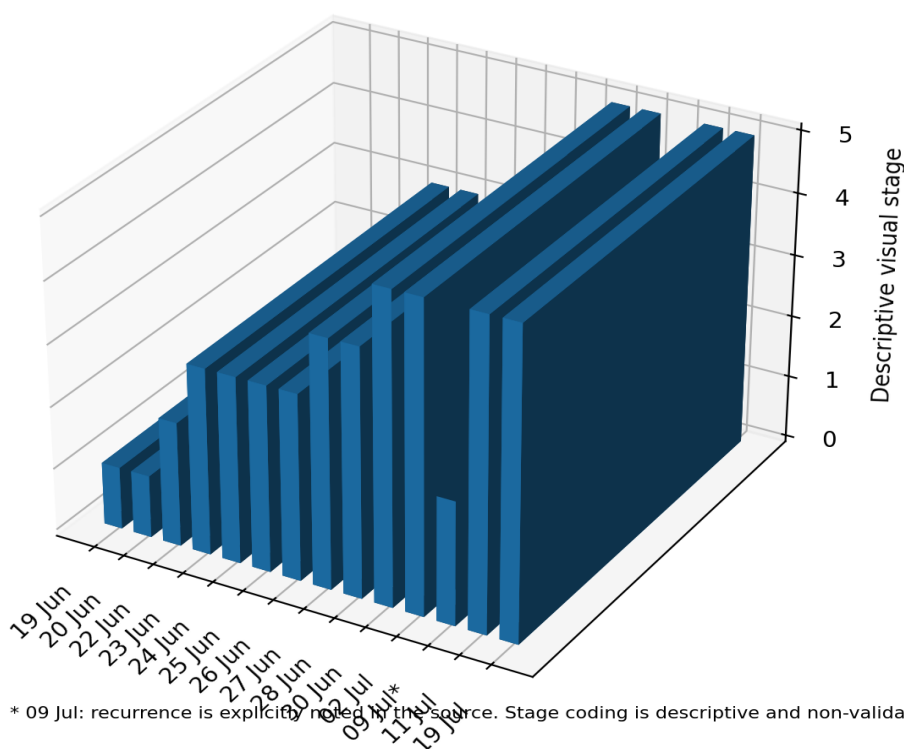
The prescription was based on the totality of characteristic mental and physical symptoms rather than solely on the diagnosis of the local lesion.

19. FOLLOW-UP AND OUTCOME

CLINICAL PHOTOGRAPHIC FOLLOW-UP

Chronology, Figure Captions, and Visual Progression

Clinical Photographic Follow-up: Visual Progression Timeline



* 09 Jul: recurrence is explicitly noted in the source. Stage coding is descriptive and non-validated; it is not a clinical severity score.

Interpretation of the graph. The plotted stage is a descriptive, non-validated coding of the visible photographic phase: 1 = raised/tense swelling; 2 = drainage or recurrent pustular point; 3 = open lesion/granulating phase; 4 = active residual lesion; 5 = reduced/healing appearance. It is not a clinical severity score.

Documented photographic chronology

Figure	Date/time documented	Source-described/visible phase
1	Not documented	Baseline, before treatment
4	19-06-2026 7:30 PM; 10:30 PM	Raised/tense lesion
5	20-06-2026 10:30 AM; second entry says 21-05-2026 12:08 PM	Persistent raised lesion
6	22-06-2026 7:11 AM; 11:30 AM	Reduced size; still hard; drainage anticipated
7	22-06-2026 5:35 PM; 23-06-2026 7:35 AM	Drainage/open lesion
8	24-06-2026 11:30 AM	Raised above surface; no pain stated
9	24-06-2026 3:12 PM; 9:55 PM	Open/resolving lesion
10	25-06-2026 10:26 AM; 26-06-2026 12:40 PM	Reduced; source states $\frac{1}{4}$ size
11	27-06-2026 6:50 PM; 10:30 PM	Residual active lesion
12	28-06-2026 morning; night	Further reduction/healing
13	30-06-2026 10:00 PM; 02-07-2026	Small residual lesion
14	09-07-2026 (handwritten)	Recurrence again; pustular tip questioned
15	11-07-2026; 19-07- 2026	After-treatment residual lesion/discoloration

20. Result



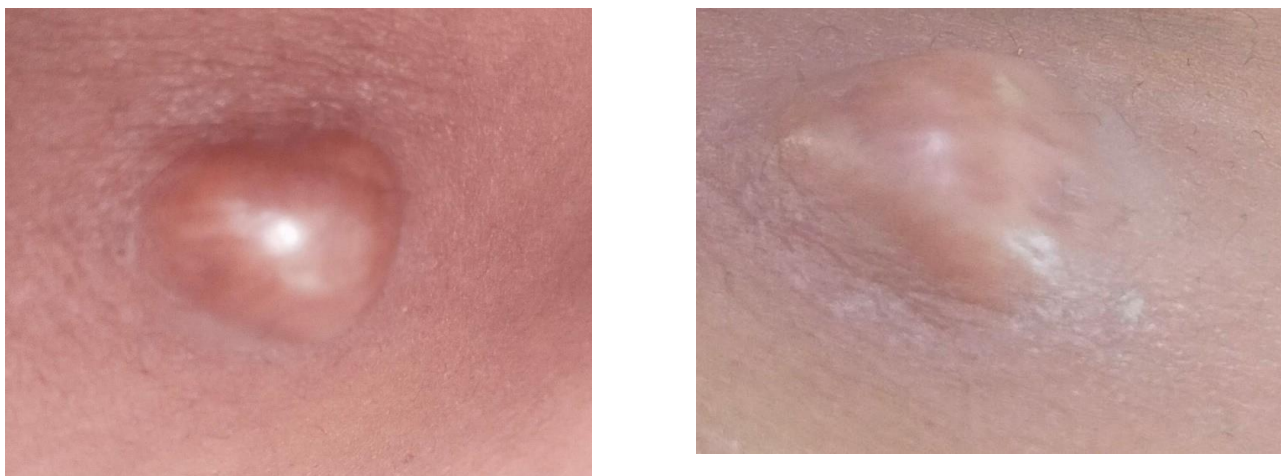
Figure 1. Initial presentation – baseline lesion

Figure 4. Early treatment phase – raised lesion



Date/time: 19 June 2026, 7:30 PM and 10:30 PM.

Figure 5. Early treatment phase – persistent raised lesion



Date/time: 20 June 2026, 10:30 AM; the second date is written as 21-05-26 at 12:08 PM

Figure 6. Pre-drainage phase – reduction with persistent hardness



Date/time: 22 June 2026, 7:11 AM and 11:30 AM. It states that the size had become approximately half and that the lesion remained hard; later text reports impending/dripping drainage.

Figure 7. Drainage phase – purulent discharge and open lesion



Date/time: 22 June 2026, 5:35 PM and 23 June 2026, 7:35 AM.

Figure 8. Post-drainage / open lesion phase



Date/time: 24 June 2026, 11:30 AM. It states that the lesion was raised above the surface and that there was no pain.

Figure 9. Healing evolution – persistent open lesion



Date/time: 24 June 2026, 3:12 PM and 9:55 PM.

Figure 10. Further follow-up – reduced lesion



Date/time: 25 June 2026, 10:26 AM and 26 June 2026, 12:40 PM. It's approximately one-quarter in size.

Figure 11. Active residual lesion/discharge appearance



Date/time: 27 June 2026, 6:50 PM and 10:30 PM.

Figure 12. Further reduction/healing appearance



Date/time: 28 June 2026, morning and night.

Figure 13. Late treatment – small residual lesion



Date/time: 30 June 2026, 10:00 PM and 2 July 2026.

Figure 14. Recurrence—new raised/pustular point documented



Date/time: The photograph is handwritten 09-07-26. It states "Recurring AGAIN – TIP OF PUS?" and notes a birthday party/non-vegetarian meal.

Figure 15. After-treatment – residual lesion/discoloration



Date/time: 11 July 2026 and 19 July 2026. Label these as after-treatment photographs

Image-based progress summary

- Baseline: the first photograph documents the lesion before treatment, but no photograph date/time is supplied.
- 19–22 June: the lesion remains raised/tense; on 22 June the source states that its size had become approximately half while it remained hard, followed by reports of impending and then dripping semisolid drainage.
- 22–28 June: photographs document drainage/opening followed by an open lesion and subsequent reduction/healing appearance.
- 30 June–2 July: the lesion appears substantially smaller in the photographs, with a small residual lesion documented.
- 9 July: the source explicitly records recurrence (“Recurring AGAIN – TIP OF PUS?”), with a new raised/pustular point visible in the photograph.
- 11–19 July: the final photographs are labelled after treatment and once again medication repeated, show a much flatter residual area with discoloration compared with the earlier raised/draining stages.

21. DISCUSSION

The principal diagnostic challenge in this case was the interpretation of a localized firm swelling with inflammatory features but without clinically detectable fluctuation.

A bacterial cutaneous abscess usually represents a localized collection of pus and commonly produces tenderness, erythema and fluctuation. However, physical examination alone may not always establish whether a drainable collection is present. Recurrent abscesses should prompt assessment for local causes, including hidradenitis suppurativa and foreign material.

The history of recurrent lesions involving the inner thighs and genital region, together with drainage and scar formation, makes hidradenitis suppurativa an important clinical differential. HS commonly produces recurrent nodules, abscesses, sinus tracts and scarring in intertriginous regions.

The distinction between a superficial lesion and a deeper abdominal-wall or intra-abdominal process is also important. If the clinical examination suggests a deeper abscess or the extent of the lesion is uncertain, imaging may be required. Current infectious-disease guidance recommends appropriate imaging when a deeper collection is suspected.

From the homoeopathic case-analysis perspective, the case was not limited to the local swelling. The mental generals—particularly the strong desire for appreciation, feeling of neglect, sibling comparison, jealousy, brooding, timidity, and sensitivity to humiliation—were given substantial importance. The supplied original case analysis similarly identifies appreciation and sibling comparison as central features supporting *Calcarea sulphurica*.

22. CONCLUSION

This case demonstrates the diagnostic complexity of a recurrent localized swelling presenting with acute inflammatory features but without clinically demonstrable fluctuation. The history of recurrent lesions and scarring broadens the differential diagnosis beyond a simple abscess and warrants consideration of conditions such as hidradenitis suppurativa and other structural lesions. From the individualized homoeopathic perspective, the patient's characteristic mental generals—including the desire for appreciation, perceived neglect, sibling comparison, jealousy, brooding and timidity—were integrated with the physical generals and local suppurative features, leading to *Calcarea sulphurica* as the preliminary individualized remedy. However, the final pathological diagnosis and treatment outcome must be supported by appropriate clinical assessment and complete longitudinal documentation rather than by repertorial analysis alone.

23. **INFORMED CONSENT:** Written informed consent was obtained from the patient for publication of the case report and accompanying clinical images, with assurance that personal identifying information would be kept confidential.

24. AUTHOR CONTRIBUTIONS

Dr. Shridevi Siddineni: Conceptualization, Formal Analysis, Investigation, methodology, project administration, and resources.

Dr. Chitram Umashankar: Conceptualization, Data curation, Formal analysis, writing original draft—review & editing.

Dr. Banoth Pradeep: Data curation

Dr. Pothoju Jhansinisivamani: Data curation

25. CONFLICTS OF INTEREST

The author declares no conflicts of interest.

26. ACKNOWLEDGMENT

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