



The Therapeutic Application of Haptens

High Significance as Antigen Absorbers

**by
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The author of this article, a general practitioner, relates his extensive experience with Haptens as „antigen absorbers“. The article was previously published in 1993 in the periodical „Naturheilpraxis“ (the naturopathic practice) for wider circulation. The following reprint is an authorised republication.

I have already talked about the possibilities of the therapeutic use of haptens in my book „Nosoden und Begleittherapie“ („Nosodes and Accompanying Therapy“, Pflaum-Verlag, Munich). The term *haptens* derives from the Greek *haptain*, which means to cling, to stick. It refers to substances that can loosely bond with antigens (=carriers), which are then called conjugated antigens. It happens that an immune response in the organism may become possible only after such a bonding of a carrier, which means that some antigens may be absorbed and eliminated by the immune system only after the application of a dose of haptens. In any case, the process is at least accelerated by said application.

Ricar in Argentina has long been producing isolated haptens extracted from pathogen-cultures for therapeutic purposes. As these are protein-free polysaccharides, their patient-application is comparatively unproblematic. Approximately 20 years ago I was first provided with a few ampoules by a supplier who planned on importing the haptens to Germany. He gave me hardly any indication as to their application (not even in the form of Argentine literature), forcing me to figure out what these

remedies might be useful for by medicament testing.

Meanwhile, I have used far more than 1000 hapten ampoules. Only twice have patients complained of exhaustion after an injection and I could not otherwise determine any side effects. According to my experience there are interesting application options for haptens in allopathic medicine as well as in homeopathy, and here especially as a supplement to the isopathic nosode therapy. These options are best described in case studies.

The application of haptens in allopathic medicine is described in the following two case studies:

Patient Example 1

In one family both father and son suffered from persistent diarrhoea. The stool-examinations showed massive intestinal candida mycoses as the cause for both. The son was symptom-free very soon after an antimycotic treatment with Nystatin. The father, however, did not seem to respond to this therapy. Even the treatment with Amphotericin did not alleviate his symptoms. Nevertheless, the mycological stool findings were much improved with pathogenic yeasts hardly detectable.

The fact that this condition was immediately ended with one ampoule of Candida hapten allows for the assumption that the whole panoply of problems was maintained by a poor immune response to the released and persisting antigens even after the germs had been destroyed.

Patient Example 2

An elderly female patient developed a tonsillar abscess that was incised and treated with antibiotics by an otorhinolaryngologist. By the incision of the abscess, it could not be helped that the patient swallowed a portion of the pus which caused a large quantity of the streptococci toxins to reach the digestive tract and was thus absorbed. The patient felt very ill and complained of pain in all her joints. A few hours after the injection of one ampoule Estreptohapten the problems were much improved and her well-being was completely restored after a second injection the following day.

Due to the frequency of these pathogens we can assume that such patients already had prenatal contact with said toxins, resulting in the development of an immune tolerance against the respective carriers that can be broken only by a dose of the corresponding hapten. Haptens have therefore become indispensable to me as intermittents in nosode-therapy.

Patient Example 3

I chose the nosode-therapy for a patient, whose staphylococci adnexitis had been treated with antibiotics by her gynecologist. According to him the local findings had subsequently improved satisfactorily, but the patient complained that her general well-being had drastically changed for the worse, with specific problems in veins and circulation. The complaints were improved with Estafilhapten, but not to her satisfaction. This now called for the nosode *Staphylococcus aureus*, which was applied according to the



KUF-sequencing principle. The patient reacted to each dose of the nosode with such violent headaches and circulatory disturbances that one to two ampoules of Estafilhaptens had to be administered intermittently. That alone enabled me to successfully complete this nosode-therapy as planned. As a preventive thrombosis treatment, MUCOKEHL D5 was mixed with the nosode-injections.

Patient Example 4

A thirty-year-old male patient with serious problems in the lumbar region was diagnosed with discopathy of the 4th and 5th lumbar vertebrae by computed tomography. Surgery was strongly recommended and he came to me in his search for alternatives. According to my test results he needed the Tuberculinum avis nosode with Teucrium scorodonia as a complementary medication. The very first injection resulted in a considerable deterioration which was remedied in a few hours with one ampoule Polysaccharido de BCG.

As described above, this patient also required a dose of the appropriate haptens after each application of the nosode. After the 10th and last application of the nosode the patient had fully recovered and decided against surgery. As the problems in this case were obviously based on a tuberculinic trait, surgery could not have led to success. But in this case the nosode therapy also could not have been completed without the application of the haptens.

The last two examples further strengthen the hypothesis that nosode-therapy mobilises toxins

stored in the body in order to eliminate them from the body.

I have access to the following haptens:

1. Polipse (=Polysaccharido de Pseudomonas) from pseudomonas aeruginosa; now available as SANUKEHL PSEU D5 (the matching nosode is „Bac. Pyocyanens“),
2. Polysaccharido de BCG from mycobacterium bovis (BCG); now available as SANUKEHL MYC D5 (the matching nosode is „Tuberculinum bovis“),
3. Estreptohaptens from streptococcus pyogenes; now available as SANUKEHL STREP D5 (the matching nosode is „Streptococcinum“),
4. Estafilhaptens from staphylococcus aureus; now available as SANUKEHL STAPH D5 (the matching nosode is „Staphylococcus aureus“),
5. Candida-Haptens from candida albicans; now available as SANUKEHL CAND D5 (the matching nosode is „Monilia albicans“),
6. Proteus-Haptens from proteus vulgaris; now available as SANUKEHL PROT (the matching nosode is „Bac. Protens“),

7. Brucel-Haptens from Brucella abortus-Bang, now available as SANUKEHL BRUCEL (the matching nosode is „BANG“),
8. Haptenovacuna from propionibacterium acnes; now available as SANUKEHL ACNE (the matching nosode is „Corynebacterium anaerobius“),
9. Polycel from tumor tissue,
10. Arthritis-Haptens,
11. two haptens complexes, combinations of different haptens.

Additionally, the following SANUKEHL-preparations are available:

- SANUKEHL SERRA from Serratia marcescens,
- SANUKEHL KLEBS from Klebsiella pneumoniae,
- SANUKEHL COLI from Escherichia coli (the matching nosode is „Bac. Coli“),
- SANUKEHL TRICH from Trichophyton verrucosum (the matching nosode is „Trichopytie“),
- SANUKEHL SALM from Salmonella enteritidis (the matching nosode is „Bac. Gärtner“).

It is understood that the haptens can be used as intermittents with nosodes of the same kind. They



may also frequently be required before a nosode-therapy is started. Patients, who, for example, eat a lot of cheese from the Balkans frequently require the Brucella hapten, before the Bang nosode can even be tested.

Ad 1.:

Polipse (SANUKEHL PSEU) cannot only be used with the nosode Pyocyaneus, but also with nosodes of the salmonella-group and occasionally with a few virus nosodes.

Ad 2.:

Polisaccharido de BCG (SANUKEHL MYC) should be made part of the emergency kit as it is frequently the first useful remedy for acute alimentary, non-infectious tuberculo-toxicoses which may occur after the consumption of tuberculous poultry or eggs. Such tuberculo-toxicoses may manifest themselves in the form of acute, frequently monarticular arthritis, as iridocyclitis or as sudden (apoplectiform) deafness. Therapy with the Tuberculinum avis nosode - if required with initial and intermittent hapten doses - proves to be the only causal treatment.

Ad 3.:

Estreptohapten (SANUKEHL STREP) can be used with streptococci (diseases) as well as with pyrogens.

Ad 4.:

Estafilhapten (SANUKEHL STAPH), usually used with staphylococci nosodes, is sometimes also used with dental sources of infections.

Ad 5.:

Candida hapten (SANUKEHL CAND) can be used as intermittent with all mycotic nosodes.

Ad 6.:

Proteus hapten (SANUKEHL PROT) often has to be applied with bladder disorders after seemingly successful antibiotic treatments of proteus cysticydes (which, although improving the urine results, do not improve the patients' complaints), most frequently quite clearly in combination with the bacterium proteus nosode. It can alleviate many chronically recurrent urinary tract infections of mostly younger female patients.

Ad 7.:

Brucel hapten frequently uncovers Brucella militense.

Ad 8.:

Haptenovacuna (SANUKEHL ACNE) is not only required with coryne bacteria, but also with many other chronic and acute diseases of the respiratory tract. It may be used as an intermittent with almost all influenza-nosodes, with branhamella and other ENT pathogens.

Ad 9.:

Policel and

Ad 10.:

Arthritis hapten cannot yet be described, as they have not yet been sufficiently researched.

Ad 11.:

One hapten complex also contains a Coli-hapten that I had no access to in its pure form. I used it very successfully on a patient in combination with the Erythema nosode.

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