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Research Article

Autism Spectrum Disorders: A Time-Travel through Symptoms

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Abstract

Through a historical evolution of the symptoms, starting with the first observations, this paper attempts to give a thorough understanding of the symptoms associated with autism spectrum disorder (ASD). The social difficulties, communication problems, and repetitive activities associated with ASD were often thought to be superficial symptoms. Difficulties in reading social cues and building connections with others were noted as critical social challenges. Delays in speech development and nonliteral language deficits were markers of communication problems. Repetitive activities have been shown to be more indicative of ASD symptoms than core traits. The intricacy of these symptoms and their influence on individuals identified as having ASD have come to light as this field's understanding has grown. The present, improved understanding of the condition, which permits the administration of targeted drugs and more individualized therapy, is based on this prior information.

The present research on the symptoms of ASD is examined in this paper, which also highlights the shift from previous viewpoints to a more inclusive and thorough technique. The disorder known as a variety of symptoms characterizes ASD. Present-day viewpoints recognise that social challenges, communication breakdowns, and repetitive habits are unique to every person diagnosed with autism spectrum disorder. Social and communication challenges have a significant impact on a person's ability to understand nonverbal cues, maintain social connections, and express emotions clearly. Repetitive actions are becoming identified as self-regulation methods, even though genuine interests are typically seen as desirable assets. Current research suggests that more inclusion and assistance for individuals with ASD may be possible in the future due to the development of specialist treatments and support networks.

It may be possible to increase the current knowledge of ASD by looking at its neurological and genetic foundations. This might result in the creation of more focused therapeutic approaches. It is suggested that a focused approach that emphasizes precision medicine and early intervention would improve outcomes for people with ASD and customize therapy to fit each patient's unique profile. Advancements in diagnostic tools that use cutting-edge technologies, such as genetic analysis and neuroimaging, will enable a more accurate and rapid diagnosis. Specialized treatment techniques and support networks should be created in the future to cater to the distinctive needs and skills of people with autism spectrum disorder. The above developments have the potential to significantly improve the quality of life for people with ASD by providing personalized, effective, and accurate therapies that are tailored to their specific needs and abilities.

1.Introduction

Autism Spectrum Disorder (ASD), a lifelong developmental disorder, is characterized by social and communication deficiencies, repetitive and stereotyped behaviours, and adaptive and adaptable behaviours and interests (Achterberg and Vanderschuren, 2023). Many studies suggest that genetic variants contribute to ASD in children, although the explanation is unclear (Charman, 2002). ASD can occur when genes react with environmental variables, like having a family member with the disorder. Since 1966, around thirty epidemiological studies on autism have been conducted, with most published until the late 1990s, which found that childhood autism prevalence was 0.4 per 1,000 people, whereas the broader autism spectrum prevalence was 2.0 per 1,000 people (Barlattani et al., 2023).

ASD diagnosis is complicated based on symptoms since these characteristics might change over time, both individually and across people. Autism, Pervasive Development Disorder Not Otherwise Specified (PDD-NOS), and Asperger's disorder were previously classified as Pervasive Development Disorders (PDD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Khan et al., 2023). However, it has been claimed that sometimes, these disorders have a different aetiology than autism. Thus, the DSM-5 eliminated distinct symptoms of previous disorders and created a single, broad umbrella category, Autism Spectrum Disorder (ASD), with two domains: repetitive, restricted patterns and consistent difficulties in social interaction and communication (Hirota and King, 2023).

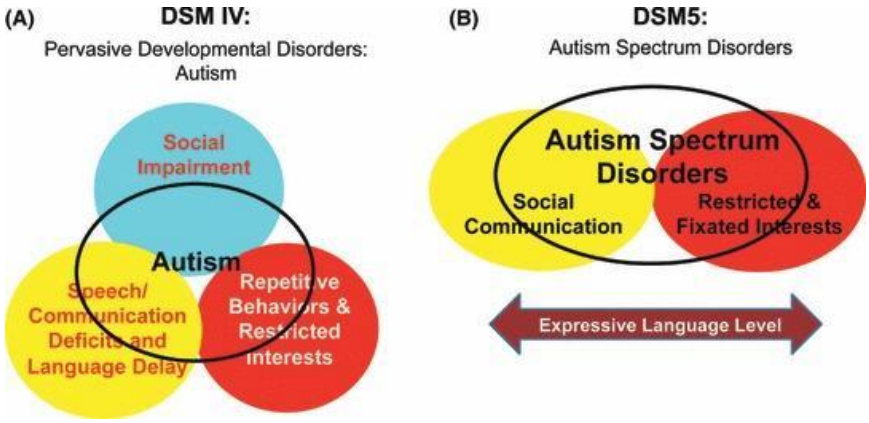

Figure 1: DSM IV and DSM V Classification of Autism

Source 1: https://libguides.brooklyn.cuny.edu/asd/diagnostic_frameworks

Crane et al. (2013) suggested that the upcoming DSM-V would contain the notion of a unified autism spectrum in place of the present diagnostic categories for ASD, such as Asperger's disorder and autistic disorder. This new paradigm recognises that shared core symptoms vary in intensity per person. The aim of this paper is to provide a comprehensive understanding of the condition and its associated symptoms.

Past Understanding of ASD Symptoms

Rare cases of autism have been reported in the psychiatric literature from the early eighteenth century (Guo et al., 2023). Whilst some historical records provide extensive evidence of psychiatric conditions exhibiting autistic traits, it was not until the latter half of the 19th century that any scholar established a connection between these isolated cases. Henry Maudsley created a classification system for childhood psychosis in 1867 to explain children's strange behaviour which shocked many people (da Silva and Lebrun, 2023). Schizophrenia is commonly called "autism" in European medical literature since Künkel (2022) labelled a

subgroup of German adolescents with schizophrenia "autistic" in 1920. These children showed remarkable cognitive skills but also restlessness, disengagement, and isolation. According to Russian psychiatrist Grunja Jefimov Ssucharewa, six children with schizoid personality disorder had an "autistic attitude" in 1926. Withdrawal from social interactions, unusual thought patterns such as persistence, excessive thinking, and rationalization, a strong affinity for fantasy, difficulties regulating emotions, repetition of others' words or phrases (echolalia), impulsive behaviour, and repetitive and stereotypical actions were all characteristics of such behaviour (da Silva and Lebrun, 2023).

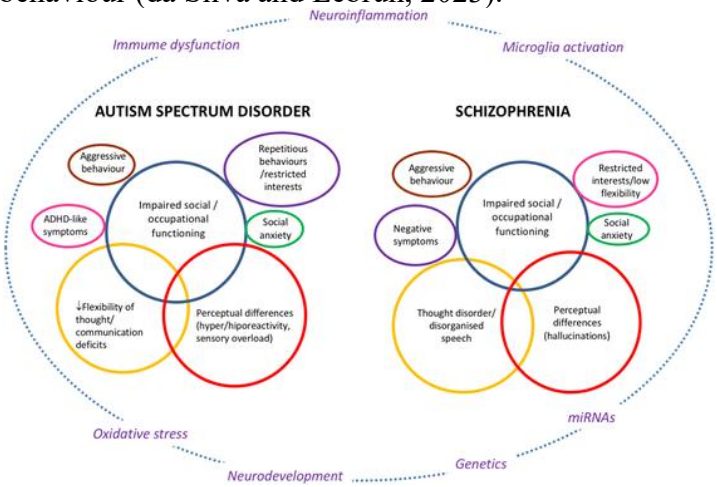

Figure 2: Similarities Between ASD and Schizophrenia

Source 2: Prata et al. (2017)

Other studies showed that autistic people with emotional connection issues and other behavioural issues preferred words from the above communication function (Buch et al., 2023).

Communication Difficulties

Delayed or absent speech and language development served as the primary symptoms of communication difficulties in individuals diagnosed with ASD. The understanding of the communication impairments linked to ASD has significantly improved due to studies conducted throughout the mid-1900s (Matson et al., 2008). It has been acknowledged that individuals diagnosed with ASD have unique communication characteristics, indicating that their difficulties extend beyond a mere absence of social interaction. Upon Leo Kanner's first observation of individuals displaying "extreme aloneness" and "a strong desire for the preservation of sameness," he identified language difficulties as a fundamental symptom of autism (Waltz, 2023). Previously, there was a prevailing consensus that individuals diagnosed with ASD had challenges in initiating and maintaining communication, with difficulty in comprehending sarcasm, humor, and figurative language (Matson et al., 2008). In the past, these issues were often attributed to a deficiency in social engagement rather than being seen as inherent challenges in communication.

Repetitive Behaviors

Individuals diagnosed with ASD were previously seen as intriguing and mysterious due to their tendency to engage in repetitive behaviours. The researchers observed many instances of repetitive gestures or activities, such as hand swaying, fluttering and shaking, but their significance remained somewhat ambiguous (Guo et al., 2023). The previous definition of ASD regarded repetitive acts as secondary elements rather than fundamental symptoms of the disorder. Previous studies briefly noted individuals' vital interests in specific subjects or

hobbies; however, there was a lack of sufficient studies on them. Instead of being seen as essential characteristics of ASD, these interests were often disregarded as peculiar features (Kim et al., 2023).

Figure 3: Patterns of Repetitive Behaviour

Source 3:Rahman et al. (2022)

Present Understanding of ASD Symptoms

Several researches are being conducted continuously to expand knowledge of ASD, which has contributed to the development of an adequate understanding of the condition. The concept of present awareness incorporates a more comprehensive understanding of the spectrum, taking into account individual variations and capabilities (Barlattani et al., 2023). DSM-V brought about a significant adjustment to the diagnosis of autism when it was released in May 2013. In the latest version, a comprehensive diagnosis called "autism spectrum disorder" (ASD) was established, including all Tubulointerstitial disease (TID) illnesses, with the exception of Rett syndrome. The current iteration of the diagnostic criteria has replaced the prior set of three symptoms that indicated communication deficits, which were previously distinct from the social impairments outlined in the DSM-IV (Kunkel, 2022). Instead, a new symptom structure has been introduced with a three-domain model. The first domain was shown to be associated with deficits in social communication, the second domain with restricted and repetitive activities and interests, and the third domain with sensory sensitivity (Waltz, 2023).

Social and Communication Challenges

More focus has recently been placed on the connection between social and communication challenges and ASD symptoms. ASD individuals often have difficulty with verbal, nonverbal, and cognitive communication, according to Buch et al. (2023). It may be challenging for people with ASD to interpret body language, facial emotions, and gestures. Research studies reveal that people with ASD may have trouble understanding and interpreting social signals (Khan et al., 2023). The preservation of reciprocal relationships and social interactions is another essential indication of the current understanding of ASD symptoms.

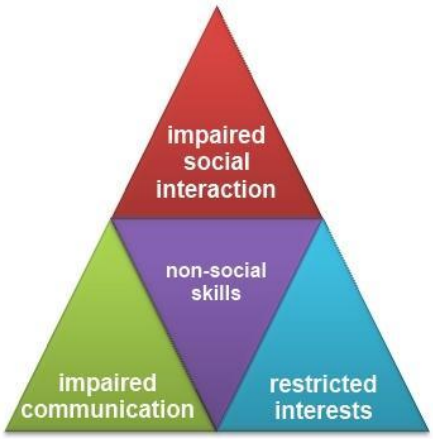

Figure 4: Social Communication and Interaction Challenges in ASD

Source 4: https://www.sltinfo.com/autism/

Previous research has identified this issue, but current studies highlight relationship navigation and social skills training (Deb et al., 2023). The main goals are social inclusion and providing ASD people with the support they need to succeed. Furthermore, given the current understanding of the disorder, ASD patients can struggle to understand and express their feelings in a socially acceptable way. However, contemporary treatments and interventions have been developed to better address these challenges (Barlattani et al., 2023).

Repetitive Behaviors and Restricted Interests

In contemporary literature, the distinguishing symptoms of ASD are often conceptualised as including repetitive behavioural patterns and restricted interests (Matson et al., 2008). These behaviours, once seen as peculiar or unusual, are now recognised as integral to the pathology of this condition. Individuals diagnosed with ASD use self-regulation strategies, such as engaging in repetitive gestures, speech, or item usage, as a means to manage their anxiety or sensory overload (da Silva and Lebrun, 2023).

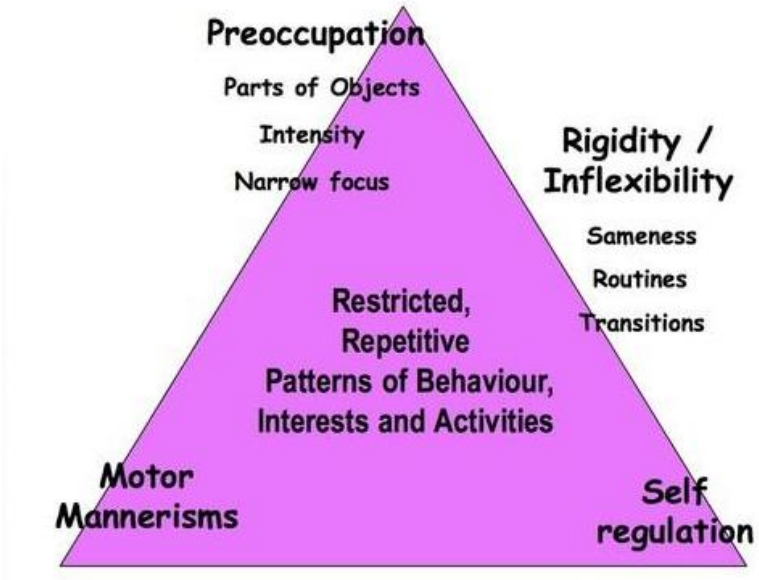

Figure 5: Repetitive Behaviour and Restricted Interests

Source 5: https://understandingasdintheclassroom.weebly.com/restricted-repetitive-patterns-of-behaviour-and-interests-in-the-classroom.html

The recognition and promotion of intense obsession for certain subjects or pursuits, often known as "special interests," are embraced and supported in contemporary therapeutic approaches (Hirota and King, 2023). These interests serve as a means of connection between individuals and people diagnosed with ASD and are seen as possible benefits. Although adhering to normal patterns might provide a sense of comfort and security, the objective is to enhance adaptability and flexibility (Kunkel, 2022).

Sensory Sensitivities

A new symptom which has been added to DSM-V criteria for autism is sensory sensitivity. It has been emphasized that patients with ASD can show increased or reduced sensitivity to certain sensory inputs, such as sound, sight, or feeling (Kunkel, 2022). Charman (2002) claimed that the influence of sensory sensitivity on an individual's daily life, engagement in different activities, and interactions with their surroundings can be profound. Interventions for ASD are starting to acknowledge sensory sensitivity as a key factor.

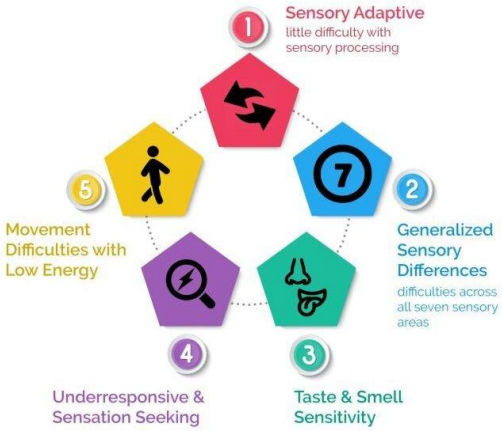

Figure 6: Sensory Processing in ASD

Source 6: https://medicalxpress.com/news/2021-11-sensory-autistic-children.html

Many techniques have been created to help people deal with and get beyond sensory excess. In an effort to support and improve the lives of people with ASD, more and more spaces and accommodations are being designed with sensory-friendly features (Kim et al., 2023).

Future Understanding and Potential Symptoms

The gaps in the current understanding of ASD are still being investigated tremendously by research despite the difficulties of forecasting when this will happen. It has been claimed that adopting stringent, established standards for diagnosis and assessment together with a range of case-finding strategies is necessary to guarantee the validity and rigor of research findings. For research involving large, representative, and well-defined populations, this is particularly important (Guo et al., 2023). Wing and Potter (2008) introduced an additional method that makes use of existing samples and previous diagnostic standards, such as Lotter's criteria. Although this can be valuable, it is important to remember that the present study's sample and methods differ from those of previous studies. By improving and broadening methodological approaches in future prevalence studies, unresolved scientific problems concerning the nature, course, and etiology of ASD might be effectively addressed (Barlattani et al., 2023).

Genetic and Neurological Insights

According to many studies, it has been stated that future genetic and neurological studies can have a significant effect (Achterberg and Vanderschuren, 2023). Based on the current understanding of the neurological and genetic underpinnings, ASD has advanced as a result of

recent studies. Developing a deeper understanding of these variables may change the perspective and result in the development of more individualized therapies. Over time, there has been a growing acceptance of ASD as a disorder having complex genetic and neurological components. The development of individualized therapeutic interventions for ASD can be facilitated by additional research into the identification of particular genetic markers or neurological pathways linked to various ASD characteristics (Khan et al., 2023). The likelihood of creating interventions that successfully address the root causes and symptoms of ASD increases with individualized therapy.

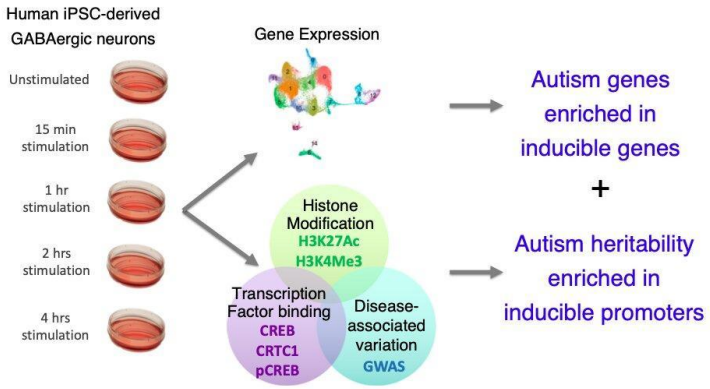

Figure 7: Genetic Labelling of ASD

Source 7: https://medicalxpress.com/news/2021-03-insight-gene-neurological-disease-heritability.html

Early Intervention and Precision Medicine

ASD interventions are expected to prioritize early identification and individualized interventions in comparison to current practices. Kim et al. (2023) argued that improving outcomes for people with ASD requires early intervention. Thus, it has been emphasized that there should be more successful and scientifically supported early intervention strategies as a result of this field's increased research (Guo et al., 2023). For the treatment of ASD, precision medicine is a medical strategy which aims to customize interventions and treatments to each patient's unique characteristics. Studies have also indicated that tailored interventions have the potential to maximize outcomes and address the unique needs and abilities of each individual with ASD, provided that they are founded on a thorough understanding of the individual's genetic, neurological, and behavioural characteristics (Deb et al., 2023).

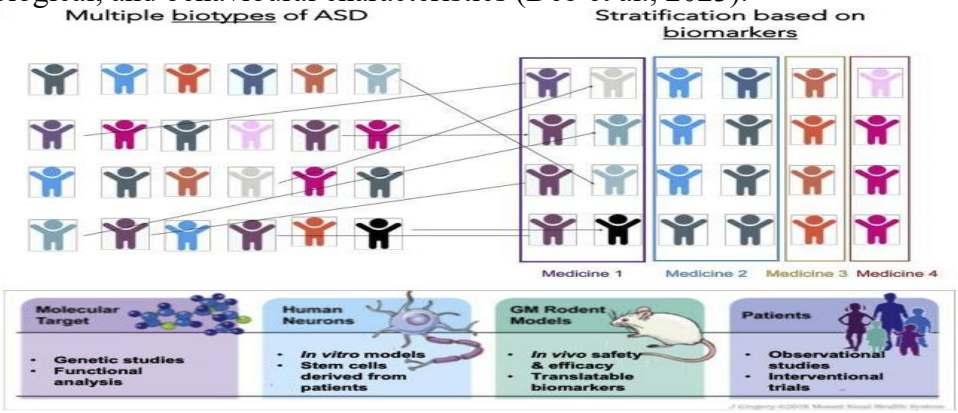

Figure 8: Mechanism of Precision Medicine for ASD

Source 8: Kostic and Buxbaum (2021)

Improved Diagnostic Tools

According to Guo et al. (2023), the speed and precision of diagnosing ASD can be improved by recent developments in genetic analysis and neuroimaging. In order to support earlier and more precise diagnostic procedures, neuroimaging holds great promise for contributing to the understanding of the structural organization and connectivity patterns of the brain associated with ASD. Improved diagnostic methods have increased our understanding of the many symptoms of ASD and also made it easier to act early. Improving the descriptions of the spectrum's various kinds and subtypes might lead to the development of more focused interventions and comprehensive support programmes (Kim et al., 2023).

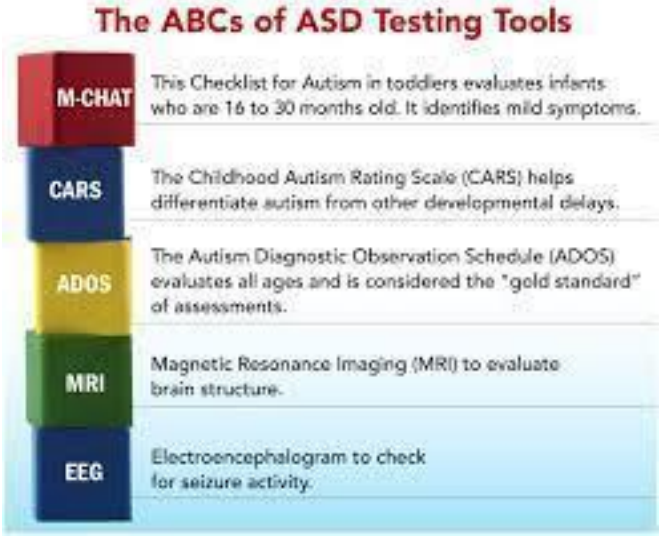

Figure 9: ASD Testing Tools

Source 9: https://blog.memorialhermann.org/autism-spectrum-disorder-know-signs-look-for/

Tailored Support and Therapies

Future approaches to ASD will focus a greater emphasis on customized assistance and expert treatment. ASD individuals are different by nature. Therefore, it stands to reason that their specific needs and talents would likewise vary (Barlattani et al., 2023). Following extensive examinations of each individual's assets and limits, tailored interventions will be devised to fulfill their unique needs. In addition to behavioural and therapeutic interventions, personalized assistance is a comprehensive strategy that integrates assistive technology and flexible strategies. In order to increase the quality of life for persons with ASD, technology-assisted interventions are always changing and presenting new strategies. These interventions include a variety of applications, such as communication aids and sensory support apparatus (Hirota and King, 2023).

Conclusion

Past understanding of ASD symptoms was limited and relied on superficial observations and descriptions. Knowledge and research have increased the understanding of the complexity of social boundaries, communication challenges, and repetitive behaviours in ASD. The earlier understanding underpins the present, improved understanding, which allows for more customized treatment and focused interventions. The current understanding of ASD symptoms is a major shift from the prevalent paradigm. ASD's wide spectrum of individual characteristics is acknowledged, but the emphasis is on helping people find their own pathways. Autism's social and communication challenges, repetitive habits, restricted interests, and sensory sensitivity have led to increasingly sophisticated and effective interventions. Understanding ASD may improve acceptance and support.

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تێکچوونی سپێکتریمی ئۆتیزم: گەشتێکی کات بەناو نیشانەکاندا

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پوختە
لە ڕێگەی پەرەسەندنێکی مێژوویی نیشانەکانەوە، کە لە یەکەم تێبینییەکانەوە دەست پێدەکات، ئەم توێژینەوەیە هەوڵدەدات تێگەیشتنێکی ورد لە نیشانەکانی پەیوەست بە تێکچوونی سپێکتری ئۆتیزم (ASD) بدات. کێشە کۆمەڵایەتییەکان، کێشەکانی پەیوەندیکردن و چالاکییە دووبارەبووەکانی پەیوەست بە ASD زۆرجار وا بیردەکرانەوە کە نیشانە ڕووکەشەکانن. کێشەکانی خوێندنەوەی ئاماژە کۆمەڵایەتییەکان و دروستکردنی پەیوەندی لەگەڵ ئەوانی دیکەدا وەک تەحەدای کۆمەڵایەتی گرینگ ئاماژەیان پێکرا. دواکەوتنی گەشەکردنی قسەکردن و کەمیی زمانی ناوشەیی نیشانەکانی کێشەی پەیوەندیکردن بوون. دەرکەوتووە کە چالاکییە دووبارەبووەکان زیاتر ئاماژەن بۆ نیشانەکانی ASD لە چاو تایبەتمەندییە سەرەکییەکان. ئاڵۆزی ئەم نیشانانە و کاریگەرییان لەسەر ئەو کەسانەی کە وەک تووشبووی ASD دەستنیشانکراون، لەگەڵ گەشەکردنی تێگەیشتن لەم بوارەدا هاتۆتە ئاراوە. تێگەیشتنی ئێستا و باشتر لە حاڵەتەکە، کە ڕێگە بە بەڕێوەبردنی دەرمانی ئامانجدار و چارەسەری تاکەکەسی زیاتر دەدات، لەسەر بنەمای ئەم زانارییە پێشووانە دامەزراوە.
توێژینەوەکانی ئێستا لەسەر نیشانەکانی ASD لەم توێژینەوەیەدا لێکۆڵینەوەیان لەسەر کراوە، کە هەروەها تیشک دەخاتە سەر گۆڕانکاری لە دیدگاکانی پێشووەوە بۆ تەکنیکێکی گشتگیرتر و وردتر. ئەو نەخۆشییەی کە بە چەندین نیشانە ناسراوە، تایبەتمەندی ASD ە. دیدگاکانی ئێستا دان بەوەدا دەنێن کە ئاستەنگە کۆمەڵایەتییەکان، تێکچوونی پەیوەندییەکان و خووەکانی دووبارەبوونەوەی تایبەتن بە هەموو کەسێک کە تووشی نەخۆشی ئۆتیزم بووە. تەحەددیاتی کۆمەڵایەتی و پەیوەندیکردن کاریگەرییەکی بەرچاویان لەسەر توانای مرۆڤ هەیە بۆ تێگەیشتن لە ئاماژە نازارەکییەکان، پاراستنی پەیوەندییە کۆمەڵایەتییەکان و دەربڕینی هەستەکانی بە ڕوونی. کردارە دووبارەبووەکان خەریکە وەک شێوازی خۆڕێکخستن دەناسرێنەوە، هەرچەندە بەرژەوەندییە ڕاستەقینەکان بە شێوەیەکی گشتی وەک سەرمایەی خوازراو سەیر دەکرێن. لێکۆڵینەوەکانی ئێستا پێشنیاری ئەوە دەکەن کە ڕەنگە لە داهاتوودا بەشداریکردن و یارمەتیدانی زیاتر بۆ کەسانی تووشبوو بە ASD بتوانرێت بەهۆی پەرەپێدانی چارەسەری پسپۆڕ و تۆڕەکانی پشتیوانی.
لەوانەیە بتوانرێت زانیاری ئێستا لەسەر ASD زیاد بکرێت بە سەیرکردنی بنەما دەمار و بۆماوەییەکانی. ئەمەش ڕەنگە ببێتە هۆی دروستکردنی ڕێبازە چارەسەرییە تەرکیزکراوەکان. پێشنیار دەکرێت کە ڕێبازێکی تەرکیزکراو کە جەخت لەسەر پزیشکی ورد و دەستێوەردانی پێشوەختە بکاتەوە، دەرەنجامەکان بۆ ئەو کەسانەی کە تووشی ASD بوون باشتر دەکات و چارەسەرکردن بە خواستی خۆت ڕێکبخات بۆ ئەوەی لەگەڵ پرۆفایلی تایبەتی هەر نەخۆشێکدا بگونجێت. پێشکەوتن لە ئامرازەکانی دەستنیشانکردن کە تەکنەلۆژیای پێشکەوتوو بەکاردەهێنن، وەک شیکاری بۆماوەیی و وێنەگرتنی دەمار، دەبێتە هۆی دەستنیشانکردنی وردتر و خێراتر. پێویستە لە داهاتوودا تەکنیکەکانی چارەسەری تایبەت و تۆڕی پشتیوانی دروست بکرێت بۆ دابینکردنی پێداویستی و لێهاتوویی جیاوازەکانی ئەو کەسانەی کە تووشی نەخۆشی سپێکتری ئۆتیزم بوون. پێشهاتەکانی سەرەوە توانای باشترکردنی کوالیتی ژیانیان هەیە بۆ ئەو کەسانەی کە تووشی ASD بوون بە شێوەیەکی بەرچاو لە ڕێگەی پێشکەشکردنی چارەسەری کەسی، کاریگەر و ورد کە بەپێی پێداویستی و توانا تایبەتەکانیان گونجاوە.

وشەی سەرەکییەکان: گەشەکردنی قسەکردن، ASD، وێنەگرتنی دەمار، تێکچوونی پەیوەندی

اضطرابات طيف التوحد: السفر عبر الزمن من خلال الأعراض

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الملخص
من خلال التطور التاريخي للأعراض، بدءًا من الملاحظات الأولى، تحاول هذه الورقة تقديم فهم شامل للأعراض المرتبطة باضطراب طيف التوحد (ASD). غالبًا ما يُعتقد أن الصعوبات الاجتماعية ومشاكل التواصل والأنشطة المتكررة المرتبطة باضطراب طيف التوحد هي أعراض سطحية. ولوحظت الصعوبات في قراءة الإشارات الاجتماعية وبناء العلاقات مع الآخرين باعتبارها تحديات اجتماعية حرجة. كان التأخير في تطور الكلام والعجز اللغوي غير الحرفي من علامات مشاكل التواصل. لقد ثبت أن الأنشطة المتكررة تشير إلى أعراض اضطراب طيف التوحد أكثر من السمات الأساسية. لقد تم الكشف عن مدى تعقيد هذه الأعراض وتأثيرها على الأفراد الذين تم تحديدهم على أنهم مصابون باضطراب طيف التوحد مع نمو فهم هذا المجال. إن الفهم الحالي المحسن للحالة، والذي يسمح بإعطاء الأدوية المستهدفة والعلاج الأكثر فردية، يعتمد على هذه المعلومات السابقة.
يتم فحص البحث الحالي حول أعراض اضطراب طيف التوحد في هذه الورقة، والذي يسلط الضوء أيضًا على التحول من وجهات النظر السابقة إلى تقنية أكثر شمولاً وشمولاً. يُعرف هذا الاضطراب بمجموعة متنوعة من الأعراض التي تميز اضطراب طيف التوحد. تدرك وجهات النظر الحالية أن التحديات الاجتماعية، وانهيار الاتصالات، والعادات المتكررة هي فريدة من نوعها لكل شخص تم تشخيصه باضطراب طيف التوحد. التحديات الاجتماعية والتواصلية

لها تأثير كبير على قدرة الشخص على فهم الإشارات غير اللفظية، والحفاظ على الروابط الاجتماعية، والتعبير عن المشاعر بوضوح. لقد أصبح من الممكن تحديد الإجراءات المتكررة باعتبارها أساليب للتنظيم الذاتي، على الرغم من أن المصالح الحقيقية يُنظر إليها عادة باعتبارها أصولاً مرغوبة. تشير الأبحاث الحالية إلى أن المزيد من الإدماج والمساعدة للأفراد الذين يعانون من اضطراب طيف التوحد قد يكون ممكنًا في المستقبل بسبب تطوير العلاجات المتخصصة وشبكات الدعم.

قد يكون من الممكن زيادة المعرفة الحالية باضطراب طيف التوحد من خلال النظر في أسسه العصبية والوراثية. قد يؤدي هذا إلى إنشاء أساليب علاجية أكثر تركيزًا. يُقترح أن اتباع نهج مركّز يركز على الطب الدقيق والتدخل المبكر من شأنه أن يحسن النتائج للأشخاص الذين يعانون من اضطراب طيف التوحد ويخصص العلاج ليناسب الملف الشخصي الفريد لكل مريض. إن التقدم في أدوات التشخيص التي تستخدم أحدث التقنيات، مثل التحليل الجيني وتصوير الأعصاب، من شأنه أن يمكن من تشخيص أكثر دقة وسرعة. ينبغي تطوير تقنيات العلاج المتخصصة وشبكات الدعم في المستقبل لتلبية الاحتياجات والمهارات المميزة للأشخاص الذين يعانون من اضطراب طيف التوحد. تتمتع التطورات المذكورة أعلاه بالقدرة على تحسين نوعية الحياة بشكل كبير للأشخاص الذين يعانون من اضطراب طيف التوحد من خلال توفير علاجات شخصية وفعالة ودقيقة مصممة خصيصًا لتلبية احتياجاتهم وقدراتهم الخاصة.

الكلمات المفتاحية: تطور الكلام، اضطراب طيف التوحد، التصوير العصبي، انقطاع الاتصال