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# A homeopathic perspective on autism spectrum disorder in the light of biomedical approaches: A narrative review

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**Abstract**
The autism spectrum disorder is a neurodevelopmental disease that involves problems with social communication, interactions and repetitive patterns of behavior. The diverse nature of its causes and presentations requires an individualized treatment and a multi-professional team of healthcare specialists involved. Biomedical treatment aims to solve the medical, nutritional, metabolic, and developmental issues. Homeopathic treatment, in turn, is focused on constitutional features and the totality of symptoms according to the principles of Organon of Medicine of Dr. Hahnemann. The purpose of this review is to present a number of approaches to autism from a biomedical point of view, possible advantages and disadvantages of each method, the general principles of homeopathy and the way of incorporating alternative treatments with current developmental and medical care..
**Objective:** The purpose of this review is is to critically examine the scientific knowledge and treatment approaches for autism spectrum disorder (ASD), to review the basic principles of homeopathy in view of the Organon of Medicine by Samuel Hahnemann, and to discuss those factors which are relevant to the integration of the two therapies.

**Keywords:** Autism Spectrum Disorder, Biomedical approach, Homeopathy, Integrative care, Complementary medicine, Developmental intervention

## Introduction

Autism Spectrum Disorder (ASD) is a complicated neurodevelopmental disorder marked by limited and repetitive patterns of behavior, interests, and activities, as well as ongoing challenges with social communication and Behaviours. Due to its complicated etiology with genetic, neurologic, metabolic, and environmental causes, the presentation of the disease is highly variable among patients. The identification of the biological causes of the illness, treatment of associated medical conditions, and providing behavioral and developmental treatment that may increase functionality and quality of life of patients are the primary aims of the biomedical model. Alongside with the above methods, homeopathy offers a conventional individualized approach taking into account the totality of symptoms and constitutional characteristics as well as the theory proposed by Dr. Samuel Hahnemann in his book called "Organon of Medicine". The present narrative literature review presents the definition, etiology, pathophysiology, and management of ASD. Next, the biomedical treatment modalities and their possible advantages and disadvantages are analyzed. Then, the classical homeopathic principles and some homeopathic drugs used in the treatment of ASD are discussed in relation to Hahnemann's Organon of Medicine and the relevant materia medica.

## Definition

### *Diagnostic criteria of autism spectrum disorder according to DSM-5*

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association (APA, 2013), Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by persistent difficulties in social social interaction and communication, accompanied by restricted and repetitive patterns of behaviour, activities or interests. These symptoms originate during the early developmental period and significantly affect an individual's social, academic, occupational, or other important areas of functioning.
The DSM-5 outlines five essential diagnostic criteria for Autism Spectrum Disorder:

### *Criterion A*

Persistent Deficits in Social Communication and Social Interaction
Persistent difficulties in social communication and interaction across different settings, involving all three of the following:



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- Deficits in social-emotional reciprocity: Difficulties in initiating or maintaining reciprocal conversations, sharing emotions and interests, and responding appropriately to social interactions.
- Deficits in nonverbal communication: Impairments in eye contact, facial expressions, body language, gestures, and the integration of verbal and nonverbal communication.
- Deficits in developing and maintaining relationships: Difficulties in establishing friendships, adapting behaviour to different social situations, engaging in imaginative play, and demonstrating interest in peers.

### *Criterion B*

Restricted and Repetitive Patterns of Behaviour, Interests, or Activities

- The presence of at least two of the following four characteristics:
- Stereotyped or repetitive behaviours: Repetitive body movements, repetitive use of objects, echolalia, or unusual speech patterns.
- Insistence on sameness: Strong adherence to routines, resistance to change, ritualistic behaviours, and difficulty adapting to transitions.
- Restricted or fixated interests: Highly focused interests that are unusual in their intensity or degree of preoccupation.
- Altered sensory responsiveness: Increased or decreased sensitivity to sensory stimuli, including sounds, textures, lights, temperature, or pain.

### *Criterion C*

Early Developmental Onset

Symptoms must be present during the early developmental period, although they may become more apparent when social demands exceed the individual's abilities or may be masked by learned coping strategies later in life.

### *Criterion D*

Clinically Significant Impairment

The symptoms must cause clinically significant impairment in social, occupational, educational, or other important areas of everyday functioning.

### *Criterion E*

Differential Diagnosis and Levels

The observed disturbances should not be better explained by intellectual disability or global developmental delay. However, ASD and intellectual disability may coexist. In such cases, social communication abilities must be below those expected for the individual's overall developmental level.

The DSM-5 further classifies ASD into three severity levels based on the degree of support required, considering both social communication difficulties and restricted or repetitive behaviours:

Level 1: Requiring support.

Level 2: Requiring substantial support.

Level 3: Requiring very substantial support.

## Causative / risk factors of autism spectrum disorder (ASD)

Autism spectrum disorder is a multifactorial neurodevelopmental disorder caused by the interplay of genetic and environmental risk factors. The etiology of this syndrome is not clear but certain factors that increase the possibility of having ASD have been identified.

- **Genetic Factors**: Hereditary factors, genetic mutations, chromosomal abnormalities, and genetic disorders such as Fragile X syndrome and tuberous sclerosis complex.
- **Parental Factors**: Age of parents at conception.
- Prenatal Factors: Diabetes, obesity, infection during pregnancy, and use of certain drugs, specifically valproate.
- **Perinatal Factors:** Premature delivery, low birth weight, and other complications associated with birth.
- **Environmental Factors**: Exposure to air pollutants and certain toxins during pregnancy, but no definite relationship can be established yet. Genetic susceptibility is one of the main reasons for ASD, whereas the others may affect its development..

## Pathophysiology of autism spectrum disorder (ASD)

The pathophysiology of Autism Spectrum Disorders (ASDs) is complicated and multi-factorial; there are multiple inter-relations between genetics, neuroscience, immunology, and metabolism. Despite the ambiguity of the exact mechanisms of the process, some changes in physiology have been suggested to play a role in it.

- **Alterations in Brain Development and Neurological Connectivity**: Structural and functional alterations in brain development and neurological connectivity involving brain structures like the prefrontal cortex, amygdala, and cerebellum have been found in ASD patients, which may impact their social communication, behavior, and sensory processing.
- **Altered Synaptic Functioning and Neurotransmission:** The imbalance between the excitatory neurotransmission, glutamate, and inhibitory neurotransmission, GABA, have been linked to altered neuronal communication and sensory processing in some people with autism spectrum disorders.
- **Immune Responses and Inflammation:** Altered immune responses and neuroinflammatory processes, microglial functioning in particular, have been observed in some ASD patients, although the importance of these alterations is still under debate.
- **Immune Responses and Inflammation**: Oxidative stress, altered antioxidant mechanisms, and mitochondrial dysfunction have been identified in some individuals with autism spectrum disorder, which may affect their neuronal functioning.
- **Gut-Brain Axis:** Changes in the gut-brain axis and in the microbiome have been examined in individuals with ASD. However, the importance of these alterations in the ASD development has not yet been established.
- **Molecular and Genetic Changes**: Gene variations related to brain development and signaling pathways may lead to abnormal neuronal development and functioning

## Biomedical interventions

### *The biomedical approach: what is it?*

"Biomedicine" is a term that applies almost universally and describes any type of medical practice. As Merck states, "Clinical medicine based on the principles of the natural sciences such as biology and biochemistry" The term "biomedicine" in relation to A.S.Ds. can be explained as an extensive and developing science that does not have a clear boundary on the periphery of the usual medical treatments. Biomedicine tries to treat the biochemical imbalance that results in A.S.D. by interfering with the processes of immunology, neurology, digestion, and metabolism.

These changes might be accomplished through biomedicine by introducing diet changes, optimizing digestive processes with probiotics, antibiotics, or antifungal drugs, vitamin or enzyme supplements, detoxification through different agents, and chelation of heavy metals from the body with special medicines. Behaviors of the child and the outcomes of genetic, saliva, blood, urine, fecal, or hair mineral analyses are usually the sources of those alterations.

This information is important for homeopaths as the biological methods might interfere with homeopathic therapy both by causing new symptoms that would appear as "side effects" of the biological procedure or suppressing already existing ones. It makes dealing with the

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"biomedical" child harder since parents do not understand homeopathic approach and are not willing to discontinue biomedical treatment in favor of homeopathy alone. In comparison with treatment of the non-biomedically treated child, homeopathy treatment of the child who undergoes biological treatment will definitely be more complex; in some exceptional cases, it may be even impossible.

### *Categorisation of biomedicine*

Biomedical interventions are defined into 4 categories:

- Dietary modification
- Supplements
- Detoxification and chelation
- Gastrointestinal Function optimization

### *Dietary modifications*

The Gut-brain axis, a continuous link makes it possible for them to exercise a mutual regulation influence on each other in the future: if something happens to one, it will happen to the other as well. The gut and the brain both develop from the neural crest during the process of embryonic development. The gut is sometimes called the "second brain" because it has more nerve cells than the spinal cord and possesses many of the same neurotransmitters as the brain. There are many immune system cells in the gut and they play an important role in immunological functions. Therefore, considering this information, it is not surprising that a lot of children suffering from A.S.D. have problems with their neurodevelopment, gastrointestinal tract and immunity.

Diet change is an integral part of the biological approach to autism treatment due to the increasing understanding of the brain-gut connection. It is the basis of all other biological approaches..

### *There are three parts to dietary change*

- Unhealthy foods that lack nutritional value are removed from the eating plan, as well as unwanted ingredients like artificial flavors and colors.
- The start of several biomedical treatments for Modern medicine. Since these foods contain casein, dairy products and gluten-containing products including wheat, oats, rye, barley, and spelled are not consumed because of the assumption that since many autistic kids have high permeability of the gastrointestinal tract ("leaky gut syndrome") and, therefore, undigested casein and gluten peptides are leaked into the blood and subsequently enter the brain, causing opiate-like effects such as confusion, vagueness, and disorientation - all the common characteristics of autism - it is essential to prevent any undigested peptides from being leaked into the bloodstream.
- Minimizing foods containing processed carbohydrates or sugars. Sugars in the gastrointestinal tract feed potentially harmful microorganisms including streptococcus, certain types of viruses and yeast, such as *Candida*, thus resulting in the disease known as gut dysbiosis or excessive growth of certain types of microorganisms. It is assumed within the biomedical approach that the microorganisms release toxins that then get into the blood and affect the brain. Thus, dietary restrictions on refined carbohydrates and sugars (including fruits and some vegetables) are considered necessary.

These are some of the major changes in diet like children could also be following the Feingold diet, GAPS diet, Specific Carbohydrate diet, or even the low-phenol, low-oxalate, or low-salicylate diet.

### *Supplements*

Also included among biomedicine's tools are vitamins, minerals, amino acids, enzymes, hormones, antioxidants, and essential fatty acids, usually in mega-dose amounts, for the treatment of deficiencies caused by poor digestion, or for improving immune, metabolic, digestive, or neurological function. Calcium, magnesium, vitamin C, vitamin E, vitamin B5 (pantothenic acid), vitamin B6, methyl B12, melatonin, taurine, DMG (dimethylglycine), pycnogenol, GABA, and fish oil are just some of the many

### *Detoxification and chelation*

It is believed that chelation is the only means of getting certain autistic children to expel the heavy metal buildups, such as mercury, lead, arsenic, and others in their bodies. They could also be affected by one or more of the various persistent organic pollutants (POPs) that currently contaminate our environment. Some examples of these include aldrin, chlordane, DDT, dieldrin, endrin, heptachlor, brominated flame retardants, polyaromatic hydrocarbons, and polychlorinated biphenyls (PCBs). There are several chelation medications and supplements that are employed in biomedicine as a means of reducing the toxic load of these children. Some examples include dimercaptosuccinic acid (DMSA), 2,3-Dimercapto-1-propanesulfonic acid (DMPS), EDTA, vitamin C, glutathione, and alpha-lipoic acid (ALA).

### *Gastrointestinal function optimization*

The proper functioning of the intestine is to filter and absorb toxins when the intestinal tract is healthy. The two functions cannot be performed by the gut when the "leaky gut" hypothesis is considered correct. The biological method that can be adopted for the optimization of gut health is the removal of parasites, yeasts, viruses, and toxins, along with replacing the harmful bacteria with beneficial ones. The use of probiotics is done along with the above diet changes. The use of heavy metal chelation, supplementation, antibiotics, and antifungals helps eradicate harmful bacteria.

### *Harmful effects of biomedical medicine*

**Overgrowth of yeast**

Chelating agents, antivirals, and antibiotics which are used for biomedical treatment are going to induce an overgrowth of yeast in the stomach. It is important to follow a special diet with no sugar and yeast, thus "starving" the yeast, or taking probiotics, which can "crowd" out the yeast. This layered approach, which is designed in order to cope with the primary iatrogenesis, can be effective or ineffective, and even can cause new problems, including damage to kidneys and liver. Once the treatment is ceased, there is a high probability that yeast is going to return in a resistant form.

***Candida* "die-off"**

The "die-off" effect is assumed to happen after yeast removal due to the antifungal treatment, dietary supplements, or restrictive diet. The following symptoms may appear: hyperactivity, stimming, fatigue, brain fog, fever, nausea, bloating, bowel disturbances, abdominal pain, itching, and sore muscles or joints. All these symptoms can be called "detoxification." But disregarding this fact, it is obvious that toxin load of the child increases during this period.

**Side Effects of Chelation**

Chelation poses some risks, such as bone marrow suppression, increased liver enzymes, and severe allergies. It has been suggested that there might be a risk of redistribution of mercury into the brain during chelation treatment. There is not enough scientific evidence for the effectiveness of the use of ALA in eliminating mercury from the brain. The connection between chelation and regression in children with ASD has not been proven.

**Nutritional Imbalances, Deficiencies, and Intolerances**

Excessive supplementation may lead to the imbalance that changes biochemistry of the organism. Some dietary restrictions may cause deficiencies. For example, too much zinc supplement intake during chelation treatment or in case of zinc deficiency will not allow copper absorption. Lack of copper causes anemia.

## Other supportive interventions

- **Applied Behaviour Analysis (ABA):** Structured individual therapy using behaviour principles for developing adaptive skills, communication and social interactions, and minimizing interfering behaviors.

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- **Social Skills Training:** Individual or group therapies designed to develop relationship-building skills, social interaction, social awareness, turn-taking and reciprocity.
- **Speech and Language Therapy:** Can help develop receptive and expressive communication, including speech, language, and functional communication. Augmentative and Alternative Communication (AAC) can be considered, which includes picture boards and other communication aids.
- **Occupational Therapy (OT):** Addresses sensory problems that affect functional performance in activities of daily living, personal care and school/home routines.
- **Parent Management Training and Parent-Mediated Interventions**: Provides caregivers strategies for helping to develop communication skills, adaptive behaviors, coping with challenging situations and developing positive skills at home. Furthermore, parent support groups can provide assistance in sharing experience and coping with stress.
- **Special Education Services:** Individualized Education Programs (IEPs), classroom accommodations, visual schedules, structured teaching and other educational interventions can help to deal with learning differences, communication difficulties, attention and social interaction problems.
- **Cognitive Behavioural Therapy (CBT):** Children and adolescents suffering from anxiety disorders in addition to being diagnosed with autism may find modified CBT helpful. It could involve use of structure, visual cues, concrete language, predictable schedules, and caregiver involvement.

## Homeopathy and its holistic role in autism spectrum disorder

### *Homeopathy: overview*

The founder of the homeopathic medical system was Dr. Samuel Hahnemann, a German doctor. It is interesting to know that Dr. Samuel Hahnemann was originally practicing allopathy and coined the term as well. The features of homeopathy have nothing common with features of other medical systems.

The base of homeopathic medical system is "*Similia* Similibus Curentur," which means "likes cure likes."

This is known as the "Law of *Similia*." Homeopathy believes in the presence of vital force that when disturbed leads to illness.

### *Role of homeopathy in autism spectrum disorder*

There are various fields such as social interaction, behavior, communication, sensation, memory, sleep, and skills in which ASD can present itself. This is because these symptoms show what is going on inside the body of the individual. Homeopathy works on the dynamic level of the individual and cures the symptoms of ASD through the elimination of the symptoms. There are various kinds of homeopathic medicines that can be used for the management of various symptoms that occur in the ASD population. Each autistic child has its own symptoms and by doing proper case-taking, specific homeopathic medicines can be prescribed to the patient.

Some of the homeopathic remedies commonly used in ASD are:

- ***Baryta carbonica***: Developmental delay in mental and physical faculties, timidity, shyness towards strangers.
- **Carcinosinum:** Repetitive patterns along with obsessions and highly sensitive towards music, surroundings, or criticism. The children adhere to a fixed routine.
- ***Calcarea carbonica***: Physical delays, sweating and cold sensitivity.
- **Silicea**: Sensitivity, lack of self-confidence, and some other characteristic features related to nutrition or physique.
- ***Tarentula Hispanica***: Impulsiveness, hyperactivity, repetitive actions, and affinity to music rhythm.
- ***Hyoscyamus niger*:** Restlessness, impulsiveness, and dis-inhibited behavior.
- **Tuberculinum:** Restlessness, dissatisfaction, and the need for change.

### *Inference of the biomedical medicine in homeopathic treatment*

- **Symptoms are Masked or Modified**: Biomedical treatments, which include dietary changes and medicines, can mask symptoms, making it hard for the homeopath to establish the symptom picture needed to choose a remedy. Some treatments may cause additional complications in evaluating these symptoms.
- **New Symptoms are Introduced**: There might be new symptoms introduced by the side effects of biomedical treatments. The physician needs to differentiate between the pre-existing symptoms, new aggravations caused by the prescribed remedy, and the side effects of the biomedicine. Additionally, nutritional deficiencies caused by restricted diet or chelation should be considered.
- **Difficulties for the Family**: Parents of autistic children have to bear high levels of stress as a result of dealing with various treatment options, strict diets, tough schedule and providing a good life. These difficulties might influence compliance with treatment and perception of the effectiveness of different treatments.
- **Concurrent Treatment Approaches:** Patients might use various supplements, diets, and treatment options based on the recommendations provided by health care professionals or parents' discussion groups.

### *Biomedical interventions that can be integrated with homeopathy*

- **Nutritional Assessment**: Identify and manage any proven cases of nutritional deficiencies.
- **Dietary Management**: Deal with food allergies and intolerances or coeliac disease and monitor growth and nutrition status.
- **Gastrointestinal Management:** Evaluate and treat constipation, reflux, diarrhoea, and other gastrointestinal disorders.
- **Sleep Management**: Manage problems with sleeping using relevant behavioral techniques and medical evaluation.
- **Management of Co-Morbidities**: Deal with epilepsy, ADHD, anxiety, and other conditions using evidence-based interventions.
- **Developmental Interventions**: Speech and language therapy, occupational therapy, and individual behavioral and educational interventions.
- **Family Involvement:** Provide education and counseling services to the caregivers.

## Conclusion: biomedicine or homeopathy?

How would one define biological treatment? In conclusion, the good method of treatment for children with A.S.D. without adapting to homeopathy is safe diet modification. The benefits of such alternative biological treatment have to be weighed against risks associated with it. As was mentioned above, biomedicine has proven to help reduce symptoms in some children who before had not many options to rely on regarding treatment. The method is less risky and more effective compared to its counterpart – conventional medicine.

Even though taking out the obstacles and allowing the body to repair itself naturally is good for the homeopath, certain biomedical remedies may be associated with side effects that are counterproductive to this process, along with the already mentioned Herxheimer reaction. Obviously, the homeopathic principle of fast, gentle, and prolonged healing cannot go well with such chelating processe. Moreover, any



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relief obtained should be compared with possible worsening in the future or appearance of new symptoms in the future.

Biomedicine cannot provide such improvement, constancy, and rapidity of action that is observed in homeopathy. Its methods are very costly and invasive and associated with severe side effects and non-compliance. Finally, in order to prevent any recurrence of symptoms, a number of these treatments have to be repeated throughout life. In this respect, homeopathy should definitely precede all other options for treatment of autism spectrum disorders, rather than be used as a complementary method, since it is very safe and efficient and able to produce long-lasting results; in this regard, its success depends solely on its consistent application by professionals in their practice.

## References


1. Sheffield F. Autism: part 2—other approaches and their implications for homeopathic treatment. Homeopathy Plus. 2008.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington (VA): American Psychiatric Publishing; 2013.
3. Sandin S, Lichtenstein P, Kuja-Halkola R, Larsson H, Hultman CM, Reichenberg A. The heritability of autism spectrum disorder. JAMA. 2017;318(12):1182-4.
4. Modabbernia A, Velthorst E, Reichenberg A. Environmental risk factors for autism: an evidence-based review of systematic reviews and *meta*-analyses. Mol Autism. 2017;8:13.
5. Lord C, Elsabbagh M, Baird G, Veenstra-Vanderweele J. Autism spectrum disorder. Lancet. 2018;392(10146):508-20.
6. Bourgeron T. From the genetic architecture to synaptic plasticity in autism spectrum disorder. Nat Rev Neurosci. 2015;16:551-63.
7. Robertson CE, Baron-Cohen *S*. Sensory perception in autism. Nat Rev Neurosci. 2017;18:671-84.
8. Andrews M. Homeopathy and autism spectrum disorder: a guide for practitioners and families. London: Singing Dragon; 2014.
9. Boericke W. Pocket manual of homoeopathic materia medica: comprising the characteristic and guiding symptoms of all remedies. 9th ed. Philadelphia: Boericke & Tafel; 1927.
10. Clarke JH. A dictionary of practical materia medica. London: Homoeopathic Publishing Company; 1900.
11. Nash EB. Leaders in homoeopathic therapeutics. 3rd ed. Philadelphia: Boericke & Tafel; 1907.
12. Hahnemann S. Organon of medicine. 6th ed. Boericke W, translator. New Delhi: B Jain Publishers.


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