

Supplementary Table S1 Details of each patient's symptoms at presentation, diagnosis, and current status

Case	Main symptoms at presentation	Diagnosis as per DSM-5 criteria	CGI-S/CARS2-ST scores before treatment	Current behavior after treatment	CGI-S/CGI-I/CARS2-ST scores after treatment
1	<ul style="list-style-type: none"> - sudden developmental regression at the age of 18 months - lost all social skills - lost eye contact - no response to his name - no joint attention - hand flapping - repetitive touching of ears - walked on his toes - lost interest in playing with other children - no expressive language - poor receptive language 	ASD level 2, requiring substantial support, plus language impairment	5/36	<ul style="list-style-type: none"> - follows two-step commands - started to count - responds to his name consistently - can combine words to form simple sentences (e.g., "key cars go"). - jokes with mother - imitates animal sounds - no longer flaps hands - no longer walks on toes or repeatedly touches his ears - started to play with other children and give high-fives - family thinks he is comparable in development to his peers 	1/1/17
2	<ul style="list-style-type: none"> - poor eye contact - no response to her name - no pointing - no joint attention - did not play with other children 	ASD level 3, requiring very substantial support, plus language impairment	6/45.5	<ul style="list-style-type: none"> - can now talk in three- to four-word sentences - makes good eye contact - started to point 	1/1/16

	<ul style="list-style-type: none"> - delayed expressive and receptive language - aggressive, impulsive, and had frequent temper tantrums - was very difficult to manage - very selective in her food and habitually threw things 			<ul style="list-style-type: none"> - intact joint attention - shows no aggression or stereotypical behavior - plays with other children - started to learn the alphabet and numbers - started to eat a greater variety of food - currently weaning off medications 	
3	<ul style="list-style-type: none"> - poor response to his name - poor joint attention - delayed expressive and receptive language - no pointing - did not play with other children - liked to jump on his bed - no emotional reactions - liked to hold orange items - liked to wear only one specific shirt - very hyperactive and inattentive 	ASD level 2, requiring substantial support, plus language impairment	6/45	<ul style="list-style-type: none"> - good response to his name - good joint attention - much improved expressive and receptive language - started to point well - plays well with other children - no longer jumps on his bed - interacts with his family and has started to show emotions - no longer likes to hold orange items - can wear different shirts now - still a little hyperactive and inattentive 	2/2/23
4	<ul style="list-style-type: none"> - poor eye contact - poor expressive and receptive language - abnormal, stereotypical hand and finger movements - self-talked a lot 	ASD level 2, requiring substantial support, plus language impairment	5/39.5	<ul style="list-style-type: none"> - shows good eye contact - responds to his name consistently - has good joint attention - started to play with family members 	2/2/21

	<ul style="list-style-type: none"> - no joint attention - very limited scope of interest - did not play with other children 			<ul style="list-style-type: none"> - speaks in two- to three-word sentences to communicate his needs - started to learn the alphabet - complete resolution of stereotypical behavior such as finger flicking - no longer displays self-talking 	
5	<ul style="list-style-type: none"> - poor response to his name - poor eye contact - poor communication skills - no pointing - self-talked a lot - poor joint attention - very delayed expressive and receptive language - poor social skills - abnormal, stereotypical behavior with hand flapping - hyperactive with a limited attention span 	ASD level 2, requiring substantial support, plus language impairment	5/36	<ul style="list-style-type: none"> - started to focus and sit down for 45 minutes at a time - started to recognize and interact with family members - started to speak in two- to three-word sentences - follows two-step commands - hand flapping is much less, only occurs now when he is very excited - no more self-talking - responds to his name well - developed joint attention - good eye contact 	2/2/18.5
6	<ul style="list-style-type: none"> - poor response to his name - poor eye contact - no pointing - did not play with other children 	ASD level 3, requiring very substantial support, plus language impairment	6/42	<ul style="list-style-type: none"> - achieved normal development with complete resolution of ASD symptoms - now attends a regular school where he performs above average - off all medications 	1/1/16

	<ul style="list-style-type: none"> - hyperactive and poor attention - no joint attention - poor expressive and receptive language - stereotypical behavior of walking on his toes and looking from eye corners 				
7	<ul style="list-style-type: none"> - poor eye contact - no joint attention - no pointing - did not follow commands - poor expressive and receptive language - did not play with other children - no meaningful communication with his parents - very sound sensitive - very hyperactive and inattentive - poor sleep at night 	ASD level 3, requiring very substantial support, plus language impairment with comorbid ADHD	6/41	<ul style="list-style-type: none"> - much less hyperactive - started to count to 10 - started to communicate with parents and follow one-step commands - started to say his name when asked - started to approach other family members - started to have better receptive language - makes good eye contact - good joint attention - no longer sound sensitive - started to sleep well at night 	2/2/21
8	<ul style="list-style-type: none"> - poor response to his name - no pointing - no expressive language with poor receptive language - no joint attention 	ASD level 2, requiring substantial support, plus language impairment	5/36	<ul style="list-style-type: none"> - attending regular school and performs above average academically - complete resolution of his ASD symptoms - off all medications 	1/1/15

	<ul style="list-style-type: none"> - poor socialization with other children - walked on his toes - ate only two kinds of food - flapped his hands when excited - hypersensitive to sounds - hyperactive with a poor attention span 				
9	<ul style="list-style-type: none"> - poor eye contact - no response to her name - no joint attention - no pointing - poor social interaction and did not play with other children - no joy in sharing - very selective with her food - liked to line things up - high tolerance to pain - had poor expressive language, could only say “mama” and “dada” non-specifically, and had poor receptive language with difficulty in following commands - poor attention and hyperactive 	ASD level 2, requiring substantial support, plus language impairment	5/36	<ul style="list-style-type: none"> - attends regular school and among the top 5 in the class - normal expressive and receptive language - normal behavior and attention span - complete resolution of ASD symptoms - only on atomoxetine to control hyperactivity 	1/1/17
10	<ul style="list-style-type: none"> - poor eye contact 	ASD level 2, requiring	6/36.5	<ul style="list-style-type: none"> - now in a regular school 	1/1/15

	<ul style="list-style-type: none"> - poor joint attention - did not play with other children - poor expressive and receptive language - rarely pointed - hyperactive and inattentive - no joy in sharing - frequently stared into the distance and at the ceiling - no imagination - anxiety and temper tantrums 	substantial support, plus language delay and comorbid anxiety		<ul style="list-style-type: none"> - average performance in class - normal expressive and receptive language - complete resolution of ASD symptoms - still below average in writing skills but improving with training 	
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ADHD, attention deficit hyperactivity disorder; ASD, autism spectrum disorder; CGI-I, Clinical Global Impression–Improvement; CGI-S, Clinical Global Impression–

Severity; CARS2-ST, Clinical Autism Rating Scale 2–Standard Test

