

AI In Drug Discovery And Future Prospects

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Abstract- *The goal of the computer science subfield of artificial intelligence is to create systems that are capable of doing tasks that are typically performed by humans. Artificial intelligence has been incorporated into the pharmaceutical and management. Because AI can analyse massive datasets and predict drug-target (receptor) interactions, it can significantly reduce time and expenditure in the drug discovery process. Artificial intelligence (AI) algorithms that evaluate actual patient data can support personalized medical strategies, improving patient adherence and treatment results. This thorough analysis looks at drug discovery and potential future developments. The pharmaceutical business is currently experiencing a boom period in artificial intelligence, which is creating opportunities for the discovery of numerous novel drugs. Human disease rates are rising dramatically, yet the number of drugs available to treat or cure these conditions is very small. However, this type of situation won't exist in the future due to the pharmaceutical industry's integration with AI, which speeds up medication discovery and improves clinical outcomes. AI-based drug discovery techniques are being used by numerous pharmaceutical companies to treat a variety of illnesses, including Parkinson's disease, Diabetes, Alzheimer's, Obsessive Compulsive Disorder, etc.*

Keywords- Drug discovery, Beginning of AI, Ethical consideration, Failure rate of AI, Future prospects.

I. INTRODUCTION

Drug Development has historically been a drawn-out, expensive and unsuccessful procedure [1]. The pharmaceutical sector has advanced significantly in recent years and, necessitating the adopting of more methodical effective medication production techniques [1]. The lack of medicines for certain diseases (or) the high toxicity (or) low efficacy of current medications the driving forces behind drug discovery[1]. In order to overcome these obstades, technologies development have made a variety of speed up drug development at everylevel. These methods have been drastically altered by the quick growth of Artificial Intelligence[2]. In the 1950s, Artificial Intelligence(AI) was defined as a branch of science and engineering that might create intelligent machines. It swiftly developed into a neural network model that resembles the human brain, allowing for the completion of activities that cell for human intellect, such

making difficult judgements and solving challenging problems. AI has rapidly advanced and is now a crucial and ground breaking elements in several fields, mostly notably drug discovery [2,3].

A number of ethical concerns have brought up by AI's rapid development. These technology capacity for self-determination raises questions regarding inherent values and human dignity. Establishing ethical standards has therefore become essential in order to avoid serious repercussions for human life. In order guarantee that technologies are used fairly and responsibly ethics is a practical requirements [4]. AI is not just used to find new medications in the drug development process. It is also distinguished by the customization of current therapies to each patient's unique profile. This method produces safer and more efficient medicinal solutions, reduces adverse effects and increase treatment efficacy [5,6]. The impact of AI on the pharmaceutical sector will be thoroughly examined in this article, including everything from discovery to development stages, production, and customized medicine (Fig:1). AI is embraced and look forward to future developments in the succeeding decades that will shape the industry.

II. AI IN DRUG DISCOVERY PROCESS AND COST SAVING

Drug research and discovery have historically been drawn-out, costly procedures that can take anywhere from 10 to 15 years and it costs billions of dollars for a single molecules to reach the market (Fig:2) [7]. Creating new molecules with particular characteristics and functions is another important way that AI is being used in medication discovery conventional technique frequently depends on identifying and altering already-existing chemicals, which can be a time-consuming and labour-intensive procedure. On the other hand, AI-based method can make it possible to quickly and effectively build new compounds with desire characteristics and functions. As an illustration of the potential of these techniques for the quick and effectively build new and effective design of new drug candidates, a deep learning (DL) algorithm was recently trained on a dataset of known drug compounds and their corresponding properties to suggest new therapeutic molecules [8] with desire qualities like solubility and activity.

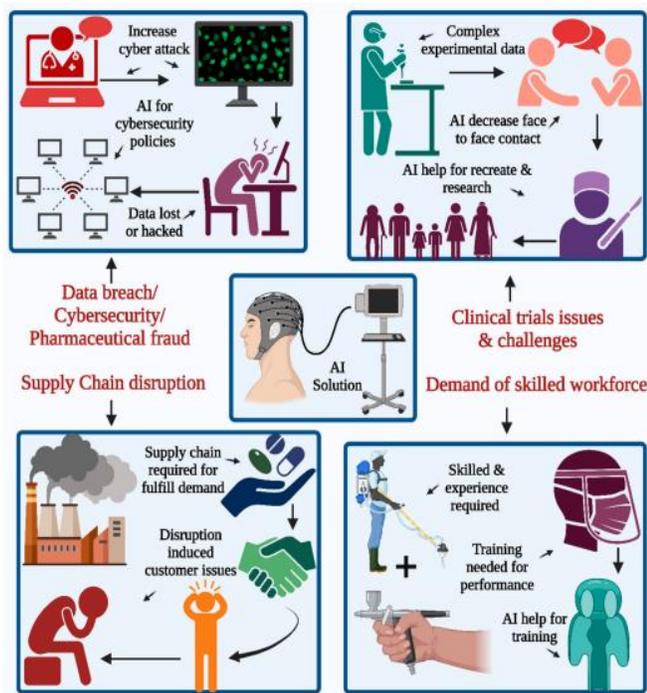


Figure 1. Depicts a possible artificial intelligence (AI) solution to the pharmaceutical industry's.

With the recent release of AlphaFold, a groundbreaking software platform for expanding our knowledge of biology, Deepmind has significantly advanced the field of AI research [9]. It is a potent algorithm that predicts the corresponding three-dimensional structures of protein using AI and protein sequence data. It is anticipated that this development in structural biology would transform medication discovery and customized treatment. The application of AI in structural biology and the biological science generally has Advanced significantly with AlphaFold.

De nova drug design is presently utilizing machine learning (ML) approaches and molecular dynamics (MD) simulations to increase accuracy and efficiency. To capitalize on their synergies, the strategy of integrating various approaches in being aided by the application of DL techniques and interpretable machine learning (ML). Researchers may now create medication more successfully and efficiently than ever before by utilizing AI and MD.

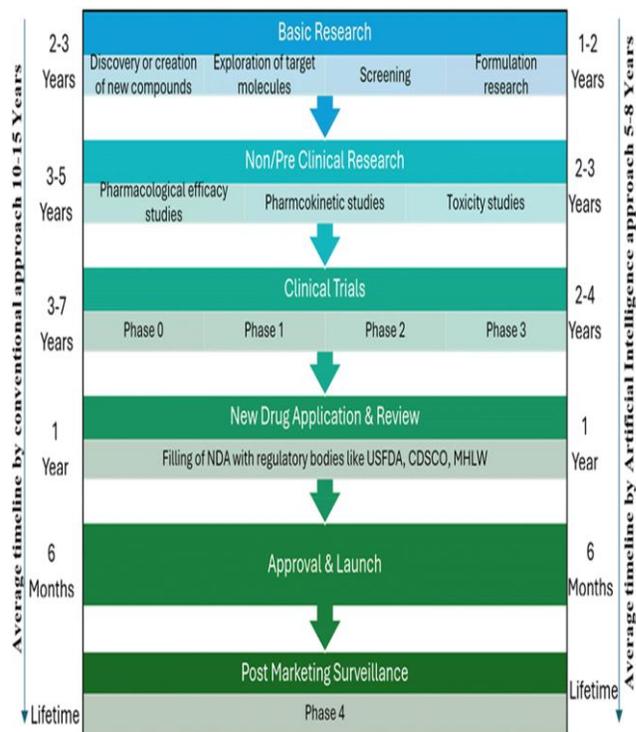


Figure 2. Comparative representation of how AI can impact drug discovery and approval processes in terms of timelines for different key steps.

III. ARTIFICIAL INTELLIGENCE

Drug discovery, development, and clinical decision-making procedure are all being revolutionized by the growing integration of artificial intelligence(AI) into pharmaceutical research. Artificial intelligence(AI) include technology that mimic human intelligence in order to carry our tasks like pattern recognition, learning, and reasoning[10]. AI is an interdisciplinary field that blends domain. Specific knowledge, statistics, and computer science. It is frequently defined as a collection of tools, procedures, and techniques that allow robots to carryout cognitive tasks like thinking and judgements[11]. AI model have the potential to improve clinical trials designs, anticipate molecular interactions, and speed up drug screening in pharmaceutical research. This work focuses on the tools and frameworks that have been shown to be relevant to biological and pharmaceutical applications, ever if standard definitions of AI include a wide range, from limited to general intelligence[12]. When discussing artificial intelligence (AI), the term machine learning (ML) and deep learning (DL) are invariably broughtup. Despite their similarities, these ideas are not interchangeable. While ML and DL are specialized techniques that aid with this, such as picture classification (or) voice recognition, AI concentrates on intellectual tasks that are traditionally completed by human, such as answering well

stated logical issues [13]. To put it another way, ML and DL both function inside the larger framework of AI (Fig-3).

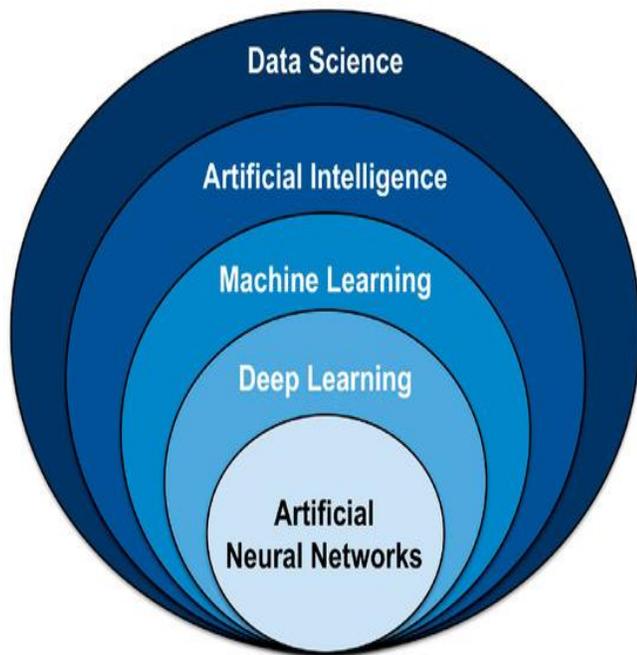


Figure 3. Overview of key data science techniques. AI (AI) is a subset of data science that encompasses both classical programming and machine learning (ML). Within ML, various models and approaches exist, including (DL) and artificial neural networks (ANNs). Adapted from[15].

From the beginning of AI to the present day:

One of the most prominent mathematicians, of his era, Charles Babbage is frequently called “father of the computer” for developing the first contemporary analytical machine, which he dubbed the “first thinking machine”. In order to create accurate mathematical tables, he later envisioned the analytical machine[8]. After publishing the paper computers and intellect in 1950, Alan Turing gained recognition as the “Father of computer and AI” for describing computers capacity to display intellect comparable to that of humans. This concept became known as the “Turing Test”[14].

Machine Learning:

Algorithms that can create their own rules based in incoming data without explicit programming are known as machine learning, which is a subset of artificial intelligence. For data analysis, it mostly employs two techniques[13] with the supervised approach, the system is preprogrammed to identify particular patterns that have already been identified, giving it access to the intended answers and streamlining the categorization and concept grouping process. Conversely, the unsupervised approach finds an unknown set and

autonomously groups it into particular combinations[16]. It can also be separated into a different approach called reinforcement learning. This is a trial and error method that is primarily motivated by making decision in a particular setting and carrying out tasks to optimize performance. This approach aims to direct circumstances by its activities [17,18].

Common AI models in pharmaceutical Application:

In recent years, there has been a significant rise in the application of machine learning models to address intricate issues in drug development, toxicology, and personalized medicine. A number of models stand out among the machine learning techniques used in the pharmaceutical industry because of their performance and adaptability. Random Forest, an ensemble technique that constructs several decision trees and aggregates their result to increase prediction accuracy and reduce overfitting, is one example of such a model. This method has worked well for tasks including toxicity profile classification and preclinical research biomarker identification[19].

The artificial neural network (ANN), which draws inspiration from the structure of the human brain, is another extensively used model. ANNs are made up of layers of connected nodes, often known as “neuron” that can identify intricate patterns in big datasets. That can identify shown effective in a variety of pharmaceutical research domains, including image based drug screening, clinical decision assistance, and molecular property prediction [20]. New opportunities in drug design have been brought about by recent advancement in generative models, specifically generative adversarial networks (GANs). Early stages drug development is accelerated by GANs ability to generate novel chemical structures that satisfy predetermined pharmacological requirements by utilizing a dual-Network approach that consists of a generator and a discriminator[21,22].

Concurrently, biomedical data is being handled using transformer architectures, which were first created for natural language processing. They can accurately extract insights from unstructured clinical data, anticipate drug-target interactions, and interpret large scale biological sequences thanks to their self-attention mechanism. Platforms for improved therapeutic development and customized medicine are increasingly incorporating these approaches[23].

Deep learning:

Although machine learning (ML) uses more conventional methods to arrive at its conclusions, deep

learning (DL) is more sophisticated and comprises a collection of algorithms designed to replicate the functions of the human brain [16,24]. It expands upon the development of the artificial neural network (ANN), a collection of multilayered non-linear processing units used for data representation. These units consist of complex Computational “perceptions” similar to those of human neurons. The electrical signal transmission seen in the human brain is mimicked by these systems [16]. These models are especially useful for predicting drug-target interactions, modelling protein structure and image interpretation (such as in histopathology and radiography).

Ethical concerns in the use of AI in healthcare:

Significant ethical issues are raised by the incorporation of artificial intelligence (AI) into pharmaceutical research and healthcare systems, particularly in relation to data privacy, algorithmic bias, transparency, and human oversight. Large volumes of data can be analyzed and processed by AI technologies, which can help with patient stratification, clinical trial design, and medication response prediction [25,12,26]. These capabilities raise concerns about how to guarantee the equitable and responsible use of AI, even while they also hold out the prospect of significant advancements. The development and application of AI in drug development contexts must be guided by ethical norms, which are defined as obligations that uphold human dignity in the presence of intelligent systems. Despite the universal character of these concepts, their exclusion can change depending on the cultural, legal and social context [18]. AI is becoming more widely recognized as a useful auxiliary tool as healthcare becomes more patient-centered and data-driven. Nonetheless, it is still crucial to keep human judgment in therapeutic decision-making. The use of human dignity and core principles, such as the duty to prevent harm, maintain justice, and forbid discrimination [25]. This is especially important when AI is used in delicate domains where biases in training data can worsen pre-existing health disparities, such as patient selection for trials or adverse event prediction. Values like accountability, openness, explainability, and privacy should be ingrained in AI systems from the beginning in order to guarantee ethical integrity [25].

Success and failure rate of AI:

It is clear that models are only helpful in some contexts and are merely an approximate representation of reality. Determining the materials ANNs to predict the physicochemical properties of amorphous polymer (27). The relationship between the chemical composition of the polymer and glass transition temperatures, viscosity and water

absorption patterns were accurately predicted by the model (with an error of 0-8%). For IVIVC, Dematas et al. developed an ANN model that predicted the *in vivo* efficacy of dry powder inhaler formulations using *in vitro* data and parameters obtained from the physiological characteristics of human volunteers. According to the results, the ANN model was a very effective IVIVC tool for inhaled medication ($R^2=80\%$). However, significant input factors, utilizing bigger datasets, and recruiting more participants (28). A number of ANNs were developed and tested in clinical settings for cancer prognosis, treatment, and detection. ANNs were used to evaluate fluorescence (from biological fluorophores) in order to identify colorectal cancer. The results showed that the sensitivity was 99.2% and the lymph nodes were used to predict the metastases of stomach cancer. ANN-1's specificity was 55%, sensitivity was 88% and accuracy was 79% (30). The neural computing approach, 84.27% testing accuracy, 96.25% negative predictive value in pancreatic cancer (31). Wessel, Jurs, Tolani, and Muskal predicted the experimental absorption of novel chemicals using an artificial neural network (ANN), with a 16% error rate. Considering the dataset's diverse structure, this finding is through to be acceptable (32,33).

IV. CONCLUSION AND FUTURE PERSPECTIVES

These expenditures are solidifying the idea that artificial intelligence will be crucial to medication discovery and development in the future. The pharmaceutical industry is one of the most affected by the rapid development of AI, which is fostering innovation in many other industries. AI seeks to automate, improve, and personalize a number of pharmaceutical business processes, especially pharmacological research, which researchers are most interested in (34,35). By analyzing large chemical libraries and identifying the best therapeutic candidate based on the necessary criteria, virtual screening approaches will aid in speeding up the drug discovery process. The time spent finding possible medicinal molecules will be greatly shortened by this procedure, which will also lower related expenses (24). AI-powered patient classification will make it easier to create individualized and genomics. This will make it possible to develop a medicine that is more effective for each individual patient, with a customized dosage and fewer side effects. By taking into account variables like age, weight, heredity, and disease condition, AI algorithms will enable better therapeutic results.

The development of appropriate and efficient drugs will be aided by the proposal of individualized therapy made possible by the use of devices to gather real-time data from patients (24). Volunteer patients are gathered for clinical trials in order to facilitate the drug

development process. A patient selection selection of appropriate patients will be made possible by AI, which will speed up and lower expenses by providing access to biomarker, genetic, and patient health status records (24).

In conclusion, AI has already demonstrated revolutionary potential in the pharmaceutical industry by providing quicker, more effective, and more individualized solutions for patient safety and medication development. In order to truly utilize AI's deeper resources for better healthcare results the sector must co-operate with regulatory agencies and respond to ethical concerns as AI technologies advance. AI will be the mainstay of the pharmaceutical sector of the future due to its ability to expedite innovation, streamline operations and enhance patient care.

REFERENCES

- [1] Deng, J.;Yang, Z.; Ojima, I.; samaras, D.; wang, F.Artificial intelligence in drug discovery : Application and techniques. Brief. Bioinform. 2021,23,bbab430.[crossRef] [pubmed].
- [2] Kaul, V.;Enslin, S.;Gross, S.A. History of artificial intelligence in medicine. Gastrointest. Endosc. 2020,92,807-812.[Cross Ref][pubmed].
- [3] Hosny, A.; Parmar, C.;Quackenbush, J.;Schwartz, L.H.; Aerts, H.J.Artificial intelligence in radiology. Nat. Rev. Cancer 2018,18,500-510[Cross Ref][Pubmed].
- [4] Denecke, K.;Baudoin, C.R.A Review of Artificial intelligence and Robotics in Transformed Health Ecosystem. Front. Med. 2022,9,795957.[Cross Ref].
- [5] Paul,D.; sanap, G.; Shenoy, S.;Kalyane, D.;Kalia, K.;Tekade; R.K.Artificial intelligence in drug discovery and development. Drug discov. Today 2021,2b,80-93. [Cross Ref].
- [6] Wang, L.; Ding, J.;PAN, L.; cao,D.; kalia, K.;Tekade;R.K.Artificial intelligence in drug discovery and development Drug Discov. Today 2021,2b,80-93.[Cross Ref].
- [7] K.-K. Mak and M.R.Pichika, Drug discovery Today, 2019,24,773-780.
- [8] Gomez-Bombarelli, R.; Wei, j.N.;Duvinaud,D.;Hernandez-Labato, J.M.; Sanchez-Lengeling, B.;Sheberla, D.;Aguilera-Iparraguirree, J.; Hirzel, T.D.;Adams, R.P.;Aspuru-Guzik, Automatic chemical design using a Data-driven continuous representation of molecules. Asc central sci. 2018, 4, 268-276.[Cross Ref].
- [9] Nussinov,R.; Zang, M.;Liu,Y.;Jang, H.AlphaFold, Artificial intelligence (AI), and Allosterity. J.Phys. Chem. B 2022,126,6372-6383.[Cross Ref] [Pub Med].
- [10] Grzybowski, A.; pawlikowska-Lagod,K.;Lambert, W.C.A History of Artificial intelligence. Clin.Dermatol 2024,42,221-229 [Cross Ref].
- [11] Breat, S.Artificial Intelligence (AI) in the financial sector-potential and public strategies. Front. Artificial intelligence. 2019,2,16. [Cross Ref].
- [12] Stahl, B.C.; Anthoniou.; Ryan, M.; Macnish, K.; Jiya, T. Organisational responses to the ethical issues of artificial intelligence AI Soc. 2022, 37, 23-37. [Cross Ref].
- [13] Theodosiou, A.A.; Read , R.C. Artificial intelligence, machine learning and deep learning: potential resource for the infection clinician. J.intect. 2023,87, 287-294. [Cross Ref].
- [14] Hosny, A.; Parmar, c.; Quackenbush, J.; Schwartz, Aerts, H.J.Artificial intelligence in radiology. Nat. Rev. cancer 2018, 18, 500-510[Cross Ref].
- [15] Choi, R.Y.;Coyner, A.S.; Kalpathy – Cramer, J.; Chiang, M.F.; Campbell, J.P.Introduction to machine learning, neural networks, and deep learning. Transl. Vis. Sci. Technol. 2026,9,14.
- [16] Gawehn, E.;Hiss, J.A.; Schnider, G.Dea in Drug discovery. Mol. Inform. 2016,35,3-14.[Cross Ref] [pubmed].
- [17] Mak,k.-k.;pichika, M.R.Artificial intelligence in drug development: present status and future prospects. Drug discovery.Today 2019,24,773-780[Cross Ref][Pubmed].
- [18] Carbrera,A.,Bouterse, A.,Nelson, M.;Razzouk,J.;Ramos, O.; Chung, D.; Cheng, W.;Danisa, O.use of random forest machine learning algorithm to predict short term outcomes following posterior cervical decompression with instrumented fusion, J. Clin, Neurosci. 2023, 107, 167-171.[Cross Ref].
- [19] Rebollo, R.;Oyoum, F., Corvis, Y.;El-Hammadi;, M.M.;Saubamea, B.;Andrieux, K.; Mignet, N.,Alhareth,K.Microfluidic manufacturing of liposomes: Development and Optimization by design of experiment and machine learning. ACS Appl.Mater.interfaces 2022,14,39736-39745.[Cross Ref].
- [20] Lin, E.;Lin,C.-H.;Lane, H.-Y.De Novo peptide and protein design using Generative Adversarial Networks: Anupdate, J.chem. Inf. Model.2022,62,761-774.[Cross Ref].
- [21] Gupta, R.R.Application of Artificial intelligence and machine Learning in drug discovery. In Artificial intelligence in drug design; Heifetz, A.,Ed.; Springer: New York, NY,USA,2022; PP.113-124.
- [22] Svensson, H.G.;Tyrchan, C.; Engkvist, O.; Chehregham, M.H.Utilizing reinforcement learning for Denovo drug design. Mach. Learn.2024.113,4811-4843[Cross Ref].
- [23] Svensson, H.G.;Tyrchan, C.; Engkvist, O.; Chehregham, M.H.Utilizing reinforcement learning for Denovo drug design. Mach. Learn.2024.113,4811-4843[Cross Ref].

- [24] Vora, L.K.; Gholap,A.D.;Jetha, K.; Thakur, R.R.S.; Solanki, H.K.; Chavada, V.P.Artificial Intelligence in pharmaceutical Technology and drug delivery design. *Pharmaceutics* 2023,15,1916[Cross Ref]
- [25] Denecke, K.; Baudoin, C.R.A Review of Artificial intelligence and Robotics in transformed Health Ecosystems. *Front. Med.* 2022,9,795957.[Cross Ref].
- [26] Pearson, G.S. Artificial intelligence and publication Ethics. *J.Am. psychiatry. Nurses Assoc.* 2024,30,453-455[Cross Ref].
- [27] N.K.Ebube, G.Owusu-Ababio and C.M.Adeyeye, *Int. J. Pharm.*, 2000, 196, 27-35.
- [28] M.De Matas, Q.Shao, C.H.Richardson and H.Chrstyn, *Eur. J. Pharm. sci.*, 2008, 33,80-90.
- [29] L.Kwek, S.Fu, T. Chia, C.Diong, C.Tang and S.Krishnan, *Appl. OPT.*, 2005,44,4004-4008.
- [30] E.H.Bollschweiler, S.P.Moning, K.Hensler, S.E. Baldus, k.Maruyama and A.H.Holscher, *Ann.surg. oncol.*, 2004,11,506-511.
- [31] A. Saftoiu, p.vilmann, F.Gorunescu, J.Janssen , M.Hocke, M.Larsen, J.Lglesias-Garica, P.Ancidiacon, U.Will and M.Giovannini, *clin, Gastroenterol, Hepatol.*, 2012,10,84-90.
- [32] M.Puri, Y.Pathak, V.K.Sutariya,S.Tipparaju and ery and disposition, *Academic press*, 2015.
- [33] M.D.Wessel, P.C.Jurs, J.W.Tolan and S.M.Muskal *J.Chem. Inf. Comput. Sci.*, 1998,38,726-735.
- [34] Ciallella, H.L.;Zhu, H.Advancing computational Toxicology in the Big Data Era by Artificial Intelligence Data – Driven and mechanism- Data-Driven and mechanism-Driven modelling for chemical Toxicity. *Chem. Res. Toxicol.*2019,32,536-547[Cross Ref].
- [35] Parvatikar, p.p.; patil, S.;Khaparkhuntikar, k.;Patil, S.;Singh, P.K.; Sahana, R.;Kulkarni, R.V.Raghu, A.V.Artificial intelligence: machine learning approach for screening large data base and drug discovery. *Antivir.Res.*2023,220,105740[Cross Ref].