ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

The Synergy Of Artificial Intelligence And Big Data Analytics In Accelerating Drug Discovery: From Target Identification To Clinical Trials

Ashok Kumar BS 1*, Disha Nanjundiya Sadashiya², Kalyani R³

¹Department Pharmacognosy, R.L. Jalappa College of Pharmacy, Sri Devaraj Urs Academy of Higher Education and Research (A Deemed to be University), Tamaka, Kolar, Karnataka, India. Email: ashok4vani@gmail.com; ORCID: 0000-0002-4542-6166

²Department Pharmaceutical Chemistry, R.L. Jalappa College of Pharmacy, Sri Devaraj Urs Academy of Higher Education and Research (A Deemed to be University), Tamaka, Kolar, Karnataka, India. Email: disha.s1215@gmail.com; ORCID: 0000-0002-7704-7961

³Department Pathology, Sri Devaraj Urs Medical College, Sri Devaraj Urs Academy of Higher Education and Research (A Deemed to be University), Tamaka, Kolar, Karnataka, India. Email: drkalyani@rediffmail.com; ORCID: 0000-0003-1090-0558

*Corresponding authors:

Ashok Kumar BS

Professor, Department of Pharmacognosy, R.L. Jalappa College of Pharmacy, SDUAHER Tamaka, Kolar-563103, Karnataka, India E-mail: ashok4vani@gmail.com, ashok4vani@gmail.com

Abstract

The traditional drug discovery pipeline is lengthy, costly, and marked by high attrition rates, with over 90% of candidates failing in clinical trials. The convergence of Artificial Intelligence (AI) and Big Data analytics is revolutionizing this paradigm, offering transformative potential across all stages of drug development. This review explores how AI—encompassing machine learning, deep learning, and natural language processing—leverages vast datasets such as genomic, proteomic, clinical, and real-world evidence to enhance drug discovery. Al-driven techniques accelerate target identification, optimize lead compound generation, and enable virtual screening through predictive modeling of drug-target interactions. Notably, platforms like AlphaFold have redefined protein structure prediction, while generative AI models design novel molecules with enhanced pharmacological profiles. Furthermore, AI expedites drug repurposing, accurately predicts ADME/Toxicity properties, and enhances clinical trial efficiency by improving patient stratification and adaptive trial design. The synergy between AI and Big Data not only reduces costs and timelines but also increases the probability of clinical success. However, significant challenges remain, including data heterogeneity, model interpretability, regulatory hurdles, and ethical concerns related to bias and data privacy. Emerging solutions such as hybrid AI-physics models, federated learning, and autonomous robotic labs show promise in overcoming these limitations. With several AI-generated compounds advancing to clinical trials, the integration of AI and Big Data is shifting drug discovery from an empirical to a predictive science. This review underscores their transformative role in advancing personalized and precision medicine, marking a new era of efficient and intelligent therapeutic development.

Keywords: Artificial Intelligence, Big Data, Drug Discovery, Machine Learning, Drug Repurposing, ADME/Toxicity, Clinical Trials, Precision Medicine.



1. INTRODUCTION

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

The pharmaceutical industry faces significant challenges in its traditional drug discovery pipeline, which is notoriously slow, expensive, and inefficient. Developing a new drug typically takes 10–15 years and costs over \$2.6 billion, with a staggering 90% failure rate in clinical trials [1,2]. These inefficiencies stem from the complexity of biological systems, limitations in preclinical models, and high attrition rates due to unforeseen toxicity or lack of efficacy [3]. However, a transformative shift is underway, driven by the convergence of Artificial Intelligence (AI) and Big Data analytics, which promises to accelerate drug discovery, reduce costs, and improve success rates [4].

AI—encompassing machine learning (ML), deep learning (DL), and natural language processing (NLP)—has emerged as a powerful tool for analyzing vast and complex biological datasets [5], while the exponential growth of Big Data, including genomic, proteomic, clinical trial, electronic health records (EHRs), and real-world evidence (RWE), has provided unprecedented insights into disease mechanisms and drug responses [6]. The synergy between AI and Big Data is revolutionizing every stage of drug discovery, from target identification to clinical trial optimization [7].

In early drug discovery, AI-powered approaches such as network pharmacology and multi-omics integration enable data-driven target discovery by analyzing large-scale genomic, transcriptomic, and proteomic datasets [8]. For example, BenevolentAI used ML to identify baricitinib, a JAK1/2 inhibitor, as a potential COVID-19 treatment by mining biomedical literature and clinical data [9], while DeepMind's AlphaFold revolutionized protein structure prediction, facilitating rapid identification of novel drug targets [10]. AI-driven virtual screening accelerates lead compound identification by predicting drug-target interactions from chemical libraries [11], and generative AI models like GANs (Generative Adversarial Networks) and VAEs (Variational Autoencoders) design novel drug-like molecules with optimized properties [7]. In silico medicine, for instance, used AI to design a DDR1 kinase inhibitor in just 21 days—a process that traditionally takes months or years [12].

AI also excels at drug repurposing, as demonstrated during the COVID-19 pandemic when it identified remdesivir and dexamethasone as potential treatments by analyzing EHRs and molecular docking simulations [13], thereby reducing development timelines and costs [14]. In preclinical and clinical development, AI models trained on chemical, biological, and clinical data predict ADME/toxicity (Absorption, Distribution, Metabolism, Excretion) more accurately than traditional methods [15], with Merck's ML-driven QSAR models outperforming conventional approaches [16].

AI also enhances clinical trials by improving patient recruitment, stratification, and trial design through analysis of EHRs, genetic data, and wearable sensor data [17]. IBM Watson Health, for example, uses AI to match patients with clinical trials, reducing recruitment times by 30–50% [18], while adaptive trial designs allow real-time protocol modifications based on interim results [19].

Despite its promise, AI-driven drug discovery faces challenges, including data quality and integration issues due to heterogeneous sources [20], the "black box" nature of deep learning models [21], and regulatory and ethical concerns such as data privacy and bias [22]. Future advancements lie in hybrid models combining physics-based simulations with ML, federated learning for privacy-preserving data sharing, and AI-powered robotic labs for automated experimentation [23]. Companies like Recursion Pharmaceuticals and Exscientia are already leveraging AI to advance precision medicine, with several AI-designed drugs in Phase II/III trials [24].

In conclusion, the integration of AI and Big Data is transforming drug discovery from a trial-and-error process into a predictive, data-driven science, reducing costs, timelines, and failure rates. Continued advancements in AI algorithms, computational power, and data availability will further revolutionize the field, ushering in an era of faster, cheaper, and more effective drug development.

2. AI AND BIG DATA IN DRUG DISCOVERY: AN OVERVIEW

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

The integration of Artificial Intelligence (AI) and Big Data analytics is fundamentally reshaping the drug discovery landscape. Understanding the core components of these technologies and their synergistic relationship is crucial to appreciating their transformative potential.

2.1. Defining Big Data in Drug Discovery

Big Data in the context of drug discovery refers to extremely large and complex datasets that cannot be effectively processed or analyzed using traditional data processing applications. These datasets are characterized by the "Five Vs": The Five V's of Big Data – Volume, Velocity, Variety, Veracity, and Value – provide a critical framework for understanding how massive datasets are transforming drug discovery. The sheer volume of data generated in modern pharmaceutical research is staggering, with single genomic sequencing runs producing terabytes of data and large-scale clinical trials accumulating petabytes of patient information [25,26].

This deluge necessitates advanced storage solutions and distributed computing platforms to manage and process the data effectively. Equally important is the **velocity** at which this data is produced and must be analyzed; real-time patient monitoring through wearable devices, high-throughput robotic screening systems, and continuous literature mining tools create relentless streams of data that demand immediate processing to be clinically actionable [27,28]. The variety of data types presents both opportunities and challenges, as researchers must integrate structured datasets like chemical libraries and genomic sequences with unstructured data from physician notes, medical imaging, and scientific literature, requiring sophisticated machine learning algorithms to extract meaningful patterns [12]. However, the veracity of these diverse data sources remains a persistent concern, with issues of noise, bias, and missing data potentially compromising research outcomes if not properly addressed through rigorous quality control measures [29].

Ultimately, the true value of Big Data lies in its ability to generate actionable insights, from identifying novel drug targets through AI-powered analysis of multi-omics datasets to optimizing clinical trial designs using real-world evidence, demonstrating how these technological advances are reshaping every stage of pharmaceutical development [30]. As the field progresses, balancing these Five V's will be crucial for realizing the full potential of data-driven drug discovery while addressing emerging challenges in data privacy, algorithmic bias, and computational infrastructure.

2.1.1 Sources of Big Data relevant to drug discovery include:

The integration of diverse data streams has become fundamental to modern drug discovery, with each category providing unique insights into disease mechanisms and therapeutic development. Omics data, encompassing genomics, proteomics, transcriptomics, metabolomics, and epigenomics, offers unprecedented resolution into biological pathways, enabling researchers to identify novel drug targets and biomarkers [31]. For instance, The Cancer Genome Atlas (TCGA) has revolutionized oncology drug development by providing comprehensive molecular profiles of thousands of tumours [32] Chemical data from curated databases like PubChem and ChEMBL, which contain millions of compounds with detailed structural and bioactivity information, have become indispensable for virtual screening and structure-based drug design [33,34].

Clinical data ecosystems, particularly electronic health records (EHRs) and real-world evidence from wearables, are transforming patient stratification and clinical trial design by providing longitudinal health data at scale [35]. Literature and patent data, analyzed through natural language processing (NLP) techniques, enable systematic mining of hidden drug-disease relationships across millions of publications, as demonstrated by Benevolent AI's identification of baricitinib as a potential COVID-19 treatment [36]. Medical imaging data from modalities like MRI, CT, and PET scans provide crucial phenotypic information that complements molecular data, with deep learning algorithms now achieving radiologist-level performance in disease detection [37]. The convergence of these heterogeneous data types through advanced analytics platforms is creating new paradigms in precision medicine, though significant challenges remain in data standardization, integration, and interpretation [38]. As noted by [17], the

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

synergistic analysis of these multidimensional datasets through artificial intelligence represents the most promising avenue for overcoming longstanding bottlenecks in pharmaceutical research and development.

2.2 Artificial Intelligence in Drug Discovery

Artificial Intelligence (AI) has emerged as a powerful catalyst in transforming the drug discovery landscape, revolutionizing conventional methodologies and accelerating the process of pharmaceutical research [39]. Traditional drug discovery is often a time-consuming, resource-intensive, and high-risk endeavor, typically taking over a decade and billions of dollars to bring a new drug to market [40]. However, the integration of AI has begun to fundamentally reshape this paradigm by expediting data analysis, predicting biological activity, optimizing compound properties, and guiding decision-making at every phase of the drug discovery pipeline. Through its ability to process and learn from vast datasets, AI significantly reduces the time, cost, and uncertainty associated with identifying, designing, and validating new therapeutic candidates [41,42]. At the core of AI's success in pharmaceutical research are three primary technological approaches: Machine Learning (ML), Deep Learning (DL), and Natural Language Processing (NLP).

2.2.1 Machine Learning (ML)

Machine learning, particularly supervised learning models, has demonstrated impressive predictive accuracy in various applications. For example, ML algorithms can predict compound hepatotoxicity with greater than 80% accuracy, significantly decreasing the attrition rate of candidate drugs in late-stage trials [43]. In addition to supervised learning, unsupervised methods help reveal hidden patterns in unlabelled chemical and biological data, which can be used to discover new relationships between compounds and targets. Reinforcement learning, another subset of ML, has proven useful in optimizing complex drug synthesis pathways and reaction conditions, providing chemists with actionable strategies for synthetic route planning [23,44,45].

2.2.2 Deep Learning (DL)

Deep learning, a more advanced subset of ML, utilizes artificial neural networks to analyze complex, high-dimensional data. Convolutional Neural Networks (CNNs), for instance, can analyze cell imaging data with human-level or even superior accuracy, helping researchers assess drug effects at a cellular level. Recurrent Neural Networks (RNNs) are particularly adept at handling sequential data such as genetic or protein sequences [46]. Generative Adversarial Networks (GANs), a recent innovation in DL, enable de novo drug design by generating novel molecular structures with specified biological properties. A striking example of GANs in action is in silico Medicine's development of an AI-designed kinase inhibitor in just 46 days a process that would have traditionally taken months or years [7].

2.2.3 Natural Language Processing (NLP)

Natural Language Processing (NLP), another pillar of AI, has also played a pivotal role in drug discovery by transforming unstructured textual data into structured knowledge [47]. Advanced models like BioBERT have been used to extract meaningful drug-target-disease relationships from millions of biomedical publications and clinical records [48]. During the COVID-19 pandemic, NLP tools rapidly identified existing drugs with potential for repurposing, demonstrating their utility in emergency responses [49] The ability of NLP to sift through vast quantities of literature ensures that researchers stay up to date with the latest scientific discoveries and trends, thereby aiding in evidence-based decision-making.

AI influence extends across the entire drug discovery pipeline. In the target identification phase, tools such as AlphaFold have revolutionized structural biology by accurately predicting protein 3D structures from amino acid sequences, opening new avenues for targeting previously undruggable proteins [10]. During compound screening, AI-powered virtual screening enables the analysis of billions of molecules in silico, significantly enhancing the hit rate while reducing time and cost. In drug design, generative models can design novel molecules with optimized pharmacokinetic and pharmacodynamic properties.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

During preclinical development, AI is used to predict ADMET (Absorption, Distribution, Metabolism, Excretion, and Toxicity) profiles, helping to identify promising candidates and eliminate those with undesirable properties early in the pipeline [43]. In clinical development, AI supports patient stratification, recruitment, and adaptive trial design, reducing trial durations by 30–50% and increasing the likelihood of success [50,51]. Despite these advances, several challenges continue to hinder the widespread adoption and scalability of AI in drug discovery. One major issue is data quality. AI models require large volumes of reliable and unbiased data for training [52]. Unfortunately, experimental data from different sources often vary in quality, format, and reproducibility, potentially leading to misleading predictions. Another key challenge is the interpretability of AI models. Most DL and ML algorithms function as "black boxes," providing predictions without clear rationales. This lack of transparency poses obstacles to regulatory approval and clinical adoption. Therefore, the development of explainable AI (XAI) systems that offer insights into model reasoning is essential. Moreover, the integration of AI into traditional workflows requires interdisciplinary collaboration and significant changes in research culture and infrastructure [53,54].

Ethical considerations are also paramount. Ensuring data privacy, especially when dealing with patient information, and mitigating algorithmic biases that could affect outcomes across diverse populations are crucial for maintaining public trust and scientific integrity. In response, emerging approaches such as federated learning enable collaborative model training across decentralized datasets without compromising privacy. Looking ahead, the future of AI in drug discovery lies in the convergence of data-driven AI and physics-based simulations, such as molecular dynamics and quantum mechanics, to improve prediction accuracy and mechanistic understanding. Fully automated robotic laboratories, powered by AI for decision-making, are already under development and promise to transform hypothesis-driven research into a self-optimizing, high-throughput system. As these technologies mature, AI is poised to evolve drug discovery into a predictive science characterized by precision, speed, and reliability. Ultimately, this will enable the rapid development of safer and more effective therapies, tailored to individual patient needs, thereby revolutionizing the way we understand and treat diseases.

2.3. The Synergistic Relationship

AI and Big Data are inextricably linked in drug discovery. Big Data provides the necessary fuel for AI algorithms to learn, identify patterns, and make predictions. Without vast, diverse, and high-quality data, AI models cannot be effectively trained or validated. Conversely, AI provides the sophisticated tools required to process, analyze, and extract meaningful insights from the overwhelming volume and complexity of Big Data, transforming raw information into actionable knowledge. This synergy enables a more efficient, intelligent, and data-driven approach to overcoming the historical bottlenecks in drug discovery [55].

Table 1: Role of Big Data and AI in Drug Discovery

Aspect	Big Data	Artificial Intelligence (AI)
Definition	Large, complex datasets characterized by Volume, Velocity, Variety, Veracity, and Value	Computational systems that simulate human intelligence to analyze data, identify patterns, and make predictions
Key Characteristics (5 Vs)	- Volume: e.g., TBs from sequencing, PBs from trials - Velocity: Real-time data from wearables - Variety: Structured + unstructured data - Veracity: Data quality issues - Value: Insight generation	N/A

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

Primary Sources	- Omics data (genomics, proteomics, etc.) - Chemical libraries (e.g., PubChem, ChEMBL) - EHRs and wearable devices - Literature and patent databases - Imaging (MRI, CT, PET)	Data inputs from Big Data sources used to train AI models	
Key Technologies/Tools	- Distributed computing - Data lakes and cloud platforms - NLP for text mining - Integration platforms for multi-omics	- Machine Learning (ML) - Deep Learning (DL: CNNs, RNNs, GANs) - Natural Language Processing (NLP: BioBERT)	
Applications in Drug Discovery	- Target identification - Biomarker discovery - Patient stratification - Literature mining	- Hit identification via virtual screening - De novo drug design - ADMET prediction - Clinical trial optimization	
Examples	- TCGA for cancer genomics [32] - ChEMBL for structure-activity relationships [34] - EHRs for real- world evidence [35]	- AlphaFold for 3D structure prediction [10] - InSilico's AI- designed kinase inhibitor [7] - NLP for COVID-19 repurposing [49]	
Benefits	- Massive insight generation from raw data - Enables systems-level understanding	- Accelerates R&D timelines - Reduces cost - Enhances accuracy - Facilitates personalized medicine	
Challenges	- Data standardization and integration - Missing or noisy data - Privacy and compliance concerns	- Data quality dependency - Lack of explainability ("black box") - Integration with traditional workflows - Ethical issues	
Future Directions	- Better data harmonization and FAIR data principles - Federated databases	- Explainable AI (XAI) - Integration with physics-based models - AI- driven autonomous labs	
Synergy	Provides the raw material and context for AI models	Extracts, interprets, and acts on insights from Big Data	

3. APPLICATIONS OF AI AND BIG DATA IN DRUG DISCOVERY PHASES

The integration of AI and Big Data analytics is transforming every stage of the drug discovery and development pipeline, offering unprecedented opportunities for efficiency and innovation.

3.1. Target Identification and Validation

Identifying and validating novel drug targets is the crucial first step in drug discovery, yet it is often a major bottleneck. AI and Big Data significantly accelerate this phase: AI algorithms can analyze vast multiomics datasets (genomics, proteomics, transcriptomics, metabolomics) to identify genes, proteins, or pathways that are causally linked to disease progression and amenable to therapeutic intervention [17]. ML models can prioritize targets based on their association with disease phenotypes, genetic predisposition, and druggability scores. AI can construct and analyze complex biological networks (protein-protein interaction networks, gene regulatory networks) to identify central nodes or "hubs" that, when modulated, could have a significant therapeutic effect. This systems-level approach helps in understanding polypharmacology and identifying multi-target drugs. Natural Language Processing (NLP) tools can automatically extract information from millions of scientific articles, patents, and clinical reports

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

to identify novel associations between genes, proteins, diseases, and compounds, uncovering previously unrecognized targets [56-58].

3.2. Drug Design and Synthesis

The integration of Artificial Intelligence (AI) in drug design and synthesis is revolutionizing the pharmaceutical landscape by accelerating discovery processes, reducing development costs, and enabling the creation of novel therapeutics with improved efficacy and safety profiles.

3.2.1 Virtual Screening

One major area of transformation is virtual screening, where AI supersedes traditional high-throughput screening (HTS), a method that experimentally tests thousands to millions of compounds at great expense and time. Machine learning (ML) algorithms, such as random forests and graph neural networks, predict molecular binding affinities by analyzing structural and physicochemical features. Deep learning models, including convolutional neural networks and transformer-based architectures, further enhance accuracy by interpreting complex 3D protein-ligand interactions. A notable breakthrough is AlphaFold, developed by DeepMind, which predicts protein structures with high precision and supports structure-based drug design by facilitating virtual screening of compound libraries [10,59,60]. (Jumper et al., 2021).

3.2.2 De novo drug design

AI also plays a pivotal role in de novo drug design through the application of generative models like Generative Adversarial Networks (GANs) and Variational Autoencoders (VAEs), which are capable of generating entirely new molecular entities with desirable pharmacological properties such as solubility, potency, and low toxicity [61,62]. Reinforcement learning (RL) is used to further optimize these molecules based on defined objectives. For instance, the REINVENT platform by Benevolent AI uses RL to iteratively improve molecular candidates for specific targets [63]. (Olivecrona et al., 2017). Conditional generative models can be trained to design molecules that fit into specific binding pockets or avoid known toxicophores, enhancing the specificity and safety of drug candidates.

3.2.3 Lead Optimization:

In the lead optimization phase, AI algorithms assist in refining the structure of lead compounds to improve potency, selectivity, and pharmacokinetic properties such as absorption, distribution, metabolism, and excretion (ADME), while simultaneously minimizing toxicity risks. Tools such as Schrödinger's computational chemistry platform and Atom wise structure-based prediction models help streamline this process by replacing labor-intensive trial-and-error experiments with data-driven predictions. AI models can rapidly evaluate how small chemical modifications affect a compound's behavior, enabling more informed decision-making during the drug refinement process [64-67].

3.2.4 Retrosynthesis and synthesis planning

AI is equally impactful in retrosynthesis and synthesis planning, where it aids chemists in predicting viable synthetic routes for new molecules. Retrosynthetic algorithms, including IBM RXN for Chemistry and Chematica (now known as Synthia), use deep learning to suggest feasible reaction sequences and identify the necessary reagents and conditions. Reinforcement learning can be employed to optimize these routes in terms of yield, cost-effectiveness, and scalability. In a seminal study, AI-powered retrosynthesis could outperform traditional expert systems, offering creative and efficient synthetic solutions that might be overlooked by human chemists [68,69].

Despite these advancements, the deployment of AI in drug design is not without challenges. Data quality remains a critical concern, as AI models rely on large, high-quality, and well-annotated datasets for effective training and generalization. Model interpretability or explainability is another barrier, particularly for regulatory acceptance, as black-box AI systems lack transparency in decision-making processes. Moreover, experimental validation remains essential to confirm the biological relevance of AI-designed molecules, requiring close integration between computational predictions and laboratory

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

work.In conclusion, AI is profoundly reshaping the drug discovery paradigm by offering faster, more cost-effective, and innovative strategies for identifying and optimizing drug candidates. As models become more robust, interpretable, and integrated with experimental workflows, AI is poised to transform drug design into a predictive, precision-driven science, bringing safer and more effective therapies to market with unprecedented speed.

3.3. AI-Powered Drug Repurposing: Accelerating Therapeutic Discovery

Drug repurposing has emerged as a pivotal strategy in modern pharmaceutical research, offering a streamlined pathway to identify new therapeutic uses for existing drugs. By leveraging compounds with established safety profiles, this approach dramatically shortens development timelines and reduces associated costs and risks compared to traditional de novo drug discovery [14]. The integration of artificial intelligence (AI) and big data analytics has revolutionized this field, enabling systematic and data-driven identification of repurposing opportunities across diverse disease areas.

3.3.1 Disease-Drug Connectivity

A key application lies in disease-drug connectivity mapping, where AI algorithms analyze complex datasets encompassing electronic health records (EHRs), genomic information, clinical trial results, and comprehensive drug databases. These machine learning models can discern subtle patterns and predict novel drug-disease associations by evaluating molecular targets, adverse effect profiles, and disease pathophysiology [70]. A notable example includes the identification of fluoxetine (Prozac), a common antidepressant, as a potential antiviral agent against SARS-CoV-2 through sophisticated AI-driven analyses [13].

3.3.2 Network-Based Approaches

Network-based approaches represent another powerful AI application in drug repurposing, where computational models map drug-induced perturbations onto biological pathways and compare them with disease-associated network alterations. This methodology enables the identification of compounds capable of restoring homeostasis in disease-disrupted systems, prioritizing candidates with high mechanistic relevance [71]. Advanced platforms like Deep Repurposing employ deep learning architectures to integrate multi-omics data, enhancing prediction accuracy for potential drug-disease interactions.

3.3.3 Real-World Evidence (RWE)

The growing availability of RWE has further expanded repurposing possibilities, with AI algorithms mining large-scale patient databases to detect unexpected therapeutic benefits. For instance, retrospective analyses of EHRs revealed the potential anticancer properties of metformin, a first-line diabetes medication, demonstrating how AI can uncover valuable therapeutic signals from clinical practice data [72].

While AI-driven drug repurposing holds tremendous potential, several challenges must be addressed to fully realize its benefits. Issues such as data heterogeneity, inherent biases in real-world datasets, and the essential requirement for experimental validation remain critical considerations. Nevertheless, as AI methodologies continue to advance and integrate increasingly diverse data modalities, drug repurposing is positioned to become an indispensable component of precision medicine, offering accelerated pathways to address unmet medical needs across therapeutic areas.

3.4. AI-Driven Advancements in Preclinical ADME/Toxicity Prediction

The preclinical phase of drug development faces significant challenges in assessing compounds absorption, distribution, metabolism, excretion (ADME) and toxicity (ADME/Tox) properties. Traditional experimental methods for these evaluations are often time-consuming and costly, contributing to high attrition rates in later stages. Artificial intelligence (AI) and machine learning (ML) are transforming this landscape by enabling rapid, accurate predictions that help prioritize the most

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

promising drug candidates early in development. In Silico ADME/Tox Prediction has emerged as a powerful tool, with ML models trained on vast datasets of known compound properties to forecast critical parameters. These models can predict oral bioavailability, blood-brain barrier penetration, metabolic stability, and various toxicity endpoints including hepatotoxicity, cardiotoxicity, and genotoxicity [73]. (Lusci et al., 2013). By screening compounds computationally before synthesis, researchers can eliminate unfavourable candidates early, significantly reducing development costs and time. For instance, deep learning models analyzing molecular structures have demonstrated remarkable accuracy in predicting drug-induced liver injury, a major cause of clinical trial failures.

Quantitative Structure-Activity Relationship (QSAR) and Quantitative Structure-Property Relationship (QSPR) modeling have been revolutionized by AI approaches. These techniques correlate chemical structures with biological activities or physicochemical properties, allowing researchers to estimate ADME/Tox profiles for novel compounds without extensive laboratory testing. Advanced algorithms can now identify subtle structure-toxicity relationships that might elude traditional methods, enabling more informed decisions in lead optimization [74] Recent innovations incorporate 3D molecular descriptors and graph neural networks to capture complex molecular interactions that influence drug behaviour.

The integration of high-throughput screening data with AI analytics has created new paradigms in toxicity assessment. Modern platforms can process thousands of cell-based assays for cytotoxicity, generating massive datasets that reveal patterns indicative of toxicity mechanisms. Machine learning algorithms excel at detecting these patterns, identifying toxicity signatures that might be missed by human researchers. For example, AI systems analyzing high-content imaging data from organ-on-a-chip systems can predict organ-specific toxicity with increasing accuracy [75]. These approaches are particularly valuable for assessing off-target effects and idiosyncratic toxicities that often only emerge in late-stage testing.

The implementation of AI in preclinical development is creating a paradigm shift from sequential testing to predictive, data-driven decision making. As these technologies mature, they promise to reduce animal testing, accelerate timelines, and improve the safety profiles of investigational drugs. Future directions include the integration of multi-omics data and the development of virtual human models that can simulate whole-body drug responses, potentially revolutionizing how we evaluate drug candidates before they ever reach clinical trials.

3.5. The Transformative Role of AI and Big Data in Modern Clinical Trials

Clinical trials, a critical phase in drug development, have long been hindered by inefficiencies, high costs, and prolonged timelines. However, the integration of Artificial Intelligence (AI) and Big Data analytics is revolutionizing this process, making trials more efficient, precise, and patient-centric. By leveraging advanced computational techniques, researchers can now optimize trial design, enhance patient recruitment, discover novel biomarkers, and monitor outcomes in real time significantly accelerating the development of new therapies [76-78].

One of the biggest challenges in clinical trials is identifying and enrolling suitable participants, often leading to delays and increased costs. AI addresses this by analyzing electronic health records (EHRs), genomic data, and real-world evidence (RWE) to pinpoint the most eligible candidates [79]. (Weng et al., 2017). Machine learning algorithms assess demographic, genetic, and clinical factors to match patients with trials where they are most likely to respond favourably, thereby speeding up enrolment and improving trial success rates. Additionally, AI-driven simulation models optimize trial design by predicting optimal dosing regimens, estimating required sample sizes, and identifying potential safety risks before they occur. These advancements enable adaptive trial designs, which allow modifications based on interim results, making studies more flexible and cost-effective [80,81].

Beyond recruitment and design, AI accelerates biomarker discovery, a crucial component of personalized medicine. By analyzing vast multi-omics datasets (genomics, proteomics, metabolomics), AI uncovers novel biomarkers that predict drug response and disease progression, enabling stratification of patients and the development of companion diagnostics for targeted therapies [82] Furthermore, the rise of wearable devices and digital health platforms has facilitated continuous, real-world data collection, transforming how clinical trials are conducted. AI analyzes this data to monitor patient adherence, detect

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

early efficacy or adverse event signals, and reduce the need for frequent clinic visits key advantages in chronic disease studies [83].

Looking ahead, AI and Big Data will continue to expand their impact on clinical research, leading to faster, cheaper trials with higher success rates, more inclusive and diverse participant pools, and fully decentralized trials where patients participate remotely via digital tools. The integration of blockchain technology may further enhance secure, transparent data sharing. In conclusion, AI and Big Data are reshaping clinical trials by improving efficiency, reducing costs, and enhancing patient outcomes, paving the way for a new era of precision medicine [84-86].

Table 2 . Applications of AI and Big Data in Drug Discovery Phases

Drug Discovery Phase	Application Area	AI/Big Data Technologies Used	Key Outcomes/Examples
Target Identification and Validation	Multi-omics analysis, network biology, literature mining	ML models, NLP, systems biology, PPI & GRN networks	Identification of disease- linked genes/proteins; prioritization using druggability and phenotype; NLP extracts novel targets [17,56–58]
Drug Design and Synthesis	Virtual Screening	ML (Random Forests, GNNs), DL (CNNs, Transformers), AlphaFold	Efficient prediction of binding affinities; structure-based screening; accurate protein structure prediction [10,59,60]
	De novo Drug Design	GANs, VAEs, Reinforcement Learning (REINVENT)	Generation of novel molecules with optimized ADMET properties [61– 63]
	Lead Optimization	Structure-based AI tools (Schrödinger, Atomwise), ADME prediction	Improved potency/selectivity, ADME profiling, toxicity minimization [64–67]
	Retrosynthesis and Synthesis Planning	IBM RXN, Chematica/Synthia, RL	Feasible, creative synthetic pathways; reaction condition prediction [68,69]
Drug Repurposing	Disease-drug connectivity	ML models on EHRs, clinical trials, drug databases	New indications for known drugs (e.g., fluoxetine for SARS- CoV-2) [13,14,70]
	Network-based mapping	Deep Repurposing, pathway analysis	Mechanism-based repurposing via network restoration [71]
	Real-World Evidence (RWE)	AI on EHRs, retrospective studies	Discovery of unexpected benefits (e.g., metformin's anticancer potential) [72]

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

Preclinical Development	ADME/Tox Prediction	In silico modeling, QSAR/QSPR, DL, GNNs	Early toxicity filtering; reduced cost and animal use; liver injury prediction [73–75]
	High-throughput screening integration	ML on cytotoxicity/imaging/organs- on-chip	Detection of toxicity signatures; prediction of off-target effects
Clinical Trials	Trial design and recruitment	AI on EHRs, genomic and demographic data	Faster patient recruitment; better trial- matching; reduced failure rate [76–79]
	Monitoring and biomarker discovery	Real-time analytics, AI-based imaging, NLP	Early endpoint prediction; personalized response tracking

4. CHALLENGES AND LIMITATIONS

The integration of AI and Big Data in drug discovery presents immense opportunities but also faces significant challenges that must be addressed to realize its full potential. While these technologies promise to accelerate drug development and reduce costs, their effectiveness is constrained by several critical limitations related to data quality, availability, and integration [87,88]. Overcoming these hurdles will require collaborative efforts across academia, industry, and regulatory bodies to establish better standards and practices [23].

4.1 Data Scarcity and Heterogeneity Pose Major Obstacles

One of the most pressing issues is the scarcity of high-quality data, particularly for rare diseases and specialized biological processes [89]. (Haendel et al., 2020). Despite the abundance of data in certain areas, many therapeutic targets lack sufficient well-curated datasets to train robust AI models effectively. This limitation is especially pronounced in orphan drug development, where small patient populations result in limited clinical data [90]. Additionally, drug discovery relies on diverse data types including genomic, proteomic, clinical, and chemical data that often exist in incompatible formats [91]. Integrating these disparate datasets into a unified framework remains a significant challenge due to variations in collection methods, standards, and reporting practices. Data silos within and between organizations further exacerbate this problem, hindering the development of comprehensive AI models capable of leveraging all available knowledge [92-94].

4.2 Data Quality and Bias Undermine Model Reliability

The reliability of AI predictions depends heavily on the quality of input data, yet many datasets suffer from inconsistencies, missing values, and measurement errors [95]. Biases in clinical and experimental data such as the overrepresentation of certain demographic groups or the underreporting of negative results can lead to skewed AI predictions that fail to generalize across populations [96]. For example, if a model is trained primarily on data from specific ethnic groups, its predictions may be less accurate for others, potentially exacerbating existing health disparities. Furthermore, the lack of well-documented negative data—such as failed trials or inactive compounds limits the ability of AI systems to learn from past mistakes, reducing their predictive accuracy and increasing the risk of repeating unsuccessful research paths [97].

4.3 Interpretability and Explainability of AI Models (XAI)

The interpretability and explainability of AI models collectively referred to as Explainable AI (XAI) represent a critical concern in the application of artificial intelligence to drug discovery. One of the central

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

challenges is the "black box" nature of many advanced AI models, particularly deep neural networks. These models often yield highly accurate predictions, yet offer little transparency into the reasoning behind their outputs, making it difficult for scientists to understand or validate the underlying decision-making processes. In drug discovery, where mechanistic understanding, safety, and regulatory compliance are crucial, this lack of interpretability hampers trust and broad adoption. As Castelvecchi [98] highlights, the inability to trace the logic of AI systems poses a major obstacle for their integration into high-stakes scientific domains such as pharmaceuticals.

Moreover, while AI excels at detecting patterns and correlations within large datasets, it often struggles to distinguish causality from correlation. This is a significant limitation in rational drug design, where establishing a causal link between a compound, its molecular target, and a disease phenotype is essential for predicting therapeutic efficacy and avoiding off-target effects. AI-generated insights must therefore be treated cautiously unless they are supported by mechanistic validation and experimental evidence.

Another key issue is trust and validation. For AI-derived predictions to be accepted by medicinal chemists, biologists, and especially regulatory agencies, they must be interpretable and accompanied by clear, reproducible explanations. Without this, reliance on AI tools remains limited, and their outputs must undergo extensive experimental validation before advancing to preclinical or clinical stages. Thus, while AI has immense potential to accelerate drug discovery, the development and adoption of explainable AI approaches are essential to bridge the gap between algorithmic prediction and actionable biomedical insight [99].

4.4. Ethical, Legal, and Societal Implications

The integration of artificial intelligence (AI) into drug discovery, while transformative, also raises several ethical and regulatory concerns that must be addressed to ensure responsible innovation.

4.4.1 Data Privacy and Security

Data Privacy and Security one of the foremost issues. AI models often rely on vast and sensitive datasets, including electronic health records (EHRs), genomic information, and clinical trial data. The use of such personal data necessitates strict compliance with data protection regulations like the General Data Protection Regulation (GDPR) in Europe and the Health Insurance Portability and Accountability Act (HIPAA) in the United States. Failure to adequately safeguard this data could compromise patient confidentiality and erode public trust in AI technologies [100,101]. As noted by Topol [17], ensuring robust cybersecurity infrastructure and transparent data governance is essential for ethical AI implementation in healthcare.

4.4.2 Algorithmic bias

Another major concern is Algorithmic bias, which can arise when AI systems are trained on datasets that are unbalanced or unrepresentative of the broader population. Such biases can inadvertently lead to the development of drugs that are less effective or even harmful for underrepresented demographic groups, exacerbating existing health disparities. For instance, if clinical data from minority populations is underrepresented during model training, the AI system might fail to predict adverse effects or therapeutic responses accurately for these groups [102].

4.4.3 Intellectual property

The advent of AI-generated molecular structures and therapeutic insights also brings forth complex questions about intellectual property (IP). Traditional patent frameworks are not fully equipped to handle innovations generated autonomously or semi-autonomously by AI systems. Determining ownership, inventorship, and patent eligibility for AI-designed compounds poses novel legal challenges that require updated IP policies and frameworks [103].

4.4.4 Socioeconomic concerns and job displacement

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

While AI is primarily expected to augment human expertise by handling data-intensive tasks and accelerating research timelines, there is apprehension that automation could reduce the demand for certain roles in pharmaceutical research, especially in data analysis, screening, and routine synthesis planning. Addressing these challenges through upskilling initiatives and redefining the human-AI collaborative model will be key to ensuring that the workforce evolves alongside technological progress [104].

4.5 Computational Infrastructure and Expertise

The successful integration of AI into drug discovery is highly dependent on robust computational infrastructure and a specialized workforce. One major limitation is the high computational demand required to train and deploy complex AI models, especially deep learning architectures, which necessitate access to high-performance computing (HPC), GPU clusters, and scalable cloud infrastructure. These requirements can be cost-prohibitive, particularly for small- to mid-sized enterprises and academic institutions [105] Additionally, the field faces a critical talent gap—there is a shortage of professionals with combined expertise in artificial intelligence, data science, computational biology, and pharmaceutical sciences. This lack of cross-disciplinary skill sets hinders the effective design and application of AI models tailored for drug discovery [106]. Bridging this gap necessitates targeted investment in interdisciplinary education and collaborative training programs to equip scientists and engineers with the necessary competencies. Without adequate infrastructure and a well-trained workforce, the transformative potential of AI in pharmaceutical research will remain underutilized.

4.6 Regulatory Framework

The regulatory landscape for AI-driven drug discovery is still evolving, posing challenges for widespread adoption and integration into mainstream pharmaceutical development. Regulatory agencies such as the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) are in the process of formulating specific guidelines for the validation and approval of AI-generated outputs. However, clear and consistent pathways for regulatory submission of AI models and their predictions remain underdeveloped, slowing down the approval of AI-assisted therapeutics [107]. (Harrer et al., 2019). A critical need exists for robust, standardized validation frameworks to ensure the reliability, reproducibility, and safety of AI models employed across the drug discovery pipeline [17].

Furthermore, the integration of AI tools into regulatory workflows must address issues related to explainability and traceability of decisions. Since many AI systems, particularly deep learning models, function as "black boxes," regulators require transparency in how conclusions are reached, especially when public health and safety are at stake. Addressing these challenges calls for interdisciplinary collaboration, including stakeholders from AI, biomedical sciences, regulatory bodies, and ethics committees. It also demands investment in secure, interoperable data infrastructure, development of explainable AI (XAI) methodologies, and proactive engagement with regulatory agencies to co-create adaptive, forward-looking policies.

5. FUTURE PERSPECTIVES

The trajectory of AI and Big Data in drug discovery points toward an era of accelerated innovation, automation, and personalized therapeutics.

5.1 Towards Autonomous Drug Discovery Systems

One of the most compelling future directions is the emergence of autonomous drug discovery systems, where AI not only predicts molecular properties but also designs experiments, controls robotic laboratories, analyzes outcomes, and refines candidate molecules with minimal human oversight. These "self-driving labs" have already shown promise in early studies and are expected to significantly shorten the drug discovery timeline while increasing efficiency and reproducibility [108]. (Burger et al., 2020).

5.2 Enhanced Integration of Multi-Modal Data

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

https://www.theaspd.com/ijes.php

Another transformative shift lies in the enhanced integration of multi-modal data, encompassing genomics, transcriptomics, proteomics, medical imaging, wearable sensor outputs, and environmental data. AI models of the future will increasingly be capable of harmonizing these diverse datasets, uncovering complex biological insights that would be otherwise inaccessible, thereby offering a more holistic understanding of disease mechanisms and therapeutic responses [109].

5.3 Explainable AI (XAI) for Trust and Transparency

The development of explainable AI (XAI) is also gaining momentum as a foundational pillar for trustworthy and transparent drug discovery. As AI models become more complex, their interpretability becomes crucial—especially in regulatory environments where understanding the rationale behind a prediction is as important as the prediction itself. Advancements in XAI techniques are enabling researchers to trace model decisions back to molecular features or data patterns, which fosters trust and accelerates regulatory acceptance [110]. (Adadi & Berrada, 2018).

5.4 Precision Medicine and Patient-Specific Therapies

AI is also pivotal in advancing precision medicine, allowing for the stratification of patients based on genomic, clinical, and lifestyle factors. This will enable the development of highly individualized therapies tailored to specific disease subtypes or even unique patient profiles, improving treatment outcomes and minimizing adverse effects [17].

5.5 AI-Driven Drug Repurposing and Polypharmacology

Moreover, AI-driven drug repurposing is set to expand, identifying unexpected therapeutic effects of known drugs for new indications. As models become more refined, they will better detect molecular signatures indicative of efficacy across multiple diseases, supporting the concept of polypharmacology, where drugs are designed to target multiple pathways simultaneously for complex disorders. The role of generative models such as Generative Adversarial Networks (GANs), Variational Autoencoders (VAEs), and emerging diffusion models will also grow. These models are increasingly capable of producing novel chemical structures optimized for efficacy, bioavailability, and safety, thereby pushing the boundaries of traditional medicinal chemistry and enabling the design of molecules with entirely new mechanisms of action [111].

Finally, the regulatory environment will evolve alongside technological progress. Regulatory agencies are beginning to establish clearer frameworks for evaluating and approving AI-generated drug candidates. Simultaneously, collaborative ecosystems—uniting pharmaceutical companies, AI firms, academic researchers, and healthcare providers—will be essential for building open, interoperable platforms that support secure data sharing, model validation, and ethical AI implementation in drug discovery [112].

6. CONCLUSION

The traditional drug discovery process is being revolutionized by the integration of AI and Big Data, enhancing efficiency, reducing costs, and improving success rates. AI technologies now enable rapid target identification, de novo drug design, and predictive ADME/Tox profiling using vast, diverse datasets. These tools also optimize clinical trials through better patient stratification and real-time data analysis. Despite challenges like data quality, model interpretability, and regulatory hurdles, the future holds promise for autonomous systems, explainable AI, and personalized medicine. This convergence is poised to transform pharmaceutical innovation and accelerate the delivery of effective therapies.

REFERENCES

- 1. Dimasi Ja, Grabowski Hg, Hansen Rw. Innovation In The Pharmaceutical Industry: New Estimates Of R&D Costs. Journal Of Health Economics. 2016 May 1;47:20-33.
- 2. Scannell Jw, Blanckley A, Boldon H, Warrington B. Diagnosing The Decline In Pharmaceutical R&D Efficiency. Nature Reviews Drug Discovery. 2012 Mar;11(3):191-200.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

- 3. Paul Sm, Mytelka Ds, Dunwiddie Ct, Persinger Cc, Munos Bh, Lindborg Sr, Schacht Al. How To Improve R&D Productivity: The Pharmaceutical Industry's Grand Challenge. Nature Reviews Drug Discovery. 2010 Mar;9(3):203-14.
- 4. Vamathevan J, Clark D, Czodrowski P, Dunham I, Ferran E, Lee G, Li B, Madabhushi A, Shah P, Spitzer M, Zhao S. Applications Of Machine Learning In Drug Discovery And Development. Nature Reviews Drug Discovery. 2019 Jun;18(6):463-77.
- 5. Lecun Y, Bengio Y, Hinton G. Deep Learning. Nature. 2015 May 28;521(7553):436-44.
- 6. Stephens Zd, Lee Sy, Faghri F, Campbell Rh, Zhai C, Efron Mj, Iyer R, Schatz Mc, Sinha S, Robinson Ge. Big Data: Astronomical Or Genomical? Plos Biology. 2015 Jul 7;13(7):E1002195.
- 7. Zhavoronkov A, Ivanenkov Ya, Aliper A, Veselov Ms, Aladinskiy Va, Aladinskaya Av, Terentiev Va, Polykovskiy Da, Kuznetsov Md, Asadulaev A, Volkov Y. Deep Learning Enables Rapid Identification Of Potent Ddr1 Kinase Inhibitors. Nature Biotechnology. 2019 Sep;37(9):1038-40.
- 8. Barabási Al, Gulbahce N, Loscalzo J. Network Medicine: A Network-Based Approach To Human Disease. Nature Reviews Genetics. 2011 Jan;12(1):56-68.
- 9. Stebbings E, Papathanasopoulou E, Hooper T, Austen Mc, Yan X. The Marine Economy Of The United Kingdom. Marine Policy. 2020 Jun 1;116:103905.
- 10. Jumper J, Evans R, Pritzel A, Green T, Figurnov M, Ronneberger O, Tunyasuvunakool K, Bates R, Zídek A, Potapenko A, Bridgland A. Highly Accurate Protein Structure Prediction With Alphafold. Nature. 2021 Aug;596(7873):583-9.
- 11. Lavecchia A. Machine-Learning Approaches In Drug Discovery: Methods And Applications. Drug Discovery Today. 2015 Mar 1;20(3):318-31.
- 12. Zhavoronkov A, Aladinskiy V, Zhebrak A, Zagribelnyy B, Terentiev V, Bezrukov Ds, Et Al. Potential 2019-Ncov 3c-Like Protease Inhibitors Designed Using Generative Deep Learning Approaches. Chemrxiv. 2020; Doi:10.26434/Chemrxiv.11829102.V1
- 13. Gordon De, Hiatt J, Bouhaddou M, Rezelj Vv, Ulferts S, Braberg H, Jureka As, Obernier K, Guo Jz, Batra J, Kaake Rm. Comparative Host-Coronavirus Protein Interaction Networks Reveal Pan-Viral Disease Mechanisms. Science. 2020 Dec 4;370(6521):Eabe9403.
- 14. Pushpakom S, Iorio F, Eyers Pa, Escott Kj, Hopper S, Wells A, Doig A, Guilliams T, Latimer J, Mcnamee C, Norris A. Drug Repurposing: Progress, Challenges And Recommendations. Nature Reviews Drug Discovery. 2019 Jan;18(1):41-58.
- 15. Hughes C. Changes And Challenges In 20 Years Of Research Into The Development Of Executive Functions. Infant And Child Development. 2011 May;20(3):251-71.
- 16. Ma C, Huang Jb, Yang X, Yang Mh. Hierarchical Convolutional Features For Visual Tracking. Inproceedings Of The Ieee International Conference On Computer Vision 2015 (Pp. 3074-3082).
- 17. Topol Ej. High-Performance Medicine: The Convergence Of Human And Artificial Intelligence. Nature Medicine. 2019 Jan;25(1):44-56.
- 18. Liu X, He P, Chen W, Gao J. Improving Multi-Task Deep Neural Networks Via Knowledge Distillation For Natural Language Understanding. Arxiv Preprint Arxiv:1904.09482. 2019 Apr 20.
- 19. Berry S, Dean C. Environmental Perception And Epigenetic Memory: Mechanistic Insight Through Flc. The Plant Journal. 2015 Jul;83(1):133-48.
- 20. Hernández-Fernández F, Sandoval Valencia H, Barbella-Aponte Ra, Collado-Jiménez R, Ayo-Martín Ó, Barrena C, Molina-Nuevo Jd, García-García J, Lozano-Setién E, Alcahut-Rodriguez C, Martínez-Martín Á. Cerebrovascular Disease In Patients With Covid-19: Neuroimaging, Histological And Clinical Description. Brain. 2020 Oct;143(10):3089-103.
- 21. Samek W, Wiegand T, Müller Kr. Explainable Artificial Intelligence: Understanding, Visualizing And Interpreting Deep Learning Models. Arxiv Preprint Arxiv:1708.08296. 2017 Aug 28.
- 22. Price Wn, Cohen Ig. Privacy In The Age Of Medical Big Data. Nature Medicine. 2019 Jan;25(1):37-43.
- 23. Stokes Jm, Yang K, Swanson K, Jin W, Cubillos-Ruiz A, Donghia Nm, Macnair Cr, French S, Carfrae La, Bloom-Ackermann Z, Tran Vm. A Deep Learning Approach To Antibiotic Discovery. Cell. 2020 Feb 20:180(4):688-702.
- 24. Fleming N, Sacks Lj, Pham Ct, Neoh Sl, Ekinci Ei. An Overview Of Covid-19 In People With Diabetes: Pathophysiology And Considerations In The Inpatient Setting. Diabetic Medicine. 2021 Mar;38(3):E14509.
- 25. Younas M. Research Challenges Of Big Data. Service Oriented Computing And Applications. 2019 Jun 1;13:105-7.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

- Keskar V, Yadav J, Kumar Ah. 5v's Of Big Data Attributes And Their Relevance And Importance Across Domains. International Journal Of Innovative Technology And Exploring Engineering (Ijitee) Issn. 2020 Sep:2278-3075.
- 27. He P, Huang D, Wu D, He H, Wei Y, Cui Y, Wang R, Peng L. A Survey Of Internet Of Medical Things: Technology, Application And Future Directions. Digital Communications And Networks. 2024 Nov 22.
- 28. Vijayan V, Connolly Jp, Condell J, Mckelvey N, Gardiner P. Review Of Wearable Devices And Data Collection Considerations For Connected Health. Sensors. 2021 Aug 19;21(16):5589.
- 29. Belleau El, Kremens R, Bolton Ta, Bondy E, Pisoni A, Auerbach Rp, Pizzagalli Da. Default Mode And Frontoparietal Network Dynamics: Associations With Familial Risk For Depression And Stress Sensitivity. Journal Of Mood And Anxiety Disorders. 2023 Jun 1;1:100001.
- 30. Jumper J, Evans R, Pritzel A, Green T, Figurnov M, Ronneberger O, Tunyasuvunakool K, Bates R, Žídek A, Potapenko A, Bridgland A. Highly Accurate Protein Structure Prediction With Alphafold. Nature. 2021 Aug;596(7873):583-9.
- 31. Hasin Y, Seldin M, Lusis A. Multi-Omics Approaches To Disease. Genome Biology. 2017 Dec;18:1-5.
- 32. Weinstein Jn, Collisson Ea, Mills Gb, Shaw Kr, Ozenberger Ba, Ellrott K, Shmulevich I, Sander C, Stuart Jm. The Cancer Genome Atlas Pan-Cancer Analysis Project. Nature Genetics. 2013 Oct;45(10):1113-20.
- 33. Gaulton A, Hersey A, Nowotka M, Bento Ap, Chambers J, Mendez D, Mutowo P, Atkinson F, Bellis Lj, Cibrián-Uhalte E, Davies M. The Chembl Database In 2017. Nucleic Acids Research. 2017 Jan 4;45(D1):D945-54
- 34. Kim S, Chen J, Cheng T, Gindulyte A, He J, He S, Li Q, Shoemaker Ba, Thiessen Pa, Yu B, Zaslavsky L. Pubchem 2019 Update: Improved Access To Chemical Data. Nucleic Acids Research. 2019 Jan 8;47(D1):D1102-9.
- 35. Shameer S, Baghalian K, Cheung Cm, Ratcliffe Rg, Sweetlove Lj. Computational Analysis Of The Productivity Potential Of Cam. Nature Plants. 2018 Mar;4(3):165-71.
- 36. Richardson Jp, Smith C, Curtis S, Watson S, Zhu X, Barry B, Sharp Rr. Patient Apprehensions About The Use Of Artificial Intelligence In Healthcare. Npj Digital Medicine. 2021 Sep 21;4(1):140.
- 37. Esteva A, Chou K, Yeung S, Naik N, Madani A, Mottaghi A, Liu Y, Topol E, Dean J, Socher R. Deep Learning-Enabled Medical Computer Vision. Npj Digital Medicine. 2021 Jan 8;4(1):5.
- 38. Harrer S, Shah P, Antony B, Hu J. Artificial Intelligence For Clinical Trial Design. Trends In Pharmacological Sciences. 2019 Aug 1;40(8):577-91.
- 39. Tiwari Pc, Pal R, Chaudhary Mj, Nath R. Artificial Intelligence Revolutionizing Drug Development: Exploring Opportunities And Challenges. Drug Development Research. 2023 Dec;84(8):1652-63.
- 40. Askari S, Ghofrani A, Taherdoost H. Transforming Drug Design: Innovations In Computer-Aided Discovery For Biosimilar Agents. Biomedinformatics. 2023 Dec 8;3(4):1178-96.
- 41. Ashiwaju Bi, Orikpete Of, Uzougbo Cg. The Intersection Of Artificial Intelligence And Big Data In Drug Discovery: A Review Of Current Trends And Future Implications. Matrix Science Pharma. 2023 Apr 1;7(2):36-42.
- 42. Gupta R, Srivastava D, Sahu M, Tiwari S, Ambasta Rk, Kumar P. Artificial Intelligence To Deep Learning: Machine Intelligence Approach For Drug Discovery. Molecular Diversity. 2021 Aug;25:1315-60.
- 43. Mayr A, Klambauer G, Unterthiner T, Hochreiter S. Deeptox: Toxicity Prediction Using Deep Learning. Frontiers In Environmental Science. 2016 Feb 2;3:80.
- 44. Amorim Am, Piochi Lf, Gaspar At, Preto Aj, Rosário-Ferreira N, Moreira Is. Advancing Drug Safety In Drug Development: Bridging Computational Predictions For Enhanced Toxicity Prediction. Chemical Research In Toxicology. 2024 May 17;37(6):827-49.
- 45. Stokes Jm, Yang K, Swanson K, Jin W, Cubillos-Ruiz A, Donghia Nm, Macnair Cr, French S, Carfrae La, Bloom-Ackermann Z, Tran Vm. A Deep Learning Approach To Antibiotic Discovery. Cell. 2020 Feb 20;180(4):688-702.
- 46. Mienye Id, Swart Tg, Obaido G. Recurrent Neural Networks: A Comprehensive Review Of Architectures, Variants, And Applications. Information. 2024 Aug 25;15(9):517.
- 47. Nagalakshmi R, Khan Sb, Mahesh Tr, Alojail M, Sangwan Sr, Saraee M. Enhancing Drug Discovery And Patient Care Through Advanced Analytics With The Power Of Nlp And Machine Learning In Pharmaceutical Data Interpretation. Slas Technology. 2025 Apr 1;31:100238.
- 48. Aldahdooh J, Vähä-Koskela M, Tang J, Tanoli Z. Using Bert To Identify Drug-Target Interactions From Whole Pubmed. Bmc Bioinformatics. 2022 Jun 21;23(1):245.
- 49. Lee Sa. How Much "Thinking" About Covid-19 Is Clinically Dysfunctional?. Brain, Behavior, And Immunity. 2020 Apr 27;87:97.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

- 50. Borkakoti N, Thornton Jm. Alphafold2 Protein Structure Prediction: Implications For Drug Discovery. Current Opinion In Structural Biology. 2023 Feb 1;78:102526.
- 51. Satheeskumar R. Enhancing Drug Discovery With Ai: Predictive Modeling Of Pharmacokinetics Using Graph Neural Networks And Ensemble Learning. Intelligent Pharmacy. 2025 Apr 1;3(2):127-40.
- 52. Gangwal A, Ansari A, Ahmad I, Azad Ak, Sulaiman Wm. Current Strategies To Address Data Scarcity In Artificial Intelligence-Based Drug Discovery: A Comprehensive Review. Computers In Biology And Medicine. 2024 Sep 1;179:108734.
- 53. Frasca M, La Torre D, Pravettoni G, Cutica I. Explainable And Interpretable Artificial Intelligence In Medicine: A Systematic Bibliometric Review. Discover Artificial Intelligence. 2024 Feb 27;4(1):15.
- 54. Dwivedi R, Dave D, Naik H, Singhal S, Omer R, Patel P, Qian B, Wen Z, Shah T, Morgan G, Ranjan R. Explainable Ai (Xai): Core Ideas, Techniques, And Solutions. Acm Computing Surveys. 2023 Jan 13;55(9):1-33.
- Ashiwaju Bi, Orikpete Of, Uzougbo Cg. The Intersection Of Artificial Intelligence And Big Data In Drug Discovery: A Review Of Current Trends And Future Implications. Matrix Science Pharma. 2023 Apr 1;7(2):36-42
- 56. Visan Ai, Negut I. Integrating Artificial Intelligence For Drug Discovery In The Context Of Revolutionizing Drug Delivery. Life. 2024 Feb 7;14(2):233.
- 57. Mak Kk, Wong Yh, Pichika Mr. Artificial Intelligence In Drug Discovery And Development. Drug Discovery And Evaluation: Safety And Pharmacokinetic Assays. 2024 Oct 22:1461-98.
- 58. Bhupathyraaj M, Rani Kr, Essa Mm, Editors. Artificial Intelligence In Pharmaceutical Sciences. Crc Press; 2023 Nov 23.
- 59. Kumar N, Acharya V. Advances In Machine Intelligence-Driven Virtual Screening Approaches For Big-Data. Medicinal Research Reviews. 2024 May;44(3):939-74.
- 60. Nikolaienko T, Gurbych O, Druchok M. Complex Machine Learning Model Needs Complex Testing: Examining Predictability Of Molecular Binding Affinity By A Graph Neural Network. Journal Of Computational Chemistry. 2022 Apr 15;43(10):728-39.
- 61. Martinelli Dd. Generative Machine Learning For De Novo Drug Discovery: A Systematic Review. Computers In Biology And Medicine. 2022 Jun 1;145:105403.
- 62. Loeffler Hh, He J, Tibo A, Janet Jp, Voronov A, Mervin Lh, Engkvist O. Reinvent 4: Modern Ai–Driven Generative Molecule Design. Journal Of Cheminformatics. 2024 Feb 21;16(1):20.
- 63. Olivecrona M, Blaschke T, Engkvist O, Chen H. Molecular De-Novo Design Through Deep Reinforcement Learning. Journal Of Cheminformatics. 2017 Dec;9:1-4.
- 64. Ashenden Sk. Lead Optimization. In the Era Of Artificial Intelligence, Machine Learning, And Data Science In The Pharmaceutical Industry 2021 Jan 1 (Pp. 103-117). Academic Press.
- 65. Naithani U, Guleria V. Integrative Computational Approaches For Discovery And Evaluation Of Lead Compound For Drug Design. Frontiers In Drug Discovery. 2024 Apr 5;4:1362456.
- 66. Serrano Dr, Luciano Fc, Anaya Bj, Ongoren B, Kara A, Molina G, Ramirez Bi, Sánchez-Guirales Sa, Simon Ja, Tomietto G, Rapti C. Artificial Intelligence (Ai) Applications In Drug Discovery And Drug Delivery: Revolutionizing Personalized Medicine. Pharmaceutics. 2024 Oct 14:16(10):1328.
- 67. Yingngam B, Navabhatra A, Sillapapibool P. Ai-Driven Decision-Making Applications In Pharmaceutical Sciences. Inusing Traditional Design Methods To Enhance Ai-Driven Decision Making 2024 (Pp. 1-63). Igi Global Scientific Publishing.
- 68. Jiang Y, Yu Y, Kong M, Mei Y, Yuan L, Huang Z, Kuang K, Wang Z, Yao H, Zou J, Coley Cw. Artificial Intelligence For Retrosynthesis Prediction. Engineering. 2023 Jun 1;25:32-50.
- 69. Gricourt G, Meyer P, Duigou T, Faulon Jl. Artificial Intelligence Methods And Models For Retro-Biosynthesis: A Scoping Review. Acs Synthetic Biology. 2024 Jul 24;13(8):2276-94.
- 70. Jourdan Jp, Bureau R, Rochais C, Dallemagne P. Drug Repositioning: A Brief Overview. Journal Of Pharmacy And Pharmacology. 2020 Sep;72(9):1145-51.
- 71. Cheng F, Desai Rj, Handy De, Wang R, Schneeweiss S, Barabási Al, Loscalzo J. Network-Based Approach To Prediction And Population-Based Validation Of In Silico Drug Repurposing. Nature Communications. 2018 Jul 12;9(1):2691.
- 72. Dowling, R. J. O., Niraula, S., Stambolic, V., & Goodwin, P. J. (2022). Metformin In Cancer: Translational Challenges. Journal Of Molecular Endocrinology, 68(1), R1-R16.
- 73. Lusci A, Pollastri G, Baldi P. Deep Architectures And Deep Learning In Chemoinformatics: The Prediction Of Aqueous Solubility For Drug-Like Molecules. Journal Of Chemical Information And Modeling. 2013 Jul 22;53(7):1563-75.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

- 74. Cherkasov A, Muratov En, Fourches D, Varnek A, Baskin Ii, Cronin M, Dearden J, Gramatica P, Martin Yc, Todeschini R, Consonni V. Qsar Modeling: Where Have You Been? Where Are You Going To?. Journal Of Medicinal Chemistry. 2014 Jun 26;57(12):4977-5010.
- 75. Van Esch P, Arli D, Gheshlaghi Mh, Andonopoulos V, Von Der Heidt T, Northey G. Anthropomorphism And Augmented Reality In The Retail Environment. Journal Of Retailing And Consumer Services. 2019 Jul 1:49:35-42.
- 76. Orloff J, Douglas F, Pinheiro J, Levinson S, Branson M, Chaturvedi P, Ette E, Gallo P, Hirsch G, Mehta C, Patel N. The Future Of Drug Development: Advancing Clinical Trial Design. Nature Reviews Drug Discovery. 2009 Dec;8(12):949-57.
- 77. Oyejide Aj, Adekunle Ya, Abodunrin Od, Atoyebi Eo. Artificial Intelligence, Computational Tools And Robotics For Drug Discovery, Development, And Delivery. Intelligent Pharmacy. 2025 Jan 27.
- 78. Marques L, Costa B, Pereira M, Silva A, Santos J, Saldanha L, Silva I, Magalhães P, Schmidt S, Vale N. Advancing Precision Medicine: A Review Of Innovative In Silico Approaches For Drug Development, Clinical Pharmacology And Personalized Healthcare. Pharmaceutics. 2024 Feb 27;16(3):332.
- 79. Weng Sf, Reps J, Kai J, Garibaldi Jm, Qureshi N. Can Machine-Learning Improve Cardiovascular Risk Prediction Using Routine Clinical Data?. Plos One. 2017 Apr 4;12(4):E0174944.
- 80. Knevel R, Liao Kp. From Real-World Electronic Health Record Data To Real-World Results Using Artificial Intelligence. Annals Of The Rheumatic Diseases. 2023 Mar 1;82(3):306-11.
- 81. Rajawar Rs. Ai-Driven Personalized Sequential Decision-Making In Pharmaceutical Development. Drugs And Clinic. 2024 May 16;39(2):9-16.
- 82. Gardner S, Das S, Taylor K. Ai Enabled Precision Medicine: Patient Stratification, Drug Repurposing And Combination Therapies. Inartificial Intelligence In Oncology Drug Discovery And Development 2020 Sep 9. Intechopen.
- 83. Jeddi Z, Bohr A. Remote Patient Monitoring Using Artificial Intelligence. Inartificial Intelligence In Healthcare 2020 Jan 1 (Pp. 203-234). Academic Press.
- 84. Chopra H, Shin Dk, Munjal K, Dhama K, Emran Tb. Revolutionizing Clinical Trials: The Role Of Ai In Accelerating Medical Breakthroughs. International Journal Of Surgery. 2023 Dec 1;109(12):4211-20.
- 85. Bathula A, Gupta Sk, Merugu S, Saba L, Khanna Nn, Laird Jr, Sanagala Ss, Singh R, Garg D, Fouda Mm, Suri Js. Blockchain, Artificial Intelligence, And Healthcare: The Tripod Of Future—A Narrative Review. Artificial Intelligence Review. 2024 Aug 8;57(9):238.
- 86. Kumar S, Lim Wm, Sivarajah U, Kaur J. Artificial Intelligence And Blockchain Integration In Business: Trends From A Bibliometric-Content Analysis. Information Systems Frontiers. 2023 Apr;25(2):871-96.
- 87. Tiwari Pc, Pal R, Chaudhary Mj, Nath R. Artificial Intelligence Revolutionizing Drug Development: Exploring Opportunities And Challenges. Drug Development Research. 2023 Dec;84(8):1652-63.
- 88. Barua R, Das D, Biswas N. Revolutionizing Drug Discovery With Artificial Intelligence: Enhancing Efficiency, Addressing Ethical Concerns, And Overcoming Limitations. Inapproaches To Human-Centered Ai In Healthcare 2024 (Pp. 62-85). Igi Global.
- 89. Haendel Ma, Chute Cg, Bennett Td, Eichmann Da, Guinney J, Kibbe Wa, Payne Pr, Pfaff Er, Robinson Pn, Saltz Jh, Spratt H. The National Covid Cohort Collaborative (N3c): Rationale, Design, Infrastructure, And Deployment. Journal Of The American Medical Informatics Association. 2021 Mar 1;28(3):427-43.
- 90. Decherchi S, Pedrini E, Mordenti M, Cavalli A, Sangiorgi L. Opportunities And Challenges For Machine Learning In Rare Diseases. Frontiers In Medicine. 2021 Oct 5;8:747612.
- 91. Fonseca Da, Amaral I, Pinto Ac, Cotrim Md. Orphan Drugs: Major Development Challenges At The Clinical Stage. Drug Discovery Today. 2019 Mar 1;24(3):867-72.
- 92. Kesselheim As, Myers Ja, Avorn J. Characteristics Of Clinical Trials To Support Approval Of Orphan Vs Nonorphan Drugs For Cancer. Jama. 2011 Jun 8;305(22):2320-6.
- 93. Wilkinson Md, Dumontier M, Aalbersberg Ij, Appleton G, Axton M, Baak A, Blomberg N, Boiten Jw, Da Silva Santos Lb, Bourne Pe, Bouwman J. The Fair Guiding Principles For Scientific Data Management And Stewardship. Scientific Data. 2016 Mar 15;3(1):1-9.
- 94. Hulsen T, Jamuar Ss, Moody Ar, Karnes Jh, Varga O, Hedensted S, Spreafico R, Hafler Da, Mckinney Ef. From Big Data To Precision Medicine. Frontiers In Medicine. 2019 Mar 1;6:34.
- 95. Gundersen Oe. The Fundamental Principles Of Reproducibility. Philosophical Transactions Of The Royal Society A. 2021 May 17;379(2197):20200210.
- 96. Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting Racial Bias In An Algorithm Used To Manage The Health Of Populations. Science. 2019 Oct 25;366(6464):447-53.

ISSN: 2229-7359 Vol. 11 No. 4s, 2025

- 97. Bender A, Cortés-Ciriano I. Artificial Intelligence In Drug Discovery: What Is Realistic, What Are Illusions? Part 1: Ways To Make An Impact, And Why We Are Not There Yet. Drug Discovery Today. 2021 Feb 1;26(2):511-24.
- 98. Castelvecchi D. Can We Open The Black Box Of Ai?. Nature News. 2016;538(7623):20.
- 99. Vora Lk, Gholap Ad, Jetha K, Thakur Rr, Solanki Hk, Chavda Vp. Artificial Intelligence In Pharmaceutical Technology And Drug Delivery Design. Pharmaceutics. 2023 Jul 10;15(7):1916.
- 100. Maleki Varnosfaderani S, Forouzanfar M. The Role Of Ai In Hospitals And Clinics: Transforming Healthcare In The 21st Century. Bioengineering. 2024 Mar 29;11(4):337.
- 101. Mondal H, Mondal S. Ethical And Social Issues Related To Ai In Healthcare. Methods In Microbiology. 2024 Jun 12;55:247-81.
- 102. Hanna Mg, Pantanowitz L, Jackson B, Palmer O, Visweswaran S, Pantanowitz J, Deebajah M, Rashidi Hh. Ethical And Bias Considerations In Artificial Intelligence/Machine Learning. Modern Pathology. 2025 Mar 1:38(3):100686.
- 103. Lee Ja, Hilty Rm, Liu Kc, Editors. Artificial Intelligence And Intellectual Property. Oxford University Press (Uk); 2021.
- 104. Rathore Sp. The Impact Of Ai On Recruitment And Selection Processes: Analysing The Role Of Ai In Automating And Enhancing Recruitment And Selection Procedures. International Journal For Global Academic & Scientific Research. 2023 Jun 30;2(2):78-93.
- 105. Beam Al, Kohane Is. Big Data And Machine Learning In Health Care. Jama. 2018 Apr 3;319(13):1317-8.
- 106. Mak Kk, Pichika Mr. Artificial Intelligence In Drug Development: Present Status And Future Prospects. Drug Discovery Today. 2019 Mar 1;24(3):773-80.
- 107. Harrer S, Shah P, Antony B, Hu J. Artificial Intelligence For Clinical Trial Design. Trends In Pharmacological Sciences. 2019 Aug 1;40(8):577-91.
- 108. Burger B, Maffettone Pm, Gusev Vv, Aitchison Cm, Bai Y, Wang X, Li X, Alston Bm, Li B, Clowes R, Rankin N. A Mobile Robotic Chemist. Nature. 2020 Jul 9;583(7815):237-41.
- 109. Salvi M, Loh Hw, Seoni S, Barua Pd, García S, Molinari F, Acharya Ur. Multi-Modality Approaches For Medical Support Systems: A Systematic Review Of The Last Decade. Information Fusion. 2024 Mar 1;103:102134.
- 110. Adadi, A., & Berrada, M. (2018). Peeking Inside The Black-Box: A Survey On Explainable Artificial Intelligence (Xai). Ieee Access, 6, 52138–52160. Https://Doi.Org/10.1109/Access.2018.2870052
- 111. Islam Mt, Newaz Aa, Paul R, Hassan Melon Mm, Hussen M. Ai-Driven Drug Repurposing: Uncovering Hidden Potentials Of Established Medications For Rare Disease Treatment. Library Of Progress-Library Science, Information Technology & Computer. 2024 Jul 15;44(3).
- 112. Tanoli Z, Vähä-Koskela M, Aittokallio T. Artificial Intelligence, Machine Learning, And Drug Repurposing In Cancer. Expert Opinion On Drug Discovery. 2021 Sep 2;16(9):977-89.