



# Artificial Intelligence in Drug Discovery and Development: A Comprehensive Review

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## Abstract

Drug research has made significant strides with the integration of artificial intelligence (AI), particularly through machine learning (ML). AI serves as a powerful tool in bridging the gap between potential therapeutic compounds and the complex understanding of diseases, accelerating the discovery and development of new treatments. Drug discovery is undergoing a rapid transformation driven by artificial intelligence (AI), which significantly enhances the accuracy, efficiency, and speed of the entire process. Traditionally time-consuming and resource-intensive, pharmaceutical research is now being streamlined through AI technologies. The development of modern medicine-one of the greatest achievements in translational science, continues to advance human health and quality of life. The integration of vast, well-curated datasets, increased computational power, and scalable cloud infrastructure fuels this transformation. Together, these tools have ushered in a new era of AI-assisted drug development, enabling researchers to identify patterns, predict outcomes, and optimize workflows with greater precision and speed than ever before. This review provides a comprehensive summary of the latest advancements in artificial intelligence and their application in drug discovery.

**Key point-** artificial intelligence, machine learning, drug discovery, virtual screening

## Introduction

The traditional drug discovery process is both costly and time-consuming, with each approved medication taking up to 15 years and costing between \$1 and \$2 billion to develop [1]. High failure rates and extended clinical trial durations are the main contributing factors to these challenges [2].

In fact, despite significant financial investment, over 90% of potential treatment candidates fail after reaching phase-I clinical trials.<sup>1</sup> For both pharmaceutical companies and academic institutions, advancing a drug candidate to phase-I clinical trials following rigorous preclinical optimization is considered a crucial milestone. Historically, the process of discovering and developing new medications has been lengthy, expensive, and complex. Bringing a single new drug to market typically takes 10 to 15 years and costs billions of dollars.<sup>1,2</sup> After identifying a potential target, thousands of compounds are screened, promising candidates are optimized, preclinical studies are conducted, and multiple phases of clinical trials are completed. Despite these efforts, the failure rate remains high, with over 90% of drug candidates failing

to receive final approval due to issues with pharmacokinetics, toxicity, or efficacy.<sup>3</sup>

Extensive computational modeling and docking have been employed to improve the success rate of lead compounds in clinical trials. However, these techniques have limitations, such as inefficiency and high computational demands. To address these challenges, deep learning (DL) and machine learning (ML) algorithms, which are subsets of artificial intelligence (AI), have been integrated to provide promising results.<sup>4,5</sup> These AI tools have the ability to predict macroscopic properties with high accuracy while minimizing computational costs. The growing complexity of challenges, particularly in fields like neurology and oncology, demands the use of advanced tools to analyze vast amounts of biological and chemical data. Traditional approaches often rely on trial- and-error methods, which are both time-consuming and resource-intensive. These limitations have driven researchers and pharmaceutical companies to explore innovative technologies that can enhance efficiency, reduce costs, and improve the success rate of drug development.<sup>4-7</sup> AI is transforming every phase of the drug discovery process, from target identification to clinical trial design, by leveraging machine learning, deep learning, and big data analytics. This article explores how AI is reshaping the pharmaceutical industry, highlighting its current applications, benefits, drawbacks, and future potential. Artificial Intelligence (AI) has become a transformative force in pharmaceutical research in recent years. AI technologies are now being employed across various stages of the drug discovery and development process due to their ability to efficiently process and analyze vast amounts of data, far surpassing traditional methods. With tools like machine learning (ML), deep learning, and natural language processing, researchers can identify patterns in complex biological data, predict drug-target interactions, and even design new drug models from scratch. Pharmaceutical companies and research organizations are increasingly utilizing AI to accelerate early-stage discovery, enhance molecular modeling, address challenges in clinical trials, and optimize therapeutic strategies. The integration of AI is not only speeding up research but also reducing costs while increasing the accuracy and success rate of drug development.<sup>4-10</sup>

This review explores how AI is transforming drug research and development in the pharmaceutical industry. It covers key AI technologies like NLP, machine learning, and deep learning, and their roles in target discovery, lead generation, and clinical development. It also discusses the advantages, challenges, and future trends in AI-driven drug development.

## **AI Technologies in Pharma**

### **Machine Learning (ML)**

Machine learning (ML), a subfield of artificial intelligence, enables computers to identify patterns in data and make predictions or decisions without requiring explicit programming for each task. In the pharmaceutical industry, ML is commonly used to predict molecular activity, identify potential drug candidates, analyze large datasets, and support clinical decision-making [12]. ML approaches are primarily categorized into two types: supervised learning and unsupervised learning.<sup>10-13</sup>

**Supervised Learning:** In supervised learning, a labeled dataset, where the input data is paired with the correct output, is used to train the model. The algorithm learns the relationship between input features and known outcomes to make predictions on new, unseen data [13]. In drug research, supervised learning is commonly used to predict patient responses in clinical trials, assess toxicity, and determine whether a compound will be active against a specific biological target. Common supervised learning techniques include neural networks, support vector machines (SVM), and decision trees.<sup>10,14,15</sup>

**Unsupervised Learning:** - Unsupervised learning, in contrast, uses unlabeled data. Without predefined outcomes, the model seeks hidden patterns or structures within the data. This is particularly useful for identifying new biological subgroups of diseases, detecting outliers, and clustering similar molecules. Common unsupervised learning techniques include clustering algorithms (such as k-means) and dimensionality reduction methods (like Principal Component Analysis, or PCA). Both supervised and unsupervised learning approaches play a crucial role in accelerating and improving various stages of drug discovery and development.<sup>14,14,16</sup>

### **Deep Learning (DL)**

Deep learning (DL) is a specialized subset of machine learning that utilizes artificial neural networks, models inspired by the structure and function of the human brain. These networks consist of multiple layers of interconnected "neurons" that process information in complex ways, enabling the system to automatically learn features and patterns directly from raw input data without the need for manual feature engineering. Deep learning has shown remarkable effectiveness in the pharmaceutical industry, particularly in handling high-dimensional and unstructured data such as chemical structures, genomic sequences, and biological images. One of its key strengths lies in predictive modeling—DL models can forecast a drug's toxicity, pharmacokinetics, and binding affinity to target molecules. For example, recurrent neural networks (RNNs) and transformers are employed to analyze sequence data like DNA, RNA, or protein chains, while convolutional neural networks (CNNs) are used to interpret biological images and molecular graphs.<sup>6,9,13,17</sup>

Furthermore, de novo drug design leverages generative deep learning models such as Variational Autoencoders (VAEs) and Generative Adversarial Networks (GANs), which enable the creation of novel chemical structures from scratch based on desired biological properties. Overall, deep learning is revolutionizing the drug discovery process by automating and accelerating the development of safer and more effective therapies.

### **Natural Language Processing (NLP)**

Natural language processing (NLP), a branch of artificial intelligence, enables machines to understand, interpret, and generate human language. In pharmaceutical research, NLP plays a critical role by analyzing vast amounts of unstructured, text-heavy data from scientific literature, clinical reports, patents, and trial documents. Given the overwhelming number of scientific publications released daily, manual review is nearly impossible. NLP algorithms can automatically extract valuable information, such as drug-target interactions, side effects, clinical outcomes, and gene-disease associations, from these text sources. NLP-powered tools can analyze literature databases such as PubMed and ClinicalTrials.gov to summarize publications, identify key correlations, and even generate new hypotheses. Advanced NLP models—particularly transformer-based architectures like BERT and GPT—have significantly enhanced the ability to understand biomedical language, enabling more accurate insights and evidence-based decision-making in drug discovery. Overall, NLP streamlines knowledge extraction, connects diverse data sources, and keeps researchers up to date, thereby accelerating and improving the drug development process.<sup>1,2,12,17-21</sup>

### **Reinforcement Learning (RL)**

Reinforcement learning (RL) is a type of machine learning in which an agent learns to make decisions by interacting with an environment and receiving feedback in the form of rewards or penalties. In drug design, RL holds significant potential for guiding the exploration of chemical space and enhancing the generation of novel drug candidates.

In the context of drug discovery, RL models can be trained to iteratively propose new molecular structures, simulate their

interactions with biological targets, and receive feedback on predicted toxicity and efficacy. The model's objective is to maximize desired properties, such as binding affinity, while minimizing undesirable traits like toxicity or poor bioavailability.

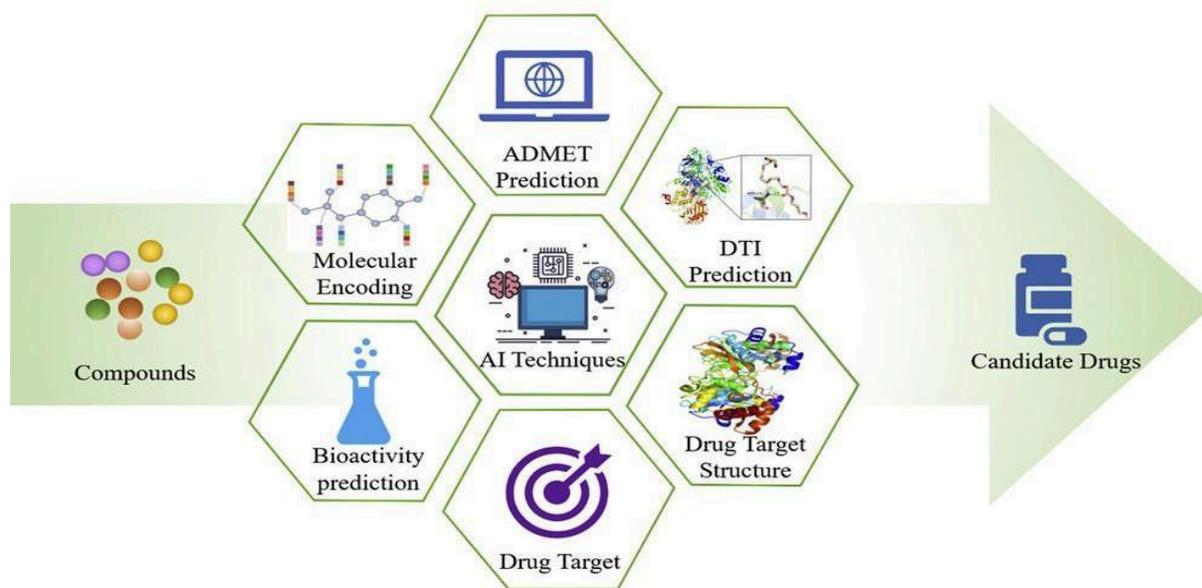
Reinforcement learning (RL) has shown particular effectiveness in de novo drug design, as it can learn to generate optimal drug structures based on predefined objectives such as potency, solubility, and safety. Over time, RL algorithms can iteratively suggest increasingly effective compounds, making the drug design process more targeted and efficient. By automating and improving molecular optimization, RL has the potential to significantly reduce both the time and cost of developing new medications.<sup>3,6,10,12,14,20–22</sup>

## Applications of AI in Drug Discovery and Development

### 1. Target Identification and validation

Identifying the right biological target—typically a gene, protein, or signaling pathway is the first and most critical step in drug discovery. Traditionally, this process has relied heavily on time-consuming laboratory experiments and trial-and-error approaches. However, with the rapid growth of genomic and proteomic data, artificial intelligence (AI) has become a powerful tool for accelerating and improving the accuracy of target selection and validation. AI algorithms can analyze vast and complex datasets from sources such as gene expression profiles, next-generation sequencing (NGS), protein–protein interaction networks, and disease-associated biomarkers. Machine learning models can uncover patterns and correlations that are often difficult for human researchers to detect, helping to identify genes or proteins most likely involved in disease mechanisms. By integrating multi-omics data, AI can prioritize targets and reveal those more strongly associated with drug responsiveness or specific disease traits.<sup>5,10,12,13,18,23</sup>

Additionally, AI supports the validation of potential targets by predicting their druggability—the likelihood that a therapeutic compound can effectively interact with them. By leveraging biological databases, medical records, and literature mining, AI systems can also determine whether a target has been previously studied and what outcomes were observed. This data-driven approach not only saves time and resources but also increases the chances of success in subsequent drug development processes.



**Figure 1.** Artificial Intelligence in Drug Discovery**Hit Identification and Lead Optimization**

The next step in drug discovery is identifying chemical molecules, known as hits, that can effectively interact with the target. Lead candidates are then selected and optimized to enhance their drug-like properties. Traditionally, this process involved high-throughput screening of large chemical libraries, which was time-consuming and resource-intensive. However, artificial intelligence (AI) has revolutionized this phase by significantly accelerating lead optimization and virtual screening.<sup>5,6,24,25</sup>

AI-driven virtual screening enables researchers to rapidly evaluate millions of compounds, ranking the most promising candidates by using machine learning and deep learning algorithms to predict the binding affinity between a therapeutic molecule and its target. By training models on known drug-target interaction data, these algorithms can learn complex properties and accurately predict new interactions, significantly reducing the number of compounds that need experimental testing.

AI aids in lead optimization by refining the structure of hit compounds to enhance key attributes such as metabolic stability, potency, selectivity, and solubility. Generative models, like generative adversarial networks (GANs) and variational autoencoders (VAEs), can create new molecules by modifying molecular structures to maximize desired properties. These molecules can then be further optimized using reinforcement learning algorithms, which improve candidate quality based on feedback. By incorporating AI into hit discovery and optimization, researchers can reduce costs, minimize experimental workloads, and increase the chances of identifying promising drug candidates.<sup>3,6,14,14,17,20,22</sup>

**Preclinical and Clinical Development**

Before human trials, a refined lead compound must undergo preclinical testing to assess its safety and biological activity. This process typically involves extensive animal studies and laboratory tests, which are costly, time-consuming, and often fail to accurately predict a drug's behavior in humans. Today, artificial intelligence (AI) plays a crucial role in enhancing the efficiency of clinical trial design and improving the predictive accuracy of preclinical evaluations.<sup>26-28</sup>

During the preclinical stage, AI models, particularly machine learning algorithms, are used to predict drug toxicity, adverse effects, and pharmacokinetic properties (such as absorption, distribution, metabolism, and excretion, or ADME). These models, trained on large datasets of existing drug safety profiles and biological responses, can identify potentially harmful compounds early in development. This reduces the reliance on animal testing and helps identify safer, more promising candidates for further research.

Artificial intelligence (AI) supports clinical trial design and optimization during the clinical phase by identifying suitable patient demographics, predicting trial outcomes, and monitoring real-time data for early signs of success or failure. Natural Language Processing (NLP) technologies can analyze medical literature, registration data, and electronic health records (EHRs) to match the right patients with the appropriate trials. AI also facilitates adaptive trial designs, enabling

real-time decision-making based on patient responses, which can lead to faster approvals and reduced costs. Overall, AI enhances preclinical and clinical development by making the process more data-driven, efficient, and predictive, ultimately improving the likelihood of safely and efficiently bringing a drug to market.<sup>2,26-31</sup>

### **Personalized Medicine**

Precision medicine, or personalized medicine, aims to tailor medical treatments to an individual's unique genetic, environmental, and lifestyle factors. Artificial intelligence (AI) plays a key role in advancing this approach by analyzing complex and diverse data, including proteomic data, electronic health records (EHRs), genetic profiles, and patient demographics. Using machine learning and deep learning algorithms, AI can identify patterns and correlations that help predict how individuals will respond to specific medications.<sup>12,32,32,33</sup>

One of the primary applications of AI in personalized medicine is the categorization of patients into subgroups based on genetic variants, disease markers, or predicted drug responses. This approach reduces adverse effects and helps clinicians select the most effective treatment for each patient. For example, AI models can analyze genetic mutations specific to a tumor in oncology to recommend personalized treatments with a higher likelihood of success for that particular cancer type.

AI also contributes to the development of companion diagnostics, tools that predict a patient's likelihood of benefiting from a specific medication. Additionally, AI-driven drug design can be tailored to create treatments for smaller patient populations or rare diseases that are often overlooked in traditional drug research.<sup>1-3,3,14</sup>

### **Future Perspectives**

Artificial intelligence is advancing rapidly, with significant developments such as transformer-based models like AlphaFold, which enhance protein structure prediction and accelerate drug research. Generative AI models like GANs and VAEs can design novel drug-like compounds, optimize synthesis routes, and reduce testing costs. Multi-modal AI models integrate diverse data types to improve predictions and personalized interventions. Additionally, self-supervised and federated learning are gaining popularity for enabling secure AI collaboration across institutions and learning from unlabeled data. These innovations are set to boost the speed, accuracy, and transparency of drug development.<sup>1-3,3,14</sup>

The potential of AI is greatly enhanced when integrated with blockchain and IoT. Blockchain ensures secure, transparent data sharing, which is crucial for clinical studies and regulatory compliance. IoT devices provide real-time patient data, enabling AI to monitor drug effectiveness, detect side effects, and personalize treatments. Together, AI, blockchain, and IoT accelerate drug discovery, improve outcomes, and build trust in pharmaceutical research.

### **Conclusions**

Artificial intelligence (AI) is revolutionizing the pharmaceutical industry by enhancing every phase of drug discovery and development, from target identification to lead optimization, clinical trial design, and personalized medicine. By leveraging techniques like machine learning, deep learning, natural language processing, and reinforcement learning, AI analyzes vast biomedical datasets, predicts drug behavior, and accelerates the identification of effective therapies. Despite challenges such as data quality, model interpretability, and regulatory barriers, continuous advancements in AI, along with its integration with blockchain and IoT, are improving the efficiency, transparency, and security of drug development. AI plays a pivotal role across all stages of medication development, from post-marketing studies to disease detection,

optimizing drug dosages, enabling personalized treatments, and predicting disease outcomes. It accelerates target and lead discovery, predicts protein structures, and the biological activity of small compounds. AI reduces the need for experimental validation by predicting drug-like properties and off-target effects. Furthermore, AI enhances FDA approvals, patient recruitment, monitoring, and stratification, improving clinical trial efficiency while lowering costs and resource consumption. However, AI models complement human intelligence and must be validated. Challenges like model explainability, data quality, and sustainability remain, and future developments are expected to focus on reducing supercomputing reliance and addressing ethical concerns in healthcare.

## References

1. Liu, Z., Roberts, R. A., Lal-Nag, M., Chen, X., Huang, R., & Tong, W. (2021). AI-based language models powering drug discovery and development. *Drug Discovery Today*, 26(11), 2593–2607. <https://doi.org/10.1016/j.drudis.2021.06.009>
2. Gounder, P. S., Ponnusamy, S., Selvaraj, H., Alharbi, H. F., Mohandoss, K., & Bhupathyraaj, M. (2023). Role of Artificial Intelligence (AI) Drug Discovery and Development. *Artificial Intelligence in Pharmaceutical Sciences*, (March), 54–73. <https://doi.org/10.1201/9781003343981-5>
3. Abbas, M. K. G., Rassam, A., Karamshahi, F., Abunora, R., & Abouseada, M. (2024). The role of AI in drug discovery. *ChemBioChem*, 25(14). <https://doi.org/10.1002/cbic.202300816>
4. Rehman, A. U., Li, M., Wu, B., Ali, Y., Rasheed, S., Shaheen, S., Liu, X., Luo, R., & Zhang, J. (2024). Role of artificial intelligence in revolutionizing drug discovery. *Fundamental Research*, (xxxx). <https://doi.org/10.1016/j.fmre.2024.04.021>
5. Parvathaneni, M., Awol, A. K., Kumari, M., Lan, K., & Lingam, M. (2023). Application of artificial intelligence and machine learning in drug discovery and development. *Journal of Drug Delivery and Therapeutics*, 13(1), 151–158. <https://doi.org/10.22270/jddt.v13i1.5867>
6. Subasi, A. (2024). Artificial intelligence in drug discovery and development. *Applied Artificial Intelligence in Healthcare and Biomedicine*, (June), 417–454. <https://doi.org/10.1016/B978-0-443-22308-2.00018-4>
7. Agrawal, P. (2018). Artificial intelligence in drug discovery and development. *Journal of Pharmacovigilance*, 6(2), 1–3. <https://doi.org/10.4172/2329-6887.1000e173>
8. Alizadehsani, R., Oyelere, S. S., Hussain, S., Jagatheesaperumal, S. K., Calixto, R. R., Rahouti, M., Roshanzamir, M., & De Albuquerque, V. H. C. (2024). Explainable artificial intelligence for drug discovery and development: A comprehensive survey. *IEEE Access*, 12(February), 35796–35812. <https://doi.org/10.1109/ACCESS.2024.3373195>
9. Visan, A. I., & Negut, I. (2024). Integrating artificial intelligence for drug discovery in the context of revolutionizing drug delivery. *Life*, 14(2). <https://doi.org/10.3390/life14020233>
10. Çelik, I. N., Arslan, F. K., Tun, R., & Yildiz, I. (2022). Artificial intelligence on drug discovery and development. *Ankara Üniversitesi Eczacılık Fakültesi Dergisi*, 46(2), 400–427. <https://doi.org/10.33483/jfpau.878041q>

11. Farghali, H., Canová, N. K., & Arora, M. (2021). The potential applications of artificial intelligence in drug discovery and development. *Physiological Research*, 70, 715–722. <https://doi.org/10.33549/physiolres.934765>
12. Niazi, S. K. (2023). The coming of age of AI/ML in drug discovery, development, clinical testing, and manufacturing: The FDA perspectives. *Drug Design, Development and Therapy*, 17, 2691–2725. <https://doi.org/10.2147/DDDT.S424991>
13. Kokudeva, M., Vichev, M., Naseva, E., Miteva, D. G., & Velikova, T. (2024). Artificial intelligence as a tool in drug discovery and development. *World Journal of Experimental Medicine*, 14(3), 1–10. <https://doi.org/10.5493/wjem.v14.i3.96042>
14. Narayanan, R. R., Durga, N., & Nagalakshmi, S. (2022). Impact of artificial intelligence (AI) on drug discovery and product development. *Indian Journal of Pharmaceutical Education and Research*, 56(3 Suppl.), s387–s397. <https://doi.org/10.5530/ijper.56.3s.146>
15. Blanco-González, A., Cabezón, A., Seco-González, A., Conde-Torres, D., Antelo Riveiro, P., Piñeiro, Á., & Garcia-Fandino, R. (2023). The role of AI in drug discovery: Challenges, opportunities, and strategies. *Pharmaceuticals*, 16(6), 1–11. <https://doi.org/10.3390/ph16060891>
16. Bittner, M. I., & Farajnia, S. (2022). AI in drug discovery: Applications, opportunities, and challenges. *Patterns*, 3(6), 100529. <https://doi.org/10.1016/j.patter.2022.100529>
17. Jiménez-Luna, J., Grisoni, F., Weskamp, N., & Schneider, G. (2021). Artificial intelligence in drug discovery: Recent advances and future perspectives. *Expert Opinion on Drug Discovery*, 16(9), 949–959. <https://doi.org/10.1080/17460441.2021.1909567>
18. Paul, D., Sanap, G., Shenoy, S., Kalyane, D., Kalia, K., & Tekade, R. K. (2021). Artificial intelligence in drug discovery and development. *Drug Discovery Today*, 26(1), 80–93. <https://doi.org/10.1016/j.drudis.2020.10.010>
19. Althubiti, A. A. (2023). Artificial intelligence in drug discovery and development. *American Journal of Biomedical Science & Research*, 20(4), 458–460. <https://doi.org/10.34297/ajbsr.2023.20.002732>
20. Maguire, P., Speder, B., & Tremble, L. (2024). Artificial intelligence in drug discovery. *Regulatory Rapporteur*, 21(1), 1–19. <https://doi.org/10.56726/irjmets38887>
21. Chen, W., Liu, X., Zhang, S., & Chen, S. (2023). Artificial intelligence for drug discovery: Resources, methods, and applications. *Molecular Therapy – Nucleic Acids*, 31(March), 691–702. <https://doi.org/10.1016/j.omtn.2023.02.019>
22. Zhavoronkov, A. (2018). Artificial intelligence for drug discovery, biomarker development, and generation of novel chemistry. *Molecular Pharmaceutics*, 15(10), 4311–4313. <https://doi.org/10.1021/acs.molpharmaceut.8b00930>
23. Raveh, A., Delekta, P. C., Dobry, C. J., Peng, W., Schultz, P. J., Blakely, P. K., Tai, A. W., Maitainaho, T., Irani, D. N., Sherman, D. H., & Miller, D. J. (2013). Discovery of potent broad spectrum antivirals derived from marine actinobacteria. *PLoS ONE*, 8(12), 1–19. <https://doi.org/10.1371/journal.pone.0082318>

24. Zhang, W., Zhu, F., Huang, Y., He, X., Li, J., Huang, J., & Ma, L. (2023). Design and synthesis of isobavachalcone derivatives as potential dihydroorotate dehydrogenase inhibitors. *ChemistrySelect*, 8(26), e202301331. <https://doi.org/10.1002/slct.202301331>
25. Xiao, Z., Morris-Natschke, S. L., & Lee, K.-H. (2016). Strategies for the optimization of natural leads to anticancer drugs or drug candidates. *Medicinal Research Reviews*, 36(1), 32–91. <https://doi.org/10.1002/med.21377>
26. Choudhari, A. S., Mandave, P. C., Deshpande, M., Ranjekar, P., & Prakash, O. (2019). Phytochemicals in cancer treatment: From preclinical studies to clinical practice. *Frontiers in Pharmacology*, 10, 1614. <https://doi.org/10.3389/fphar.2019.01614>
27. Salehi, B., Quispe, C., Chamkhi, I., El Omari, N., Balahbib, A., Sharifi-Rad, J., Bouyahya, A., Akram, M., Iqbal, M., Docea, A. O., Caruntu, C., Leyva-Gómez, G., Dey, A., Martorell, M., Calina, D., & López, V. (2020). Pharmacological properties of chalcones: A review of preclinical including molecular mechanisms and clinical evidence. *Frontiers in Pharmacology*, 11, 592654. <https://doi.org/10.3389/fphar.2020.592654>
28. Patwardhan, B. (2005). Ethnopharmacology and drug discovery. *Journal of Ethnopharmacology*, 100(1–2), 50–52. <https://doi.org/10.1016/j.jep.2005.06.006>
29. Nehra, B., Rulhania, S., Jaswal, S., Kumar, B., Singh, G., & Monga, V. (2020). Recent advancements in the development of bioactive pyrazoline derivatives. *European Journal of Medicinal Chemistry*, 205, 112666. <https://doi.org/10.1016/j.ejmech.2020.112666>
30. Singh, N., Vayer, P., Tanwar, S., Poyet, J.-L., Tsaïoun, K., & Villoutreix, B. O. (2023). Drug discovery and development: Introduction to the general public and patient groups. *Frontiers in Drug Discovery*, 3(May), 1–11. <https://doi.org/10.3389/fddsv.2023.1201419>
31. Holohan, C., Van Schaeybroeck, S., Longley, D. B., & Johnston, P. G. (2013). Cancer drug resistance: An evolving paradigm. *Nature Reviews Cancer*, 13(10), 714–726. <https://doi.org/10.1038/nrc3599>
32. Yin, S. Y., Wei, W. C., Jian, F. Y., & Yang, N. S. (2013). Therapeutic applications of herbal medicines for cancer patients. *Evidence-Based Complementary and Alternative Medicine*, 2013(Table 1). <https://doi.org/10.1155/2013/302426>
33. Wang, S., Wu, X., Tan, M., Gong, J., Tan, W., Bian, B., Chen, M., & Wang, Y. (2012). Fighting fire with fire: Poisonous Chinese herbal medicine for cancer therapy. *Journal of Ethnopharmacology*, 140(1), 33–45. <https://doi.org/10.1016/j.jep.2011.12.041>