



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

**EVALUATION THE EMERGING ROLE OF *IN-SILICO* OPEN SYSTEM
PHARMACOLOGY (OSP) AND ARTIFICIAL INTELLIGENCE (AI)
BASED PHARMACOKINETIC TOOLS IN THE DEVELOPMENT OF
PHARMACEUTICAL SCIENCES AND MEDICINES**

HATI S¹ AND GOWRI K^{2*}

1: Student of Master of Pharmacy (M. Pharm), Department of Pharmacology, SRM College of Pharmacy, SRM Institute of Science and Technology, Kattankulathur, Chennai, Tamil Nadu, 603203, India

2: Assistant Professor, Department of Pharmacology, SRM College of Pharmacy, SRM Institute of Science and Technology, Chennai, Tamil Nadu, 603203, India

*Corresponding Author: Dr. Gowri K: E Mail: gowrik@srmist.edu.in

Received 24th Oct. 2023; Revised 25th Nov. 2023; Accepted 25th March 2024; Available online 1st Dec. 2024

<https://doi.org/10.31032/IJBPAS/2024/13.12.8539>

ABSTRACT

Artificial Intelligence is tremendously growing and improving day by day in drug development. New AI techniques used for disease detection and diagnosis include machine learning (ML) and deep learning (DL). To design and simulate pharmacokinetic-pharmacodynamic (PK-PD) models of medications and their effects on the human body as well as drug development, users can now use Open Systems Pharmacology, an AI-based software tool. MoBi and PK-Sim are both come under OSP tools. In all phases of preclinical and clinical drug development as well as health risk evaluations, the mathematical modeling technique known as physiologically-based pharmacokinetic (PBPK) modeling is employed. Pharmacokinetics can be applied to medicine to calculate the best drug dosage and timing schedules. Recently PBPK modeling particularly focuses on the application to the treatment of cancer. The systems pharmacology database and analytic platform for traditional Chinese medicine (TCMSP) was developed using this approach. It includes 499 Chinese herbs, 29,384 constituents, 3,311 targets, and 837 related disorders. In order to predict ADMET, drug-drug

interactions, drug-likeness screening, physicochemical properties, pharmacophore modeling, and the blood brain barrier penetration property of any medications quickly and accurately, users have access to a variety of AI-based pharmacokinetic tools. There are plenty of them, including (1) PKQuest, (2) SwissADME, (3) admetSAR, (4) OSIRIS, etc. Every tool is available online and has an intuitive user interface. Most of them are free to use, while some have paid or commercial version also along with free version. However, due to privacy concerns, open source or free software is not commonly utilized in the research and development (R&D) and pharmaceutical industries. The aim of this review is based on in-depth current information about a few AI-based pharmacokinetic tools and how they can accurately and efficiently estimate pharmacokinetics & pharmacodynamics within pharmaceutical compounds.

Keywords: PK-PD, Artificial intelligence, ADMET determination, OSP, ADMET software, Pharmacokinetic tool, Drug interaction

1. INTRODUCTION

The term "artificial intelligence" (AI) is a general term that refers to a branch of computer science that simulates human intelligence and decision-making processes using mathematical models and algorithms without significant human intervention [1]. The time-consuming and expensive process of drug discovery includes disease selection, target identification, lead finding and optimization. Only a few drug candidates have actually reached to the market over the previous 10 years due to the high percentage of clinical trial failures. The two main reasons for these failures are their pharmacokinetic inefficiency and toxicity. These days, AI is tremendously helpful for finding novel medicines quickly and improve pharmacokinetic properties. It is a useful tool for researching the SARS-CoV-2 and learning about its traits, pathogenicity,

and genome and development of COVID-19 [2] therapy and research [3, 4]. Today's algorithmic machine learning (ML) and deep learning (DL) methodologies are two examples of modern AI techniques, that are also employed for identifying and diagnose a wide range of illnesses, including Alzheimer's [5–7], cancer [8–12], diabetic retinopathy [13–18], chronic heart disease [19–22], tuberculosis [23–25], stroke [26–28], and other cerebrovascular disease and natural language processing for illness symptoms and prognosis and also been used in a number of drug discovery processes, including peptide synthesis, structure-based virtual screening, toxicity prediction, drug monitoring and release, pharmacophore modeling, QSAR, drug repositioning, poly pharmacology, and physiochemical activity [29–31]. One example of employing AI for

disease detection is the IDx-DR gadget [32], which uses a fundus retinal camera with an AI algorithm to detect diabetic retinopathy [33]. Several benefits of AI are included: Reduced human mistake, availability around-the-clock, implementation of risks rather than populations, quick decisions, reduced time consumption and Artificial Intelligence (AI) has some drawbacks to develop and implement: AI is highly expensive because it needs the most up-to-date software and hardware to run in order to stay current requirements. The inability of AI to think freely and independently is a serious problem in the technology [34, 35]. Pharmacokinetics, in general, is the prediction of a substance's time-dependent concentrations in a biological system. A computational process known as physiologically based pharmacokinetic (PBPK) modeling [36, 37] uses mathematical equations to simulate the absorption, distribution, metabolism, excretion & toxicity (ADMET) of a substance in the body of an organism based on the interactions among important physiological, biochemical, and physicochemical factors [38, 39]. A significant benefit of PBPK modeling is the availability of a detailed structural description of an organism's physiology. The parametrization of PBPK models [40]

takes into account of both the physiological and anatomical information about the organism and the drug's substance-specific features. It is common practice to use PBPK models to assess metabolite distribution and forecast the likelihood and severity of drug–drug interactions, based on 15 substrate PBPK models submitted by nine sponsors between 2009 and 2013, this assessment was made. There was a total of 26 DDI investigations (cases) using different CYP inhibitors for these 15 models [41].

Open System Pharmacology (OSP), also known as a Physiologically based Pharmacokinetic (PBPK) model. There are many Pharmacokinetic tools available that can accurately and quickly predict the ADMET features of any medication. These are (1) PKQuest, (2) SwissADME, (3) admetSAR, (4) OSIRIS, (5) molinspiration cheminformatics, (6) pkCSM, (7) Edsim++, (8) ADMETlab 2.0, (9) preADMET and many other.

2. OPEN SYSTEM PHARMACOLOGY (OSP)

A group of AI software tools called Open System Pharmacology (OSP) [42] enables users to create and simulate **PK-PD**¹ models of pharmaceuticals and their effects on the human body depending on *in vitro* and *in vivo* data [43, 44]. The body's processes for

¹ **PK-PD**: Pharmacokinetic-Pharmacodynamic

ADME of medications, as well as their interactions with biological targets to produce therapeutic effects, are described by PK-PD models [43, 44]. A community called Open Systems Pharmacology is dedicated to creating, validating, and disseminating expert freely available software models and tools for simulation and design in the pharmaceutical sciences. It seeks to offer trustworthy, strong, and simple modeling and simulation tools for use in the pharmaceutical and other life sciences. The scientific profession, including academics, regulatory bodies, and business, accepts and values the Open Systems Pharmacology community. One potential method to improve the information gained and the effectiveness of the decision-making process during drug development is the expanded application and integration of PK-PD concepts in all stages of preclinical and clinical drug development [45, 46]. The OSP Suite is available to everyone without charge. One type of AI tool for assessing the ADMET effects and cytochrome P450 3A4 (CYP3A4) dependent drug-drug interaction of medications in people is the Open Systems Pharmacology suite [47], which also includes building PBPK models for medicines and calculating pediatric trial dosages based on physiology. OSP tools like PK-Sim and MoBi are used to build PBPK models, which replicate drug ADMET in the body. These models can be used to assess

the efficacy and safety of medications, for the intended purpose of predicting CYP3A4-mediated drug-drug interactions (DDIs) and improve dosing regimens [48]. For pediatric [49] studies, the suite provides physiology-based pharmacokinetic dosage estimations with high levels of predictability [50]. Users can directly download OSPSuite-Full.11.2.187.exe [<https://github.com/Open-Systems-Pharmacology/Suite/releases/download/v1.2/OSPSuite-Full.11.2.187.exe>].

3. OPEN SYSTEM PHARMACOLOGY TOOL

3.1 PK-Sim

PK-Sim is a comprehensive piece of software for modeling pharmacokinetics over the entire body [51]. The PK-Sim is created and maintained by the Open Systems Pharmacology project. It is used to estimate the pharmacokinetics (PK) of drugs in both people and animals. A building block concept is used by PK-Sim to enable simulation organizing. Individuals, Populations, Compounds, Formulations, Administration Protocols, Events, and Observed Data are the different building blocks of PK-Sim. It offers easy access to all relevant anatomical and physiological parameters for humans as well as data on the most common pre-clinical animal models (mouse, rat, minipig [52], dog, and monkey). The sophisticated modeling

software program MoBi is also totally compatible with PK-Sim. These are the interstitial space, blood vessels, plasma, and cellular space. Under specified exposure settings, juvenile PBPK models make it easier to estimate pharmacokinetic (PK) parameters in children. PK-Sim is useful for forecasting parameters of PK and their variation in children as well as for locating crucial system-specific inputs [53]. These models can be used to facilitate the selection of small molecule medication doses for pediatric patients. Benefits of using PK-Sim for pediatric PBPK modeling include: Mechanistic, physiology-based modeling has shown excellent performance in describing and predicting PK in children. OSP Suite 11 Update 2 and the most recent variation of PK-Sim, 11.2.142, were made accessible.

3.1.1 MODEL DESCRIPTION IN PK-SIM

3.1.1.1 PBPK model for preparation of monoclonal antibody in Pediatrics

A software program used for PBPK modeling of monoclonal antibodies [54] is called PK-Sim. Utilizing PK-Sim, monoclonal antibody PBPK models for juvenile populations can be created and includes 15 organs or tissues for modeling monoclonal antibodies in pediatric patients. These are the interstitial space, blood vessels, plasma, and cellular space etc.

These models can be used to facilitate the selection of small molecule medication doses for pediatric patients. Benefits of using PK-Sim for pediatric PBPK modeling include: Mechanistic, physiology-based modeling has shown excellent performance in describing and predicting PK in children. For pediatric studies, the suite provides physiology-based pharmacokinetic dosage estimations with high levels of predictability [55, 56].

3.1.1.2 CYP3A4 based Drug interaction

A widespread software system for PBPK modeling is PK-Sim, and various research have utilized it to forecast DDIs caused by CYP3A4. Typically entail creating PBPK models of both the responsible drugs (i.e., the medicine that impacts CYP3A4 activity) and the victim medication (i.e., the medication whose metabolism is impacted by CYP3A4 inhibitions or stimulation) and modeling their pharmacokinetic characteristics in various circumstances [57, 58]. These PBPK models may be applied to evaluate the effectiveness and safety of medications, for the sole purpose of recognizing drug-drug interactions (DDIs) caused by cytochrome P450 3A4 (CYP3A4) [59] and improve dosing regimens [60, 61]. These models, which ranged from potent CYP3A4 induction to potent inhibition, were coupled with the appropriate CYP3A4

DDI victim medications. With **MATLAB**² [62, 63] and **R**³ [64–66] functions, it is possible to employ optimized codes for PK-Sim [67]. The effectiveness of the PBPK models as predictors is then assessed by comparing the accuracy and reliability of these simulations to clinical data. Overall, CYP3A4-mediated DDIs may be predicted using PBPK modeling utilizing PK-Sim, which is a promising method that can assist in clinical and drug development decision-making [68].

3.1.1.3 PBPK model for protein

The PBPK model for proteins was developed as an expansion of the small molecule drug PBPK model used in the PK-Sim software. The PBPK model for small molecules has distinct blood pool compartments and 15 organs or tissues. The endosomes and lysosomes found inside vascular endothelial cells were represented by an additional compartment for each organ. Lysosomal degradation and **FcRn**⁴ binding with a high affinity are both seen in this endosomal space compartment. The model explicitly depicts cellular space

because it was created from a PBPK model for small molecule medicines [69].

3.1.2 FUNCTION

A few of PK-Sim's functions are listed below:

3.1.2.1 Simulation: Simulations in PK-Sim can be completed rapidly after creating at least one building block for People, Compounds, and Administration Protocols.

3.1.2.2 Compounds: The transcellular specific permeability of the gut wall is estimated. The plasma protein binding in young infants will be scaled using the ontogeny function. A drug's predominant binding site, albumin or alpha1-acid glycoprotein can be determined using PK-Sim.

3.1.2.3 Formulations: Based on the Noyes-Whitney technique, PK-Sim can determine the dissolution kinetics of spherical particles with a known particle size distribution. Using PK-Sim, users can simulate drug compositions and their impact on drug release.

² **MATLAB:** Matrix laboratory is the meaning behind the name. For technical computing, MATLAB is an excellent performance language. An advanced matrix/array language with facilities for objects-oriented programming, input/output, data formats, control flow instructions, and input & output.

³ **R:** R is a computer programming language designed by statisticians primarily for using with data in

statistics. It's an algorithm used to compute statistics and visualize data.

⁴ **FcRn:** A human gene called FCGRT encodes the protein known as FcRn. It is an antibody-binding receptor that aids in the transmission of IgG across the mother towards the fetus and in the body's recycling of the substance.

3.1.2.4 Gene expression data: To calculate the in vivo activity of enzymes and transporters that affect drug metabolism and transport, PK-Sim uses gene expression [70] data.

3.1.2.5 Tools and Variables: Physicochemical information and plasma protein binding are two examples of the tools that PK-Sim offers. It also determines variables for each organ, such as partition coefficients and permeability surface area products.

3.1.2.6 GIT absorption model: models that already exist commercially and are based on physiology and explain the process of gastrointestinal absorption [71]. The stomach to the rectum is separated into 12 compartments for the GI tract in the absorption model used in PK-Sim [72].

3.1.2.7 Oral absorption model: The small intestine is included as a single, continuous compartment with spatially changing features in the 'plug-flow-with-dispersion' [73–75] model of oral absorption [76, 77] used in PK-Sim.

3.1.3 ADVANTAGES

A computer program called PK-Sim is used to model whole-body pharmacokinetics (PBPK). The following are some benefits of utilizing PK-Sim:

3.1.3.1 Computational based generic structure: The PBPK software program PK-Sim, which is a component of the Computational Systems Biology Software Suite, is based on a generic structure with 18 organs and tissues and fully integrates absorption, distribution, metabolism, and excretion in a single model [78–80].

3.1.3.2 Flexibility: It offers a lot of flexibility along with the user-friendliness of PBPK modeling software backed by a graphical user interface (GUI) [80].

3.1.3.3 Prediction of drug interaction and dose adjustment: Predicting the effects of drug interactions [81] and dosage changes on a drug's pharmacokinetics is achievable with PK-Sim. This can help to optimize pharmacological therapy and prevent unwanted side effects.

3.1.3.4 Reusability: When modeling various substances, PK-Sim offers reusable building pieces that can save time and effort.

3.1.3.5 Automatic processes: PK-Sim automatically considers relevant specific active processes, such as metabolization by a specific enzyme, as well as applicable generic passive processes.

3.1.4 DOWNSIDE

- A number of input parameters used by PK-Sim in the construction of its models are derived from measurements, databases, and assumptions.
- Model adjustments are limited to minimal ones in PK-Sim, which is intended for non-expert users.
- When it is extremely high and the organ is getting close to blood, a definite clearance value may not be obtained.

3.1.5 AVAILABLE WEBSITES AND SERVERS

Users can obtain the most recent changes and source code on GitHub and the website of Bayer Technology Services, where they can download [<https://pk-sim.software.informer.com/download/>] and [<https://github.com/Open-Systems-Pharmacology/PK-Sim/releases>] the software.

3.2 MoBi

MoBi is a software program for multiscale physiological modeling and simulation in system biology. A current method for interspecies translation of monoclonal antibody (mAbs) employing open-source software (PK-Sim and MoBi) is the (mAbs) pharmacokinetics (PK) in the context of target-mediated drug disposition (TMDD) [82]. MoBi is employed in the

modeling and simulation of quantitative systems pharmacology (QSP) and physiologically-based pharmacokinetic (PBPK) processes. MoBi is an open-source product, which means anyone can use it for free. MoBi also enables the combination of the aforementioned instances, making it a very potent tool for modeling and simulating multi-scale physiological systems that span both whole-body architecture and molecular specifics on the one hand. The scientific potential of MoBi OSP is fascinating to diabetes experts. It can be used to create systems pharmacology PD models as well as PBPK models of blood glucose, insulin, and glucagon. These models can aid in understanding the processes of glucose metabolism as well as the implications of various therapies on the management of diabetes. Building blocks used by MoBi are categorized as Molecules, Reactions, Spatial Structures, Passive Transports, Observers, Events, Initial Conditions, Parameter Values, and Observed Data. MoBi provides preset structural objects, including as organs, compartments, linkages, and reactions, for model development. It can simulate interacting PBPK models for numerous substances at once. In a graphical working environment, MoBi's structural objects enable the hierarchical structuring of models and the representation of the entire body, organ, tissue, and subcellular level. A broad variety of physiological models can be

made with MoBi, including but not limited to:

- Models for pregnant women that are Physiologically Based Pharmacokinetic.
- Physiologically based models of pharmacokinetics throughout the body.
- Drug-dynamic models.
- Models of how diseases develop.
- Models for metabolite.
- Model toxicity.

3.2.1 DIFFERENCE BETWEEN PK-Sim AND MoBi

With MATLAB [83] and R functions, it is possible to employ optimized codes for PK-Sim. The following are some variations between PK-Sim and MoBi.

3.2.2 ADVANTAGES

The following are some benefits of MoBi OSP (Open Systems Pharmacology):

3.2.2.1 Versatility: A systems biology software package called MoBi OSP enables the import of many biological model types, including PBPK (Physiologically Based Pharmacokinetic) models, compartmental disease progression models, and biochemical reaction networks.

3.2.2.2 Rescue of building blocks:

Building blocks, which are already-made parts that can be reused in the creation of models, are used by MoBi OSP.

3.2.2.3 Combination of models:

Biochemical reaction networks and PBPK models, for example, can be combined with other types of models using MoBi OSP to create a single simulation.

3.2.2.4 Graphical tools:

MoBi OSP offers graphical tools to help experienced users create and simulate models. These tools improve user experience and speed up model creation.

4. OPEN SYSTEM PHARMACOLOGY FOR HERBAL DRUGS (TCMSP)

The concept of systems pharmacology for herbal medicines served as the foundation for the development of the Traditional Chinese Medicine Systems Pharmacology database and analytic platform (TCMSP) [84]. TCMSP is a cutting-edge pharmacology platform for Chinese herbal medicines that establishes connections between drugs, disease targets, and many sorts of illnesses. The database contains information on substances, targets, drug-target network, drug-target related disease networks, as well as pharmacokinetic properties for natural substances that take into consideration oral bioavailability, drug-likeness, intestinal permeability to epithelial cells, BBB, water solubility, and others. The Chinese Pharmacopoeia lists 499 Chinese herbs; TCMSP includes specifics on these

plants as well as information on 29,384 ingredients, 3,311 targets, and 837 illnesses they are linked to. The recently created TCMSP offers current, quantitative, and systems information about the components of TCM, as well as information regarding diseases, targets, and ADME-related features. One article in SPRINGER LINK[84] on licorice, one of the oldest and most widely used herbal medicines in the world, was published. This case will demonstrate how to use TCMSP for screening active components, identifying drug targets, and diagnosing illnesses. Three crucial areas are where TCMSP shines out: (1) Establishing relationships between compounds, targets, and diseases to allow for in-depth studies on TCM theory, mechanisms of action, and drug discovery. (2) The incorporation of massive structural information (29,384 chemicals along with 13,144 distinct molecules) and manually adjusted data for all herbs listed in the Chinese Pharmacopoeia. (3) Including 12 important ADME-related features that were obtained from various sources. The TCMSP consists of 2387 target-disease combinations and approximately 84260 or more compound-target pairs. Twelve essential ADME-related metrics have been provided for screening of drugs and assessments, involving human oral bioavailability, half-life, drug-likeness, Caco-2 permeability, blood-brain barrier,

and Lipinski's rule of five. The three main categories of TCMSP are as follows: (1) Compounds, targets, and disease information (2) Herbal components with their qualities connected to ADME (3) Relationships between targets and compounds, as well as diseases and targets.

5. DIFFERENT

PHARMACOKINETIC TOOLS

5.1 PKQuest

A free Java-based software program called PKQuest is used to model physiologically-based pharmacokinetics (PBPK). The Java-written tool can be downloaded for free from (https://www.pkquest.com/assets/docs/PKQuest_11.15975715.zip). The results for PKQuest do not include a commercial version. PKQuest has a number of features, including a user-friendly PK and graphical software with integrated Physiologically Based Pharmacokinetic (PBPK).

5.1.1 FEATURES OF PKQuest

There are numerous unique elements in PKQuest, many of which have never been used in a PBPK before. These are described below:

- It is a Java-based software program called PKQuest is used to model physiologically-based pharmacokinetics (PBPK).
- PKQuest is a user-friendly, interactive software program that is free to download.

- PKQuest now offers graphical display. No user input is necessary to select the routine graphical output because it is displayed in graphical form by default [85].
- Enflurane, nitrous oxide, halothane, methoxyflurane, and toluene are just a few of the volatile solutes whose pharmacokinetics have been modelled using PKQuest [86].
- A new general-purpose PBPK software procedure called PKQuest was previously utilized to simulate the pharmacokinetics of propranolol [87] in humans.
- It contains a lot of characteristics, that determines the rate of gastrointestinal, intramuscular, intraperitoneal, or cutaneous absorption and systemic availability of a medicine using plasma concentrations [87].
- To reduce the amount of user input, PKQuest offers a "Standardhuman" and "Standardrat" data collection [87].
- The use of PKQuest in studies of human ethanol [88] pharmacokinetics will reveal details regarding the First Pass Metabolism (FPM), the timing of intestinal absorption, and the total quantity of ethanol that reaches the liver.
- PKQuest was created using the Maple (version 6,7 & 8) computer algebra system, (www.maplesoft.com) the user must have Maple installed and operational in order to use it [89].
- Every system with Maple installed should be able to run PKQuest, which is accessible for the majority of operating systems (PC, Mac, and Linux).
- The values of "fclear" must match those of the other parameters, hence PKQuest is the first PBPK model to include both permeability and plasma protein binding [90].
- To simulate the drug concentration-time profiles [91] in various tissues and physiological compartments, researchers can enter drug-specific parameters into PKQuest, such as dose, mode of administration, and drug characteristics. This data can be used to optimize drug dosing regimens [92].
- The pharmacokinetic features of several medications into the model, PKQuest can be used to simulate and assess drug-drug interactions [93].
- A variety of pharmacokinetic parameters, including clearance, volume of distribution, and half-life for diverse medications obtained by PKQuest.

5.1.2 AVAILABLE WEBSITE AND SERVER

The Java-written tool can be downloaded for free from [https://www.pkquest.com/assets/docs/PKQuest_11.15975715.zip] or [http://www.pkquest.com/program/pkquest_program.zip].

5.1.3 GUIDELINES BEHIND INSTALLATION

PKQuest.zip should be unzipped. It is crucial that the "lib" folder and the pkquest.jar file stay in the same folder, which is called the "dist" folder. To run PKQuest, double click the "jar" file. To view the D2O PBPK example, click the "Run" button.

5.1.4 LIMITATIONS

- This need might make PKQuest less accessible to those who don't have access to or aren't familiar with Maple.
- The kinetics of highly lipid-soluble and extracellular solutes, as well as the primary unpredictability and constraint of PBPK analysis, can impair the accuracy of the data obtained by PKQuest.

5.2 SwissADME

The Molecular Modeling Group of the SIB (Swiss Institute of Bioinformatics) is the organization responsible for the

SwissADME program. The free online application SwissADME enables users to assess several small molecule characteristics relevant to pharmacokinetics, drug-likeness [94] and medicinal chemistry friendliness. The findings for SwissADME don't have a commercial version. It offers computer models to calculate important physicochemical characteristics and molecular attributes. SwissADME is a component of the ambitious SwissDrugDesign program, which aims to create cutting-edge computational approaches for examining the characteristics of small molecules.

5.2.1 FEATURES AND ADVANTAGES OF SwissADME

- Pharmacokinetic parameters (ADME) [95, 96] for tiny compounds including blood-brain barrier permeability, intestinal absorption, and P-glycoprotein substrate potential and physicochemical parameters including molecular weight, logP, polar surface area, and hydrogen bond donors and acceptors can be computed using SwissADME.
- SwissADME can evaluate a small molecule's drug-likeness [96, 97] by comparing its characteristics to those of existing medications.
- Blood-brain barrier permeability, which may be a sign of possible

neurotoxicity, can be predicted by SwissADME.

- Furthermore, SwissADME is capable of computing a number of physicochemical parameters of small compounds, including molecular weight and polar surface area, which are useful for predicting toxicity potential.
- Small compounds' compatibility with medicinal chemistry [98] is evaluated by SwissADME.
- SwissADME is made to be simple to use and open to a wide range of users, including those with no prior knowledge of computational chemistry or cheminformatics.
- SwissADME has been applied to the drug discovery and also for design and creation of anticancer [99–101], antitubercular [102–104], and antibacterial [105] medicines [106].
- The phytochemicals and bioavailability of phytochemicals found in herbal plants are also predicted using SwissADME [107–109].
- In order to do ligand-based target estimation for any biologically active micro molecule, SwissTargetPrediction is an internet-based app that has been available online since 2014. Inexperienced users are protected from

methodological traps and arduous technical tasks by the user-friendly graphical interface [110].

5.2.2 PARAMETER

PREDICTION BY SwissADME

There are different parameters that SwissADME can check [111]. These are described below:

5.2.2.1 SwissADME as Lipophilicity determination

N-octanol and water's partition coefficient ($\log P_{o/w}$) is the conventional definition of lipophilicity. This physicochemical property has a unique area in SwissADME because of its crucial importance for the pharmacokinetics drug discovery process. SwissADME offers access to five open-source prediction models, including XLOGP3, an atomistic model with knowledge-based library and corrective factors, WLOGP, an original execution of a pure atomistic approach based upon the system of Wildman and Crippen fragmental, MLOGP, a prototypical topological approach based upon linear relations with 13 molecule-specific descriptors implemented and SILICOS-IT, a hybrid approach using 27 fragment and 7 topological descriptors. Another internal physics-based method is iLOGP, which uses the Generalized-Born and solvent accessible surface area (GB/SA) concept to calculate the free energy values of solvation in n-octanol and water.

5.2.2.2 Physicochemical properties

In this section, simple molecular and physicochemical characteristics including molecular weight, molecular refractivity count of particular atom kinds, and polar surface area (PSA) are compiled. Version 2.3.0 of OpenBabel is used to calculate the values. This has shown to be a helpful descriptor in numerous models and guidelines for rapidly assessing some ADME properties, particular in relation to biologic barrier crossing like absorption and brain permission.

5.2.2.3 Water Solubility

SwissADME has two topological strategies for predicting the solubility in water; the first is based on the ESOL model, while the second is based on work. SILICOS-IT created the third solubility predictor for the SwissADME. The linear correlation coefficient of this fragmental technique, modified for molecular weight, is $R^2=0.75$. SwissADME offers these units along with qualitative solubility classes, solubility is in mol/l, and solubility is in mg/ml.

5.2.2.4 Pharmacokinetics:

The Pharmacokinetics section compiles the predictions of specialized models that investigate particular ADME behaviors of the medication under investigation [112]. The predictions for passive human gastrointestinal absorption (HIA)

and BBB permeability are made possible by the display from the BOILED-Egg model, an understandable visual categorization model, that can be shown in the SwissADME result web page by tapping the red hyperlink that appears under the sketcher after all input compounds have been processed. SwissADME enables the identification of chemicals as either P-gp substrates or inhibitors of the most important CYP iso-enzymes.

5.2.2.5 Graphical Output

Once all calculations have been completed, the red "Show BOILED-Egg" button manifests underneath the sketcher and displays the graphical output. The BOILED-Egg, an intuitive method for concurrently estimating two critical ADME properties, namely passive gastrointestinal absorption (HIA) and brain access (BBB), makes up the majority of this. For all compounds submitted to SwissADME, predictions are included in the graphical output. In a variety of drug development scenarios, the BOILED-Egg has shown efficient molecular design translations along with simple interpretation.

5.2.3 LIMITATIONS OF SwissADME

There are several restrictions to the use of SwissADME. A few SwissADME's drawbacks are listed below:

5.2.3.1 Accuracy: SwissADME has been verified and demonstrated to be reliable for a few applications, its predictions might not always be correct for all compounds or uses. Its predictions' accuracy is based on how well-made the models and algorithms are.

5.2.3.2 Applicability: SwissADME is intended to assess small compounds, drug development and medicinal chemistry hence it might not be applicable for bigger molecules and predictions might not be applicable to other fields.

5.2.3.3 End Points: Comparatively to other programs like FAF-Drugs4 and admetSAR 2.0, SwissADME only supports a few endpoints. For instance, SwissADME covers 12 physicochemical features, 10 medicinal chemistry endpoints, and 9 ADME endpoints.

5.2.4 AVAILABLE WEBSITE AND SERVER

5.2.5 Quick and simple data input and interpretation are guaranteed by a simple user interface with login-free webpage. [<http://www.swissadme.ch>] Users can check more, various parameters from: [<https://www.expasy.org/resources/swissadme>].

5.3 AdmetSAR

A comprehensive resource and free tool for predicting and evaluating chemical ADMET (Absorption, Distribution, Metabolism, Excretion, and Toxicity) properties is admetSAR [113]. The old version of admetSAR, which had 27 predictive models, was released in 2012; however, it has since been modified to admetSAR 2.0 in 2018, which includes 47 models accessible for drug discovery or environmental risk assessment. It offers a collection of curated information for various compounds linked to known ADMET characteristics. The admetSAR prediction models do not appear to contain any evidence of recognized biases. admetSAR has two prediction options one is normal prediction of ADMET properties, where users can insert only one SMILES of one compound at a time and another is advanced predict where users can insert up to ten SMILES of different compounds at a time.

5.3.1. IMPROVEMENTS OF admetSAR TO admetSAR 2.0

By improving the pre-existing models and adding multiple new ones with more training data, the system was updated to the latest version, 2.0. Notably, the optimal alternative for each model, as determined by training with a range of deep learning algorithm and molecular fingerprinting, has been selected for each model. Additionally,

developed a program called ADMETopt2 that automatically enhances a questionnaire molecule's ADMET characteristics using transformation rules and scaffold hopping⁵. AdmetSAR 2.0 serves as a framework for lead optimization and ADMET estimation in drug design. The framework and user interface were also modified for user comfort.

5.3.2 FEATURES / ADVANTAGES OF admetSAR

There is no cost to use admetSAR.

5.3.2.1 Prediction of properties: The database has quantitative regression models with good prediction accuracy as well as qualitative categorization models that enable the assessment of ecological/mammalian ADMET features for novel compounds. There were deployed 47 highly prospective qualitative categorization models altogether (version 2, 2018). These are including human intestinal absorption, Caco-2, blood brain barrier, P-glycoprotein inhibitor, CYP substrate (3A4, 2C9, 2D6) and inhibition (3A4, 2C9, 1A2 etc), carcinogenicity, eye irritation, reproductive, respiratory and nephrotoxicity, honey bee toxicity etc.

5.3.2.2 User friendly interface: The user-friendly interface of admetSAR makes it simple for users to look up chemical information by its CASRN (CAS Registry Number), common name, or structure [114].

5.3.2.3 Curation of data: Over 96,000 distinct compounds contain over 210,000 ADMET analyzed data points that were carefully chosen from a wide range of literatures for admetSAR. 45 distinct types of ADMET-associated traits, proteins, and species are present in these substances [114].

5.3.2.4 Extensive models: having 27 predicted models since its initial publication in 2012. A variety of predictive models are available from admetSAR in 2012, and admetSAR 2.0 in 2018, offers 47 models for drug development and environmental risk assessment [115].

5.3.2.5 Conjunction with other tools: To better comprehend the ADMET properties of compounds, admetSAR can be used in conjunction with other tools like pkCSM and vNN-ADMET. ADMETlab 2.0 [116] is a comprehensive online platform that contains admetSAR, pkCSM, and vNN-ADMET, among other tools.

⁵ **Scaffold hopping:** One method for identifying structurally new molecules is known as scaffold hopping, often known as lead hopping. By changing the molecule's central core structure, scaffold-hopping techniques often

begin with known active substances, ending through a novel chemotype.

5.3.2.6 Physicochemical property calculation: Small molecular physicochemical property computations are essential for computationally screening their "drug-likeness" and "lead-likeness" and toxicity potentials. The five conventional physicochemical characteristics of log P, topological polar surface area (TPSA), molecular weight (MW), and acceptance of hydrogen bonds and donors were calculated for each compound in admetSAR using OpenBabel v2.3.1 [117].

5.3.2.7 Creation of computer models: 22 qualitative model classifications were implemented in admetSAR utilizing the support vector machinery classification approach and an internal substructure pattern recognition technique. In addition, the supporting vector machine regression algorithm was used to create and implement five quantitative regression models. MACCS keys generated with OpenBabel v2.3.1 were used to represent every compound during the model development process [118].

5.3.3 LIMITATION / DRAWBACK

This model has several limitations. The following list of admetSAR predictive model drawbacks is provided:

5.3.3.1 User Interface: admetSAR's user interface might not be as user-friendly as those of other ADMET programs.

5.3.3.2 Accuracy: The caliber of the data utilized to train admetSAR's models may have an impact on the predictability of its results. It's not entirely accurate. admetSAR was able to predict some ADMET features with high accuracy, but it was less accurate for others, according to one study.

5.3.3.3 Limited applicability: Some chemicals may not be suitable for admetSAR. admetSAR might be ineffective at predicting ADMET features for specific molecules, such as peptides and macrocycles.

5.3.3.4 Limited number of compounds: The constrained selection of substances accessible for testing is another drawback of admetSAR.

5.3.4 AVAILABLE WEBSITE AND SERVER

The admetSAR tool is accessible at [<http://lmm.d.ecust.edu.cn/admetSAR2/>].

5.4 OSIRIS

The complete name of OSIRIS is Open Source Independent Review and Interpretation System. The tool is freely usable and accessible online. It aids in assessing the likelihood of unfavorable consequences of chemicals under investigation. Multiplex short tandem repeat

(STR) DNA profiles can be evaluated using the public domain quality assurance software program OSIRIS. In order to evaluate the raw electrophoresis data stored in .fsa or .hid files, OSIRIS develops a mathematically based scaling technique separately. OSIRIS now supports the ABI capillary analysis and RAPID DNA analysis platforms.

5.4.1 IMPORTANT CHARACTERISTICS

- A free computational program called OSIRIS [119] can be used to forecast the pharmacokinetic characteristics of potential medication candidates.
 - The relevant features of medications in the preclinical stage are assessed by OSIRIS using in silico technology.
 - It provides real-time drug-relevant property calculations and enables users to create chemical structures, such mutagenicity or insufficient intestinal absorption.
 - High-risk characteristics are displayed in red, whereas drug-conformant behavior is displayed in green. Red is used to highlight properties that pose a significant risk of adverse effects including mutagenicity or poor intestinal absorption, while green denotes drug-conformant behavior.
- It can determine drug scores, molecular weight, drug-likeness indices, logS for solubility in water, and logP for lipophilicity [120].
 - Numerous applications of OSIRIS are possible, such as automating reanalysis, automating fragment analysis, stem cell engraftment testing, forensic casework, kinship analysis, expert systems, cell line verification, and monitoring lab processes [121].
 - Different pharmacokinetic features of drug candidates can be predicted by the OSIRIS tool. These are including Intestinal absorption, penetration of the blood-brain barrier, CYP450 blockage, Mutagenicity, Carcinogenicity, Acute toxicity, Skin hypersensitivity, endocrine disruption [122].

5.4.2 OSIRIS PROPERTY EXPLORER

While creating pharmaceutically active molecules, it is important to optimize the physicochemical and toxicological molecular characteristics, which can be predicted using the free tool Property Explorer. Actelion Pharmaceuticals Ltd. published the original version of Osiris Property Explorer in 2000 under the domain name www.actelion.com. It was created by T. Sander. When a chemical structure is

valid, the tool allows you to draw it and instantly calculates a number of attributes that are pertinent to drugs. The outcomes of the prediction are rated and color-coded, with red denoting features with a high likelihood of undesirable effects as mutagenicity, carcinogenicity or poor absorption in the intestines and green designating properties that behave in accordance with the medicine. It has become the accepted practice for predicting physicochemical properties and toxicity risk. Users can download the .jar file from [<https://www.organic-chemistry.org/prog/peo/peo.jar>].

5.4.3 AVAILABLE WEBSITE AND SERVER

This program is easily downloadable by users from URL: [<https://www.ncbi.nlm.nih.gov/osiris/download/>].

5.4.4 SOFTWARE NECESSITIES

System must have a functioning Java Runtime Environment (JRE) installed. Users can install the most recent JRE from [<https://java.com/en/download>].

6. CONCLUSION

The previous section provided a review of Open Systems Pharmacology (OSP), which is composed of PK-Sim and MoBi, and various pharmacokinetic tools, are AI-based software tool for the most current studies

that used PK-PD models of drugs and pharmaceutical substances in human and animal bodies on in vitro-in vivo data. There are available to assess the ADMET characteristics, drug-drug interactions, lipophilicity, physical qualities, pharmacodynamic features of pharmaceutical compounds and are now also very helpful in drug development and dosing regimens without using animals in preclinical trials. Reducing the utilization of animals, time, as well as cost is the main goal to use these programs. Today, the use of AI for disease diagnosis, identification, and dose selection is rapidly growing. In this evaluation, we tested various Physiologically Based Pharmacokinetic (PBPK) software and went into great detail regarding the current situation. PK-Sim is utilized in paediatrics to simulate monoclonal antibodies and determine whole body pharmacokinetics. System biology modelling and simulation at multiple scales benefit from MoBi. On the other side, direct open access to SwissADME website for ADMET and determining physical properties by drawing structure and after Canonical SMILES insertion. OSIRIS Property Explorer and admetSAR, a tool for determining toxicity, by using green and red colour. SwissADME has additional capabilities that enable it to anticipate BBB crossover behaviour from “BOILED Egg” structure. All the softwares are very much

useful and not taking extra time to give results and has user friendly interface. In future the use of these tools will be more to reduce the use of animal in pre-clinical trials and These software will be more updated and more fast.

ACKNOWLEDGEMENT

The author is pleased to convey his gratitude to Dean, Dr. V. Chitra, SRM College of Pharmacy for her continuous support. I also want to express my gratitude to Mr. Ankul Singh S for his continuous help and suggestions to do this work. I also want to give special thanks to our college, SRM College of Pharmacy and all the members, faculties and research scholars for their continuous support for publication of this article.

FUNDING DECLARATION

There was no funding to complete this review article.

DECLARATION OF INTEREST

The author made no mention of interest.

REFERENCES

- [1] Hamet P, Tremblay J. Artificial intelligence in medicine. *Metabolism* 2017;69S:S36–40. <https://doi.org/10.1016/J.METABOL.2017.01.011>.
- [2] Laguarda J, Hueto F, Subirana B. COVID-19 Artificial Intelligence Diagnosis Using only Cough Recordings. *IEEE Open J Eng Med Biol* 2020;1:275–81. <https://doi.org/10.1109/OJEMB.2020.3026928>.
- [3] Kannan S, Subbaram K, Ali S, Kannan H. The role of artificial intelligence and machine learning techniques: Race for COVID-19 vaccine. *Arch Clin Infect Dis* 2020;15. <https://doi.org/10.5812/ARCHCID.103232>.
- [4] McCall B. COVID-19 and artificial intelligence: protecting health-care workers and curbing the spread. *Lancet Digit Health* 2020;2:e166–7. [https://doi.org/10.1016/S2589-7500\(20\)30054-6](https://doi.org/10.1016/S2589-7500(20)30054-6).
- [5] Subasi A. Use of artificial intelligence in Alzheimer’s disease detection. *Artificial Intelligence in Precision Health: From Concept to Applications* 2020:257–78. <https://doi.org/10.1016/B978-0-12-817133-2.00011-2>.
- [6] Fabrizio C, Termine A, Caltagirone C, Sancesario G. Artificial Intelligence for Alzheimer’s Disease: Promise or Challenge? *Diagnostics* 2021, Vol 11, Page 1473 2021;11:1473. <https://doi.org/10.3390/DIAGNOSTICS11081473>.
- [7] Farooq A, Anwar S, Awais M, Alnowami M. Artificial intelligence based smart diagnosis of

- Alzheimer's disease and mild cognitive impairment. 2017 International Smart Cities Conference, ISC2 2017 2017. <https://doi.org/10.1109/ISC2.2017.8090871>.
- [8] Hunter B, Hindocha S, Lee RW. The Role of Artificial Intelligence in Early Cancer Diagnosis. *Cancers* 2022, Vol 14, Page 1524 2022;14:1524. <https://doi.org/10.3390/CANCERS14061524>.
- [9] Elemento O, Leslie C, Lundin J, Tourassi G. Artificial intelligence in cancer research, diagnosis and therapy. *Nature Reviews Cancer* 2021 21:12 2021;21:747–52. <https://doi.org/10.1038/s41568-021-00399-1>.
- [10] Akazawa M, Hashimoto K. Artificial Intelligence in Ovarian Cancer Diagnosis. *Anticancer Res* 2020;40:4795–800. <https://doi.org/10.21873/ANTICANCERRES.14482>.
- [11] Ström P, Kartasalo K, Olsson H, Solorzano L, Delahunt B, Berney DM, *et al*. Artificial intelligence for diagnosis and grading of prostate cancer in biopsies: a population-based, diagnostic study. *Lancet Oncol* 2020;21:222–32. [https://doi.org/10.1016/S1470-2045\(19\)30738-7](https://doi.org/10.1016/S1470-2045(19)30738-7).
- [12] Huang S, Yang J, Fong S, Zhao Q. Artificial intelligence in cancer diagnosis and prognosis: Opportunities and challenges. *Cancer Lett* 2020;471:61–71. <https://doi.org/10.1016/J.CANLET.2019.12.007>.
- [13] Gunasekeran D V., Ting DSW, Tan GSW, Wong TY. Artificial intelligence for diabetic retinopathy screening, prediction and management. *Curr Opin Ophthalmol* 2020;31:357–65. <https://doi.org/10.1097/ICU.0000000000000693>.
- [14] Wong TY, Bressler NM. Artificial Intelligence With Deep Learning Technology Looks Into Diabetic Retinopathy Screening. *JAMA* 2016;316:2366–7. <https://doi.org/10.1001/JAMA.2016.17563>.
- [15] Skouta A, Elmoufidi A, Jai-Andaloussi S, Ouchetto O. Deep learning for diabetic retinopathy assessments: a literature review. *Multimed Tools Appl* 2023:1–66. <https://doi.org/10.1007/S11042-023-15110-9/FIGURES/7>.
- [16] Rajalakshmi R, Subashini R, Anjana RM, Mohan V. Automated diabetic retinopathy detection in

- smartphone-based fundus photography using artificial intelligence. *Eye* 2018;32:62018;32:1138–44.
<https://doi.org/10.1038/s41433-018-0064-9>.
- [17] Grauslund J. Diabetic retinopathy screening in the emerging era of artificial intelligence. *Diabetologia* 2022;65:1415–23.
<https://doi.org/10.1007/S00125-022-05727-0/FIGURES/3>.
- [18] Ghouali S, Onyema EM, Guellil MS, Wajid MA, Clare O, Cherifi W, *et al.* Artificial Intelligence-Based Teleophthalmology Application for Diagnosis of Diabetics Retinopathy. *IEEE Open J Eng Med Biol* 2022;3:124–33.
<https://doi.org/10.1109/OJEMB.2022.3192780>.
- [19] Barrett M, Boyne J, Brandts J, Brunner-La Rocca HP, De Maesschalck L, De Wit K, *et al.* Artificial intelligence supported patient self-care in chronic heart failure: a paradigm shift from reactive to predictive, preventive and personalised care. *EPMA J* 2019;10:445–64.
<https://doi.org/10.1007/S13167-019-00188-9>.
- [20] Kagiya N, Shrestha S, Farjo PD, Sengupta PP. Artificial intelligence: practical primer for clinical research in cardiovascular disease. *J Am Heart Assoc* 2019;8:12788.
<https://doi.org/10.1161/JAHA.119.012788>.
- [21] Siontis KC, Noseworthy PA, Attia ZI, Friedman PA. Artificial intelligence-enhanced electrocardiography in cardiovascular disease management. *Nature Reviews Cardiology* 2021;18:72021;18:465–78.
<https://doi.org/10.1038/s41569-020-00503-2>.
- [22] Choi DJ, Park JJ, Ali T, Lee S. Artificial intelligence for the diagnosis of heart failure. *Npj Digital Medicine* 2020;3:1–6.
<https://doi.org/10.1038/s41746-020-0261-3>.
- [23] Vats S, Singh S, Kala G, Tarar R, FRCR SD. iDoc-X: An artificial intelligence model for tuberculosis diagnosis and localization. <https://doi.org/10.1080/09720529.2021.1932910> 2021;24:1257–72.
<https://doi.org/10.1080/09720529.2021.1932910>.
- [24] Xiong Y, Ba X, Hou A, Zhang K, Chen L, Li T. Automatic detection of mycobacterium tuberculosis

- using artificial intelligence. *J Thorac Dis* 2018;10:1936. <https://doi.org/10.21037/JTD.2018.01.91>.
- [25] Kulkarni S, Jha S. Artificial Intelligence, Radiology, and Tuberculosis: A Review. *Acad Radiol* 2020;27:71–5. <https://doi.org/10.1016/J.ACRA.2019.10.003>.
- [26] Yedavalli VS, Tong E, Martin D, Yeom KW, Forkert ND. Artificial intelligence in stroke imaging: Current and future perspectives. *Clin Imaging* 2021;69:246–54. <https://doi.org/10.1016/J.CLINIMAG.2020.09.005>.
- [27] Lee EJ, Kim YH, Kim N, Kang DW. Deep into the Brain: Artificial Intelligence in Stroke Imaging. *J Stroke* 2017;19:277. <https://doi.org/10.5853/JOS.2017.02054>.
- [28] Mouridsen K, Thurner P, Zaharchuk G. Artificial Intelligence Applications in Stroke. *Stroke* 2020;51:2573–9. <https://doi.org/10.1161/STROKEAHA.119.027479>.
- [29] Gupta R, Srivastava D, Sahu M, Tiwari S, Ambasta RK, Kumar P. Artificial intelligence to deep learning: machine intelligence approach for drug discovery. *Mol Divers* 2021;25:1315–60. <https://doi.org/10.1007/S11030-021-10217-3>.
- [30] Ghaffar Nia N, Kaplanoglu E, Nasab A. Evaluation of artificial intelligence techniques in disease diagnosis and prediction. *Discover Artificial Intelligence* 2023 3:1 2023;3:1–14. <https://doi.org/10.1007/S44163-023-00049-5>.
- [31] Kumar Y, Koul A, Singla R, Ijaz MF. Artificial intelligence in disease diagnosis: a systematic literature review, synthesizing framework and future research agenda. *J Ambient Intell Humaniz Comput* 2023;14:8459–86. <https://doi.org/10.1007/S12652-021-03612-Z>.
- [32] Padhy S, Takkar B, Chawla R, Kumar A. Artificial intelligence in diabetic retinopathy: A natural step to the future. *Indian J Ophthalmol* 2019;67:1004. https://doi.org/10.4103/IJO.IJO_1989_18.
- [33] Grzybowski A, Brona P, Lim G, Ruamviboonsuk P, Tan GSW, Abramoff M, *et al.* Artificial intelligence for diabetic retinopathy screening: a review. *Eye (Lond)* 2020;34:451–60.

- <https://doi.org/10.1038/S41433-019-0566-0>.
- [34] Chhaya K, Khanzode A, Sarode RD. Advantages And Disadvantages Of Artificial Intelligence And Machine Learning: A Literature Review n.d.:9–10.
- [35] Bhabosale S, Pujari V, Multani Z. National Seminar on “Trends in Geography, Commerce, IT And Sustainable Development” Advantages And Disadvantages Of Artificial Intelligence n.d.
- [36] Nestorov I. Whole-body physiologically based pharmacokinetic models. *Expert Opin Drug Metab Toxicol* 2007;3:235–49. <https://doi.org/10.1517/17425255.3.2.235>.
- [37] Hughes JH, Upton RN, Reuter SE, Rozewski DM, Phelps MA, Foster DJR. Development of a physiologically based pharmacokinetic model for intravenous lenalidomide in mice. *Cancer Chemother Pharmacol* 2019;84:1073–87. <https://doi.org/10.1007/S00280-019-03941-Z/FIGURES/5>.
- [38] Lin Z, Fisher JW. A history and recent efforts of selected physiologically based pharmacokinetic modeling topics. *Physiologically Based Pharmacokinetic (PBPK) Modeling: Methods and Applications in Toxicology and Risk Assessment* 2020:1–26. <https://doi.org/10.1016/B978-0-12-818596-4.00001-1>.
- [39] Kuepfer L, Niederalt C, Wendl T, Schlender JF, Willmann S, Lippert J, *et al*. Applied Concepts in PBPK Modeling: How to Build a PBPK/PD Model. *CPT Pharmacometrics Syst Pharmacol* 2016;5:516–31. <https://doi.org/10.1002/PSP4.12134>.
- [40] Grass GM, Sinko PJ. Physiologically-based pharmacokinetic simulation modelling. *Adv Drug Deliv Rev* 2002;54:433–51. [https://doi.org/10.1016/S0169-409X\(02\)00013-3](https://doi.org/10.1016/S0169-409X(02)00013-3).
- [41] Wagner C, Pan Y, Hsu V, Grillo JA, Zhang L, Reynolds KS, *et al*. Predicting the effect of cytochrome P450 inhibitors on substrate drugs: analysis of physiologically based pharmacokinetic modeling submissions to the US Food and Drug Administration. *Clin Pharmacokinet* 2015;54:117–27.

- <https://doi.org/10.1007/S40262-014-0188-4>.
- [42] Lippert J, Burghaus R, Edginton A, Frechen S, Karlsson M, Kovar A, *et al*. Open Systems Pharmacology Community—An Open Access, Open Source, Open Science Approach to Modeling and Simulation in Pharmaceutical Sciences. *CPT Pharmacometrics Syst Pharmacol* 2019;8:878. <https://doi.org/10.1002/PSP4.12473>.
- [43] Meibohm B, Derendorf H. Pharmacokinetic/pharmacodynamic studies in drug product development. *J Pharm Sci* 2002;91:18–31. <https://doi.org/10.1002/JPS.1167>.
- [44] Rajman I. PK/PD modelling and simulations: utility in drug development. *Drug Discov Today* 2008;13:341–6. <https://doi.org/10.1016/j.drudis.2008.01.003>.
- [45] Dallmann A, Solodenko J, Ince I, Eissing T. Applied Concepts in PBPK Modeling: How to Extend an Open Systems Pharmacology Model to the Special Population of Pregnant Women. *CPT Pharmacometrics Syst Pharmacol* 2018;7:419. <https://doi.org/10.1002/PSP4.12300>.
- [46] Derendorf H, Lesko LJ, Chaikin P, Colburn WA, Lee P, Miller R, *et al*. Pharmacokinetic/Pharmacodynamic Modeling in Drug Research and Development. *The Journal of Clinical Pharmacology* 2000;40:1399–418. <https://doi.org/10.1177/009127000004001211>.
- [47] Hanke N, Frechen S, Moj D, Britz H, Eissing T, Wendl T, *et al*. PBPK Models for CYP3A4 and P-gp DDI Prediction: A Modeling Network of Rifampicin, Itraconazole, Clarithromycin, Midazolam, Alfentanil, and Digoxin. *CPT Pharmacometrics Syst Pharmacol* 2018;7:647–59. <https://doi.org/10.1002/PSP4.12343>.
- [48] Ni L, Zheng L, Liu Y, Xu W, Zhao Y, Wang L, *et al*. Physiologically Based Pharmacokinetic Modeling to Simulate CYP3A4-Mediated Drug-Drug Interactions for Pyrotinib. *Adv Ther* 2023:1–11. <https://doi.org/10.1007/S12325-023-02602-1/METRICS>.
- [49] Læer S, Khalil F. Physiologically based pharmacokinetic modeling: Methodology, applications, and limitations with a focus on its role

- in pediatric drug development. *J Biomed Biotechnol* 2011;2011. <https://doi.org/10.1155/2011/907461>.
- [50] Ince I, Dallmann A, Frechen S, Coboeken K, Niederalt C, Wendl T, *et al*. Predictive Performance of Physiology-Based Pharmacokinetic Dose Estimates for Pediatric Trials: Evaluation With 10 Bayer Small-Molecule Compounds in Children. *The Journal of Clinical Pharmacology* 2021;61:S70–82. <https://doi.org/10.1002/JCPH.1869>.
- [51] Lippert Bayer J, Solodenko Bayer J, Schmitt W. PK-Sim®: A physiologically based pharmacokinetic “whole-body” model. *Open Systems Pharmacology View project* Revision of the EU EFSA Guidance Document on Risk Assessment for Birds and Wild Mammals: Industry Contributions View project 2003. [https://doi.org/10.1016/S1478-5382\(03\)02342-4](https://doi.org/10.1016/S1478-5382(03)02342-4).
- [52] Yoshimatsu H, Konno Y, Ishii K, Satsukawa M, Yamashita S. Usefulness of minipigs for predicting human pharmacokinetics: Prediction of distribution volume and plasma clearance. *Drug Metab Pharmacokinet* 2016;31:73–81. <https://doi.org/10.1016/J.DMPK.2015.11.001>.
- [53] Yun YE, Edginton AN. Model qualification of the PK-Sim® pediatric module for pediatric exposure assessment of CYP450 metabolized compounds. <https://doi.org/10.1080/15287394.2019.1652215> 2019;82:789–814. <https://doi.org/10.1080/15287394.2019.1652215>.
- [54] Glassman PM, Balthasar JP. Physiologically-based modeling of monoclonal antibody pharmacokinetics in drug discovery and development. *Drug Metab Pharmacokinet* 2019;34:3–13. <https://doi.org/10.1016/J.DMPK.2018.11.002>.
- [55] Basu S, Lien YT, Vozmediano V, Schlender JF, Eissing T, Schmidt S, *et al*. Physiologically Based Pharmacokinetic Modeling of Monoclonal Antibodies in Pediatric Populations Using PK-Sim. *Front Pharmacol* 2020;11:507426. <https://doi.org/10.3389/FPHAR.2020.00868/BIBTEX>.

- [56] Ince I, Solodenko J, Frechen S, Dallmann A, Niederalt C, Schlender J, *et al.* Predictive Pediatric Modeling and Simulation Using Ontogeny Information. *The Journal of Clinical Pharmacology* 2019;59:S95–103. <https://doi.org/10.1002/JCPH.1497>.
- [57] Wendl T, Frechen S, Gerisch M, Heinig R, Eissing T. Physiologically-based pharmacokinetic modeling to predict CYP3A4-mediated drug-drug interactions of finerenone. *CPT Pharmacometrics Syst Pharmacol* 2022;11:199–211. <https://doi.org/10.1002/PSP4.12746>.
- [58] Garcia LP, Janzén D, Kanebratt KP, Ericsson H, Lennernäs H, Lundahl A. Physiologically based pharmacokinetic model of itraconazole and two of its metabolites to improve the predictions and the mechanistic understanding of CYP3A4 drug-drug interactions. *Drug Metabolism and Disposition* 2018;46:1420–33. <https://doi.org/10.1124/DMD.118.081364/-/DC1>.
- [59] Drug Development and Drug Interactions | Table of Substrates, Inhibitors and Inducers | FDA n.d. <https://www.fda.gov/drugs/drug-interactions-labeling/drug-development-and-drug-interactions-table-substrates-inhibitors-and-inducers> (accessed August 24, 2023).
- [60] Frechen S, Solodenko J, Wendl T, Dallmann A, Ince I, Lehr T, *et al.* A generic framework for the physiologically-based pharmacokinetic platform qualification of PK-Sim and its application to predicting cytochrome P450 3A4-mediated drug-drug interactions. *CPT Pharmacometrics Syst Pharmacol* 2021;10:633–44. <https://doi.org/10.1002/PSP4.12636>.
- [61] Sun L, von Moltke L, Rowland Yeo K. Physiologically-Based Pharmacokinetic Modeling for Predicting Drug Interactions of a Combination of Olanzapine and Samidorphan. *CPT Pharmacometrics Syst Pharmacol* 2020;9:106–14. <https://doi.org/10.1002/PSP4.12488>.
- [62] Sobie EA. An introduction to MATLAB. *Sci Signal* 2011;4. <https://doi.org/10.1126/SCISIGNA.L.2001984>.

- [63] Cai JJ, Smith DK, Xia X, Yuen KY. MBEToolbox: a MATLAB toolbox for sequence data analysis in molecular biology and evolution. *BMC Bioinformatics* 2005;6. <https://doi.org/10.1186/1471-2105-6-64>.
- [64] The R Book - Michael J. Crawley - Google Books n.d. https://books.google.co.in/books?hl=en&lr=&id=9StYGa415K8C&oi=fnd&pg=PR23&dq=R+function&ots=RV-EjMvAuY&sig=KEFAqAJryy_SMGtxPq2tUygSiHs&redir_esc=y#v=onepage&q=R%20function&f=false (accessed August 27, 2023).
- [65] Shin JH, Blay S, McNeney B, Graham J. LDheatmap: An R Function for Graphical Display of Pairwise Linkage Disequilibria Between Single Nucleotide Polymorphisms. *J Stat Softw* 2006;16:1–9. <https://doi.org/10.18637/JSS.V016.C03>.
- [66] Dixon P. VEGAN, a package of R functions for community ecology. *Journal of Vegetation Science* 2003;14:927–30. <https://doi.org/10.1111/J.1654-1103.2003.TB02228.X>.
- [67] Farhan M, Rani P, Moledina F, George T, Tummala HP, Mallayasamy S. Application of Physiologically Based Pharmacokinetic Modeling of Lamotrigine Using PK-Sim in Predicting the Impact of Drug Interactions and Dosage Adjustment. <https://doi.org/10.1177/0976500X221111455> 2022;13:160–6. <https://doi.org/10.1177/0976500X221111455>.
- [68] Fuhr LM, Marok FZ, Mees M, Mahfoud F, Selzer D, Lehr T. A Physiologically Based Pharmacokinetic and Pharmacodynamic Model of the CYP3A4 Substrate Felodipine for Drug–Drug Interaction Modeling. *Pharmaceutics* 2022;14:1474. <https://doi.org/10.3390/PHARMA14071474/S1>.
- [69] Niederalt C, Kuepfer L, Solodenko J, Eissing T, Siegmund HU, Block M, *et al.* A generic whole body physiologically based pharmacokinetic model for therapeutic proteins in PK-Sim. *J Pharmacokinet Pharmacodyn* 2018;45:235–57. <https://doi.org/10.1007/S10928-017-9559-4/FIGURES/2>.
- [70] Meyer M, Schneckener S, Ludewig B, Kuepfer L, Lippert J. Using expression data for quantification

- of active processes in physiologically based pharmacokinetic modeling. *Drug Metab Dispos* 2012;40:892–901. <https://doi.org/10.1124/DMD.111.043174>.
- [71] Parrott N, Lavé T. Prediction of intestinal absorption: comparative assessment of gastroplus™ and idea™. *European Journal of Pharmaceutical Sciences* 2002;17:51–61. [https://doi.org/10.1016/S0928-0987\(02\)00132-X](https://doi.org/10.1016/S0928-0987(02)00132-X).
- [72] Demeester C, Robins D, Edwina AE, Tournoy J, Augustijns P, Ince I, *et al.* Physiologically based pharmacokinetic (PBPK) modelling of oral drug absorption in older adults – an AGePOP review. *European Journal of Pharmaceutical Sciences* 2023;188:106496. <https://doi.org/10.1016/J.EJPS.2023.106496>.
- [73] von Sperling M, Wallace SD, Nivala J. Representing performance of horizontal flow treatment wetlands: The Tanks In Series (TIS) and the Plug Flow with Dispersion (PFD) approaches and their application to design. *Science of The Total Environment* 2023;859:160259. <https://doi.org/10.1016/J.SCITOTENV.2022.160259>.
- [74] Mott H V., Green ZA. On Danckwerts' Boundary Conditions for the Plug-Flow with Dispersion/Reaction Model. <Http://DxDoiOrg/101080/009864452013871708> 2015;202:739–45. <https://doi.org/10.1080/00986445.2013.871708>.
- [75] Larsen G. Discussion: “On Danckwerts' boundary conditions for the plug-flow with dispersion/reaction model”. <Https://DoiOrg/101080/0098644520201835876> 2021;209:140–2. <https://doi.org/10.1080/00986445.2020.1835876>.
- [76] C.Y. Chow E, Sandy Pang K. Why We Need Proper PBPK Models to Examine Intestine and Liver Oral Drug Absorption. *Curr Drug Metab* 2012;14:57–79. <https://doi.org/10.2174/138920013804545124>.
- [77] Fink C, Lecomte M, Badolo L, Wagner K, Mäder K, Peters SA. Identification of solubility-limited absorption of oral anticancer drugs using PBPK modeling based on rat PK and its relevance to human. *European Journal of Pharmaceutical Sciences* 2020;152:105431.

- <https://doi.org/10.1016/J.EJPS.2020.105431>.
- [78] Eissing T, Kuepfer L, Becker C, Block M, Coboecken K, Gaub T, *et al.* A computational systems biology software platform for multiscale modeling and simulation: integrating whole-body physiology, disease biology, and molecular reaction networks. *Front Physiol* 2011;2. <https://doi.org/10.3389/FPHYS.2011.00004>.
- [79] Willmann S, Höhn K, Edginton A, Sevestre M, Solodenko J, Weiss W, *et al.* Development of a physiology-based whole-body population model for assessing the influence of individual variability on the pharmacokinetics of drugs. *J Pharmacokinet Pharmacodyn* 2007;34:401–31. <https://doi.org/10.1007/S10928-007-9053-5>.
- [80] Willmann S, Thelen K, Lippert J. Integration of dissolution into physiologically-based pharmacokinetic models III: PK-Sim®. *Journal of Pharmacy and Pharmacology* 2012;64:997–1007. <https://doi.org/10.1111/J.2042-7158.2012.01534.X>.
- [81] Bois FY. Physiologically based modelling and prediction of drug interactions. *Basic Clin Pharmacol Toxicol* 2010;106:154–61. <https://doi.org/10.1111/J.1742-7843.2009.00488.X>.
- [82] Pasquiers B, Benamara S, Felices M, Ternant D, Declèves X, Puzkiel A. Translation of Monoclonal Antibodies Pharmacokinetics from Animal to Human Using Physiologically Based Modeling in Open Systems Pharmacology (OSP) Suite: A Retrospective Analysis of Bevacizumab. *Pharmaceutics* 2023, Vol 15, Page 2129 2023;15:2129. <https://doi.org/10.3390/PHARMA CEUTICS15082129>.
- [83] Park JS, Kim JR. Non-compartmental data analysis using SimBiology and MATLAB. *Transl Clin Pharmacol* 2019;27:89. <https://doi.org/10.12793/TCP.2019.27.3.89>.
- [84] Ru J, Li P, Wang J, Zhou W, Li B, Huang C, *et al.* TCMSP: A database of systems pharmacology for drug discovery from herbal medicines. *J Cheminform* 2014;6:1–6. <https://doi.org/10.1186/1758-2946-6-13/FIGURES/2>.
- [85] Levitt DG. Computer Assisted Human Pharmacokinetics: Non-

- compartmental, Deconvolution, Physiologically Based, Intestinal Absorption, Non-Linear 2017.
- [86] Levitt DG. PKQuest: volatile solutes - application to enflurane, nitrous oxide, halothane, methoxyflurane and toluene pharmacokinetics. *BMC Anesthesiol* 2002;2:5. <https://doi.org/10.1186/1471-2253-2-5>.
- [87] Levitt DG. PKQUEST: A general physiologically based pharmacokinetic model. Introduction and application to propranolol. *BMC Clin Pharmacol* 2002;2:5. <https://doi.org/10.1186/1472-6904-2-5>.
- [88] Levitt DG. PKQUEST: measurement of intestinal absorption and first pass metabolism – application to human ethanol pharmacokinetics. *BMC Clin Pharmacol* 2002;2:4. <https://doi.org/10.1186/1472-6904-2-4>.
- [89] Levitt D. PKQuest_Java: free, interactive physiologically based pharmacokinetic software package and tutorial. *BMC Res Notes* 2009;2. <https://doi.org/10.1186/1756-0500-2-158>.
- [90] Levitt DG. PKQuest: Capillary permeability limitation and plasma protein binding - Application to human inulin, dicloxacillin and ceftriaxone pharmacokinetics. *BMC Clin Pharmacol* 2002;2:1–11. <https://doi.org/10.1186/1472-6904-2-7/FIGURES/5>.
- [91] Yamamoto Y, Väitalo PA, Huntjens DR, Proost JH, Vermeulen A, Krauwinkel W, *et al.* Predicting Drug Concentration-Time Profiles in Multiple CNS Compartments Using a Comprehensive Physiologically-Based Pharmacokinetic Model. *CPT Pharmacometrics Syst Pharmacol* 2017;6:765–77. <https://doi.org/10.1002/PSP4.12250>.
- [92] Levitt DG. PKQuest: PBPK modeling of highly lipid soluble and extracellular solutes. *ADMET DMPK* 2019;7:60–75. <https://doi.org/10.5599/admet.579>.
- [93] Palleria C, Di Paolo A, Giofrè C, Caglioti C, Leuzzi G, Siniscalchi A, *et al.* Pharmacokinetic drug-drug interaction and their implication in clinical management. *J Res Med Sci* 2013;18:601.
- [94] Tian S, Wang J, Li Y, Li D, Xu L, Hou T. The application of in silico

- drug-likeness predictions in pharmaceutical research. *Adv Drug Deliv Rev* 2015;86:2–10. <https://doi.org/10.1016/j.addr.2015.01.009>.
- [95] D R, C R. SwissADME predictions of pharmacokinetics and drug-likeness properties of small molecules present in *Ipomoea mauritiana* Jacq. *J Pharmacogn Phytochem* 2019;8:2063–73.
- [96] Riyadi PH, Romadhon, Sari ID, Kurniasih RA, Agustini TW, Swastawati F, *et al.* SwissADME predictions of pharmacokinetics and drug-likeness properties of small molecules present in *Spirulina platensis*. *IOP Conf Ser Earth Environ Sci* 2021;890:012021. <https://doi.org/10.1088/1755-1315/890/1/012021>.
- [97] Ibrahim ZY, Uzairu A, Shallangwa GA, Abechi SE. Application of QSAR Method in the Design of Enhanced Antimalarial Derivatives of Azetidine-2-carbonitriles, their Molecular Docking, Drug-likeness, and SwissADME Properties. *Iran J Pharm Res* 2021;20:254–70. <https://doi.org/10.22037/IJPR.2021.114536.14901>.
- [98] Sicak Y. Design and antiproliferative and antioxidant activities of furan-based thiosemicarbazides and 1,2,4-triazoles: their structure-activity relationship and SwissADME predictions. *Medicinal Chemistry Research* 2021;30:1557–68. <https://doi.org/10.1007/S00044-021-02756-Z/FIGURES/2>.
- [99] Mohamed A, Tharik S, Meyyanathan SN. Swiss ADME predictions for anti cancer drug molecules prior In Vitro In Vivo Correlations (IVIVC) n.d.
- [100] Yadav AR, Mohite SK. Anticancer Activity and In-Silico ADMET Analysis of *Malvastrum Coromandelianum* n.d.
- [101] Parveen S, Alnoman RB. Potential Exploration of Recent FDA-Approved Anticancer Drugs Against Models of SARS-CoV-2's Main Protease and Spike Glycoprotein: A Computational Study 2021;11:10059–73. <https://doi.org/10.33263/BRIAC113.1005910073>.
- [102] Srikala R, Mohanalakshmi S. Molecular Docking & insilico Pharmacokinetic Parameters of Substituted Thiazolidin-4-ones as Anti-tubercular agents. *Ann Rom Soc Cell Biol* 2021;25:6443 – 6451–6443 – 6451.

- [103] Abdullahi M, Adeniji SE. In-silico Molecular Docking and ADME/Pharmacokinetic Prediction Studies of Some Novel Carboxamide Derivatives as Anti-tubercular Agents. *Chemistry Africa* 2020;3:989–1000. <https://doi.org/10.1007/S42250-020-00162-3/FIGURES/10>.
- [104] Lone MS, Mubarak MM, Nabi SA, Wani FR, Amin S, Nabi S, *et al.* Isonicotinoyl-butanoic acid hydrazone derivatives as anti-tubercular agents: In-silico studies, synthesis, spectral characterization and biological evaluation. *Medicinal Chemistry Research* 2023;32:808–26. <https://doi.org/10.1007/S00044-023-03039-5/FIGURES/8>.
- [105] Mekky AEM, Sanad SMH, Abdelfattah AM. Tandem synthesis, antibacterial evaluation and SwissADME prediction study of new bis(1,3,4-oxadiazoles) linked to arene units. *Mendeleev Communications* 2022;32:612–4. <https://doi.org/10.1016/J.MENC-OM.2022.09.014>.
- [106] Bakchi B, Krishna AD, Sreecharan E, Ganesh VBJ, Niharika M, Maharshi S, *et al.* An overview on applications of SwissADME web tool in the design and development of anticancer, antitubercular and antimicrobial agents: A medicinal chemist's perspective. *J Mol Struct* 2022;1259:132712. <https://doi.org/10.1016/J.MOLSTRUC.2022.132712>.
- [107] Yaligar ICAR -Krishi Vigyan Kendra R, Jyothi ICAR -Krishi Vigyan Kendra IR, Narappa ICAR -Krishi Vigyan Kendra IG, Ravi ICAR -Krishi Vigyan Kendra IM, Yaligar R. Swiss ADME prediction of phytochemicals present in *Butea monosperma* (Lam.) Taub. *J Pharmacogn Phytochem* 2020;9:1799–809.
- [108] Kudumula N, Sravika N, Priya S, Divya N, Mudavath P, Jyotsna S, *et al.* Swiss ADME properties screening of the phytochemical compounds present in *Bauhinia acuminata*. *J Pharmacogn Phytochem* 2021;10:411–9. <https://doi.org/10.22271/PHYTO.2021.V10.I4E.14193>.
- [109] Tripathi P, Ghosh S, Talapatra S. Bioavailability prediction of phytochemicals present in *Calotropis procera* (Aiton) R. Br. by using Swiss-ADME tool 2019.

- [110] Daina A, Michielin O, Zoete V. SwissTargetPrediction: updated data and new features for efficient prediction of protein targets of small molecules. *Nucleic Acids Res* 2019;47:W357–64. <https://doi.org/10.1093/NAR/GKZ382>.
- [111] Daina A, Michielin O, Zoete V. SwissADME: a free web tool to evaluate pharmacokinetics, drug-likeness and medicinal chemistry friendliness of small molecules. *Scientific Reports* 2017 7:1 2017;7:1–13. <https://doi.org/10.1038/srep42717>.
- [112] Brito MA, Araújo De Brito M. Pharmacokinetic study with computational tools in the medicinal chemistry course. *Brazilian Journal of Pharmaceutical Sciences* 2011;47:797–805. <https://doi.org/10.1590/S1984-82502011000400017>.
- [113] Gu Y, Lou C, Tang Y. admetSAR—A valuable tool for assisting safety evaluation. *QSAR in Safety Evaluation and Risk Assessment* 2023;187–201. <https://doi.org/10.1016/B978-0-443-15339-6.00004-7>.
- [114] Cheng F, Li W, Zhou Y, Shen J, Wu Z, Liu G, *et al.* admetSAR: a comprehensive source and free tool for assessment of chemical ADMET properties. *J Chem Inf Model* 2012;52:3099–105. <https://doi.org/10.1021/CI300367A>.
- [115] Yang H, Lou C, Sun L, Li J, Cai Y, Wang Z, *et al.* AdmetSAR 2.0: Web-service for prediction and optimization of chemical ADMET properties. *Bioinformatics* 2019;35:1067–9. <https://doi.org/10.1093/bioinformatics/bty707>.
- [116] Xiong G, Wu Z, Yi J, Fu L, Yang Z, Hsieh C, *et al.* ADMETlab 2.0: an integrated online platform for accurate and comprehensive predictions of ADMET properties. *Nucleic Acids Res* 2021;49:W5. <https://doi.org/10.1093/NAR/GKAB255>.
- [117] O’Boyle NM, Banck M, James CA, Morley C, Vandermeersch T, Hutchison GR. Open Babel: An open chemical toolbox. *J Cheminform* 2011;3. <https://doi.org/10.1186/1758-2946-3-33>.
- [118] Shen J, Cheng F, Xu Y, Li W, Tang Y. Estimation of ADME

- properties with substructure pattern recognition. *J Chem Inf Model* 2010;50:1034–41. <https://doi.org/10.1021/CI100104J>.
- [119] Hadda T Ben, Rastija V, AlMalki F, Titi A, Touzani R, Mabkhot YN, *et al.* Petra/Osiris/Molinspiration and Molecular Docking Analyses of 3-Hydroxy-Indolin-2-one Derivatives as Potential Antiviral Agents. *Curr Comput Aided Drug Des* 2021;17:123–33. <https://doi.org/10.2174/1573409916666191226110029>.
- [120] Brito MA, Araújo De Brito M. Pharmacokinetic study with computational tools in the medicinal chemistry course. *Article Brazilian Journal of Pharmaceutical Sciences* 2011;47.
- [121] Goor RM, Hoffman D, Riley GR. Novel Method for Accurately Assessing Pull-up Artifacts in STR Analysis. *Forensic Sci Int Genet* 2021;51. <https://doi.org/10.1016/J.FSIGEN.2020.102410>.
- [122] Kandakatla N, Bio R, Balakrishnan N, Santhana Raj J. IN SILICO STUDIES ON NEW INDAZOLE DERIVATIVES AS GSK-3 β INHIBITORS. *Article in International Journal of Pharmacy and Pharmaceutical Sciences* 2015.