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Noble molecules with Energy metabolism by SAR analysis interfering in Mycobacterium tuberculosis

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ABSTRACT

Given the present TB scenario, every incremental scientific work or constructive social-political activity is a step in the right direction. This global effort's immediate goal is to get late-stage TB drugs into clinics. Basic research and early discovery are required to keep a healthy TB medication pipeline. It is the world's leading killer. Antituberculosis drugs face obstacles such as low adherence, long treatment duration, unpleasant side effects, and latent TB. The treatment of HIV/TB co-infection has likewise stalled. An inventory of currently available antituberculosis drugs was regarded useful for future planning. Before modern TB chemotherapy, various "doubtful" non-drug cures were suggested. Some suggested prayers, incantations, or just rest and a healthy diet. Alternatives to less intrusive methods include surgical techniques like thoracoplasty. We looked at gold salts, cod liver oil, and sanatorium cures. Anti-TB therapy has relied on streptomycin since the 1940s. To replace Streptomycin, many new antituberculosis drugs have been discovered, including Para-aminosalicylic acid (1944), Isoniazid (1952), Rifampicin (1997), Pyrazinamide (1980), and fluoroquinolones (1982).

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