

**PHENIBUT-HISTORY AND INSTRUCTIONS**

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**Abstract:** *Modern life puts high demands on people and is full of stress. Therefore, it is not easy to find a tool that helps to overcome the intellectual load and calm the nerves at the same time. The drug Phenibut has exactly such properties.*

**Key words:** *chemical, nootropic, nervous, transmission, stress.*

Chemical properties of Phenibut Phenibut ( $\gamma$ -amino- $\beta$ -phenylbutyric acid) is an anxiolytic and nootropic agent,  $\beta$ -phenyl derivative of  $\gamma$ -aminobutyric neurotransmitter. This compound plays an important role in brain activity. Its reception normalizes the metabolism of nervous tissue and at the same time the transmission of signals between neurons. In particular, phenibut plays an important role in strengthening cortico-subcortical connections, which increases the effect of interaction between different sections of the cerebral cortex. Phenibut was synthesized by Professor V. V. Perekalin at the Leningrad Pedagogical Institute named after Herzen. The study of the clinical and pharmacological properties of Phenibut was carried out by R. A. Khaunina, a senior researcher at the laboratory of psychopharmacology of the Leningrad Scientific Research Institute named after V. M. Bekhterev.

At one time, Phenibut was among the drugs that had to be included in an astronaut's first aid kit. Conventional tranquilizers were not effective in reducing the astronauts' high levels of stress because they had a relaxing effect in addition to their sedative effect. When taking phenibut, the astronauts' ability to work remained at the same level. According to its chemical structure, phenibut can be considered as a phenyl product of GAMK, as well as a product of phenylethylamine. Phenibut has elements of nootropic activity, has a tranquilizing effect, reduces tension, anxiety, improves sleep; prolongs and enhances the effect of sleeping pills, narcotics, neuroleptics and psychostimulants. Phenibut is used as a sedative in asthenic and anxiety-neurotic states, in restlessness, anxiety, fear, insomnia and before surgical interventions.

It is also prescribed to prevent dizziness in Ménière's disease, dizziness associated with dysfunction of the vestibular apparatus. Children are prescribed when stuttering and tics are observed.

There is evidence that under the influence of phenibut, the effect of antiparkinsonian drugs increases (due to the presence of a dopamine-positive component in the drug). If Phenibut is used for stuttering in children under 10 years of age, speech disorders, as well as changes in the electroencephalogram image, including the

appearance of sharp wave peaks, can be observed. This drug should be given to children very carefully.

According to the instructions for use, Phenibut is prescribed for various mental and nervous disorders in children and adults.

Basic instructions:

Decreased mental and emotional activity;

Depression, chronic stress;

Anxiety disorders;

Asthenic states, fear;

As a sedative before surgical operations;

Brain blood supply disorders;

Encephalopathies;

Dysfunction of the vascular system, injuries, internal otitis, dizziness due to infections;

Sleep disturbance, insomnia, nightmares;

Decreased attention;

Neuroses, including obsessive-compulsive disorder;

Reactive emotional defects;

Enuresis;

Logoneurosis;

Vestibular disorders;

Rapid fatigue, chronic fatigue syndrome;

Meniere's disease;

Stuttering, tics, hyperactivity in children;

Correction of children's behavior;

Prevention of concussions (motion sickness);

Abstinent alcoholic syndrome;

Claustrophobia.

In addition, Phenibut is used as one of the tools used in the complex treatment of the consequences of brain injuries and stroke, intoxications, neck osteochondrosis, climacteric syndrome, alcoholic delirium and predeliriosis. Phenibut is mainly produced in tablet form. The main dosage is 250 mg.

In addition to the main active ingredient, the tablet also includes:

Microcrystalline cellulose;

Silicon dioxide;

Sodium glycolate;

Calcium stearate.



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