

RESEARCH MONOGRAPH . COMPOUND PROFILE

Phenibut

A Soviet-developed phenyl-substituted GABA analog with GABA-B receptor agonism, used clinically in Russia for anxiety and sleep with documented dependence liability.

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ABSTRACT

Phenibut (4-amino-3-phenyl-butanoic acid; CAS 1078-21-3; molecular formula $C_{10}H_{13}NO_2$; molecular weight 179.22) is a phenyl-substituted GABA analog developed in the Soviet Union in the 1960s at the Herzen State Pedagogical University. The phenyl substitution at the 3-position confers blood-brain barrier permeability that GABA itself lacks. Phenibut is approved in Russia, Belarus, Kazakhstan, and Latvia as Phenibut, Noofen, and Anvifen for anxiety, insomnia, asthenia, and post-traumatic stress disorder. Mechanism is primarily GABA-B receptor agonism (similar to baclofen) with secondary effects on voltage-gated calcium channels at higher doses. The (R)-enantiomer is the active component. Pharmacokinetics: plasma half-life 5 to 6 hours; rapid oral absorption. Doses are 250 to 1500 mg per day. Phenibut has documented dependence liability with chronic high-dose use; withdrawal syndrome includes anxiety, insomnia, tremor, and rebound symptoms. The compound is sold as a research chemical/dietary supplement in the United States though regulatory classification is increasingly restrictive in some states. Investigators should be aware of the dependence potential and avoid daily dosing schedules.

1. Compound Identification

Phenibut is described as gaba-b agonist / phenyl-gaba. A Soviet-developed phenyl-substituted GABA analog with GABA-B receptor agonism, used clinically in Russia for anxiety and sleep with documented dependence liability.

1.1 Class summary

GABA-B agonist / phenyl-GABA

1.2 Subtitle

A Soviet-developed phenyl-substituted GABA analog with GABA-B receptor agonism, used clinically in Russia for anxiety and sleep with documented dependence liability.

2. Abstract

Phenibut (4-amino-3-phenyl-butanoic acid; CAS 1078-21-3; molecular formula $C_{10}H_{13}NO_2$; molecular weight 179.22) is a phenyl-substituted GABA analog developed in the Soviet Union in the 1960s at the Herzen State Pedagogical University. The phenyl substitution at the 3-position confers blood-brain barrier permeability that GABA itself lacks. Phenibut is approved in Russia, Belarus, Kazakhstan, and Latvia as Phenibut, Noofen, and Anvifen for anxiety, insomnia, asthenia, and post-traumatic stress disorder. Mechanism is primarily GABA-B receptor agonism (similar to baclofen) with secondary effects on voltage-gated calcium channels at higher doses. The (R)-enantiomer is the active component. Pharmacokinetics: plasma half-life 5 to 6 hours; rapid oral absorption. Doses are 250 to 1500 mg per day. Phenibut has documented dependence liability with chronic high-dose use; withdrawal syndrome includes anxiety, insomnia, tremor, and rebound symptoms. The compound is sold as a research chemical/dietary supplement in the United States though regulatory classification is increasingly restrictive in some states. Investigators should be aware of the dependence potential and avoid daily dosing schedules.

3. Mechanism of Action

Primary GABA-B agonist (R-enantiomer active). Voltage-gated calcium channel modulation at higher doses.

The mechanistic profile described above represents the consensus position from peer-reviewed literature where available; for compounds with sparse formal characterization, this section reflects vendor-grade reports and structurally-related class pharmacology and should be interpreted with appropriate caution.

4. Pharmacokinetics and Routes of Administration

Pharmacokinetic data are summarized within the abstract for compounds with formal Phase 1 records. Compounds without published human pharmacokinetic studies are noted as such; investigators should treat the absence of data as a research limitation.

5. Reported Research Dose Ranges

250 to 1500 mg per day; significant dependence liability with chronic use.

Doses are scaled from clinical use where the compound is approved as a medicine, from Phase 2/3 trials where development advanced, or from rodent dose-response data scaled by allometric assumptions where the compound has no human clinical record. Investigators should treat dose ranges from research-chemical-grade vendors as starting points for their own pharmacokinetic and tolerability characterization rather than validated dosing recommendations.

6. Sourcing and Quality Verification

Investigators should obtain analytical confirmation of identity (mass spectrometry; for peptides, additionally amino acid analysis or N-terminal sequencing) and purity (HPLC area-percent, ideally greater than 95 percent) on every lot. Vendor certificates of analysis vary in quality; third-party analytical confirmation through independent laboratories (e.g., Janoshik Analytical, Anabolic Lab) is the gold standard for research-grade peptides and small molecules.

For compounds with established pharmaceutical-grade marketing in any jurisdiction, sourcing from the marketed product (where legal and accessible) provides the highest quality assurance.

7. Reconstitution and Handling

Peptides should be reconstituted in bacteriostatic water or sterile water for injection in the volume appropriate to the desired concentration; lyophilized peptides should be allowed to come to room temperature before reconstitution to minimize precipitation. Reconstituted peptides should be stored refrigerated and used within the timeframe specified by the manufacturer (typically 14 to 30 days for bacteriostatic water reconstitutions, shorter for sterile water).

Small molecules: storage conditions vary by compound; consult the certificate of analysis for the specific product. Most are stable at room temperature in dry, dark conditions; oxidation-sensitive compounds (e.g., catecholamine precursors) require cool storage and protection from light.

8. Stack Interaction Considerations

Investigators combining this compound with other research substances should consider receptor-level interactions (additive effects at shared targets), enzyme-level interactions (CYP-mediated drug-drug interactions where applicable), and pharmacodynamic interactions (additive sedation, additive serotonergic activity, additive hemodynamic effects).

The stack interaction section in published monographs of well-characterized compounds is necessarily incomplete for any specific combination; investigators should treat novel combinations with elevated caution and titrate gradually.

9. References

1. Lapin I. Phenibut (beta-phenyl-GABA): a tranquilizer and nootropic drug. CNS Drug Rev 2001.

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