**Composition**
Each ml contains:
- Chloramphenicol 2 mg.
- Dexamethasone Sodium Phosphate 1 mg.

**Action**
Dexamethasone is one of the most potent corticosteroids; it is 5-14 times more potent than prednisolone and 25-75 times more potent than cortisone and hydrocortisone. Of paramount importance with regard to local therapy is the fact that dexamethasone is over 2000 times more soluble than hydrocortisone or prednisolone. Thanks to the addition of chloramphenicol, a broad-spectrum antibiotic, this combination yields excellent results in inflammation of the anterior uvea (iritis, iridocyclitis).

**Indications**
- Steroid responsive inflammatory conditions or the palpebral and bulbar conjunctiva, cornea, and anterior segment of the globe, such as allergic conjunctivitis, acne rosacea, superficial punctate keratitis, herpes zoster keratitis, iritis, cyclitis.
- Selected infective conjunctivitis when the inherent hazard of steroid use is accepted to obtain an advisable diminution in edema and inflammation, corneal injury from chemical or thermal burns, or penetration of foreign bodies.
- Chloramphenicol is used for the treatment of infections susceptible to the antibiotic.

**Contraindications**
- Adverse reaction has occurred with corticosteroid/anti-infective combination drugs that can be attributed to the corticosteroid component, or the combination. Exact incidence figures are not available since no denominator of treated patients is available.
- Reactions occurring most often from the presence of the anti-infective ingredient are allergic sensitizations.

**Dosage and Administration**
Instill one or two drops of solution into the conjunctival sac every hour during the day and every two hours during the night as initial therapy. When a favorable response is observed, reduce dosage to one drop every four hours. Latter, further reduction in dosage to one drop three or four times daily may suffice to control symptoms.

**Storage**
It should be stored between 2-8 °C.

**Presentation**
Plastic dropper of 7 ml.