

DHEA, a superior treatment option for vaginal atrophy and menopause symptoms in women

Dr. Anna Cabeca

With aging, menopause, and hormonal changes some **75%** of post-menopausal women suffer from vaginal atrophy¹ which can include,

- vulvar-vaginal thinning and irritation
- painful intercourse due to excessive vaginal dryness
- increased vaginal and bladder infections (due to decreased normal flora, loss of lactobacilli and increased pH)
- leaking urine
- increased skin disorders affecting the urogenital tract (vulvodynia, vestibulitis, hypertrophic dystrophy, dermatitis)
- decreased desire, arousal and orgasm
- pelvic prolapse symptoms such as pressure and trouble eliminating

Younger women can experience these symptoms as well.

This article will discuss the many vaginal atrophy symptoms women experience naturally with aging, and will present a comparison of current treatment options. The author will also discuss a less well known and often overlooked option – the use of the natural hormone DHEA - for effectively treating a more comprehensive range of vaginal atrophy symptoms.

The article will present scientific research and clinical findings relating to the author's preferred vaginal atrophy treatment method, **non-prescription topical DHEA cream**.

Natural aging erodes the health and integrity of the vaginal lining

Before menopause a woman's ovaries produce many of her sex hormones including estrogen. This female hormone maintains the health and integrity of the vaginal lining. During peri-post menopause, women experience declining hormone levels including estrogen, progesterone, testosterone and dehydroepiandrosterone (DHEA).

Women's ovaries gradually decrease producing these hormones causing vaginal lining shrinkage and drying due to decreased healthy secretions. Muscle loss also occurs. The lining becomes less elastic and thin, causing irritation and discomfort. The ovaries predominantly stop producing estrogen after menopause.

These and the other symptoms women experience from these decreasing hormones are life affecting.

Stress urinary incontinence (SUI), the involuntary leakage of urine, has been estimated to affect over **50%** of women between the ages of 20 to 80 years, and was reported at **47%** in a younger group

consisting of women between 20 and 49 years of age.² Many women increasingly wear protection in the form of pads or incontinence underwear for everyday activities. Even television advertising now includes a number of ads for these products and the adult incontinence category of new products has been booming.

Women may suffer from a decreased libido. The decline in androgens such as testosterone and DHEA are particularly associated with diminishing libido.^{3 4}

Increased pain during intercourse, increased post coital infections and the decreased libido associated with vaginal atrophy has also been shown to increase the level of overall sexual distress in women. Sexual distress has been associated with a higher incidence of depression and relationship conflicts^{5 6} with more than **40%** of women in the United States reporting sexual problems.⁷

Yet only **20% to 25%** of symptomatic women having vaginal atrophy seek medical treatment.⁸

Lack of reporting symptoms to a doctor can be due to embarrassment, and/or a lack of awareness of vaginal health or treatment options. Women cannot readily examine their vulva or vagina, and can't see the tissue changes that are otherwise easily visible to a physician. A physician can see extreme tissue changes in terms of color (pale or red), dryness, thinning and irritation (red or raw patches).

Women may also mistake their symptoms for common irritations, allergies or infections. More often the changes are so gradual, that the symptoms go unnoticed until there is pain, discharge, or incontinence.

The current life expectancy for American women is greater than 80 years old (as benchmarked in 2010 census data) and continues to increase. Given the average age of menopause onset is 50.5 years, it is estimated that women may expect to live almost **40%** of their entire lives after menopause in this discomfort and decreased quality of life.⁹

Unlike hot flashes which usually end even without treatment, vaginal atrophy symptoms usually increase in severity over time.¹⁰

Decreasing hormones are also an important clinical health issue beyond vaginal health. Hot flashes, bone loss, fat accumulation, loss of muscle mass and strength¹¹, memory loss, cardiovascular disease, and type 2 Diabetes are additional concerns.¹²

Current treatment options are ineffective

Traditional treatment options for vulvar-vaginal atrophy are only partially effective in addressing the many symptoms. Additionally there are known safety risks.

Treatment for vulvar-vaginal irritation and pelvic support issues has been traditionally limited to lubricating creams and OTC options, herbal therapies, estrogen therapies and other prescriptions, Kegel/pelvic-strengthening exercise and surgery.

Lubricants and vaginal moisturizing creams

While helpful for lubrication these products are primarily cosmetic and do not treat underlying concerns. They may help with irritation and painful intercourse due to reducing dryness.

- **Water-based lubricants** include: K-YJelly, FemGlide, Summer's Eve and others, and are non-staining. Silicone-based lubricants include Pink, Pure Pleasure and others.
- **Oil-based lubricants** include using mineral oil, petroleum jelly or baby oil. These are not recommended as they can actually cause irritation and have also been associated with high rates of latex condom breakage.
- **Vaginal moisturizers** include Replens, Moist Again, Fresh Start and K-Y Liquibeads.

Natural solutions such as organic coconut oil, Ayurveda ghee (combined with herbs) and Yes (an OTC organic lubricant) are also available and do not contain the additional chemicals that can be seen in other commercial lubricant and vaginal moisturizing solutions.

Herbal therapies

A number of OTC herbal remedies are available containing black cohosh, soy isoflavones, magnolia bark and other ingredients.

Black cohosh has been shown in some studies to address hot flash and night sweat symptoms, but additional studies are needed. The *American College of Obstetricians and Gynecologists (ACOG)* reports a concern that many of the early studies were poorly designed and did not evaluate the safety and effectiveness of black cohosh beyond 6 months of use.¹³

In 2003 one study showed that a soy-rich diet was shown to increase the maturation indices of vaginal cells and deemed an effective preventive intervention against menopausal effects and vaginal atrophy, but more research is needed.¹⁴

Some products available in the market are Estroven and Remifemin.

Soy products may not be appropriate for women having breast cancer. Soy products may contain soy that has been genetically modified. My greatest concern with soy is the majority of our sources are GMO; so I have advised women in only using non-GMO fermented soy foods such as miso or tempeh in moderation.

Here is a chart summarizing the above treatment options:

Comparison of Treatments for Vaginal Atrophy
(1 of 3 charts)

	Addresses Thinning	Improves Dryness & Irritation	Reduces Pain During Intercourse	Addresses Leaking Urine	Improves Prolapse Symptoms	Improves Libido & Satisfaction	Addresses hot flashes	Contraindications
Lubricants & Vaginal Moisturizing Creams								
Water-based lubricants	No	Yes (temp)	Possibly (reduces dryness)	No	No	Possibly (less pain)	No	Added chemicals
Silicon-based lubricants	No	Yes (temp)	Possibly (reduces dryness)	No	No	Possibly less pain)	No	Added Chemicals
Oil-based lubricants (mineral oil, petrol jelly, baby oil)	No	Yes (temp)	Possibly (reduces dryness)	No	No	Possibly (less pain)	No	Added Chemicals; latex condom breakage.
Vaginal moisturizers	No	Yes (temp)	Possibly (reduces dryness)	No	No	Possibly (less pain)	No	Added Chemicals
Natural solutions (organic coconut oil, Ayurvedic ghee with herbs, Yes)	No	Yes (temp)	Possibly (reduces dryness)	No	No	Possibly (less pain)	No	
Herbal Remedies								
Black cohosh, soy isoflavones, magnolia bark	No	Possibly (soy)	No	No	No	No	Possibly hot flashes and night sweats (Black cohosh)	Soy not recommended for women with breast cancer; products may contain GMO.

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Estrogen therapies

Low-dose vaginal estrogen therapy

Predominant medical therapy of vaginal dryness and pain has been with vaginal estrogen.

This therapy can be prescribed as vaginal tablets, creams or rings. These are delivered locally within the vagina and therefore minimize estrogen increases in blood levels along with related possible side effects. They help improve the thickness and elasticity of the vaginal lining but do not affect the deeper tissue or supporting muscles, nor does research show that they address incontinence issues.

Anecdotal feedback from some women using these products has raised the question as to whether they help some individuals with incontinence issues, but research is required to validate this question further. Manufacturers of these prescription-only products advertise that they help with dryness, pain during intercourse and painful urination.

Rather than just temporarily adding moisture (like the above lubricants) they actually work to reverse the thinning and dryness of vaginal tissue; these effects may help with painful sexual intercourse. These products have not been found to improve libido.

Examples include the prescriptions, Vagifem, Premarin, Estring and Estrace.

Due to the estrogen content, vaginal estrogen therapy is not recommended for some women. Women with breast cancer or women with a history of stroke or heart attack, blood clots or liver disease should not opt for estrogen replacement therapies.¹⁵

Hormone replacement therapy (HRT) and vaginal health

Estrogen products, alone or in combination, that raise levels of the hormone throughout the body (systemically), not just in the vagina, are referred to as “hormone replacement therapy (HRT)”. These products address vaginal atrophy and related pain during sex in postmenopausal women as well as addressing other common symptoms of menopause such as hot flashes and night sweats.

Despite their benefits on vasomotor symptoms, **40%** of women receiving systemic estrogen therapy have persistent vaginal symptoms.¹⁶ Often local estrogen treatment is preferred unless hot flashes are the major issue. Estrogen however, addresses only the mucosal layer of the vaginal tissue.

Studies have shown controversially that postmenopausal women do not benefit from oral hormone therapy for treatment of urinary incontinence. Some studies conclude that HRT has been associated with worsening urinary incontinence.¹⁷

HRT, typically not bio-identical including estrogen and progestins (differs from bio-identical progesterone) is not known to address libido although pain during sexual intercourse may be diminished.

HRT therapy has been shown to help prevent osteoporosis.¹⁸

Hormone replacement therapy prescriptions may contain estrogen alone or may include progestogen (synthetic progesterone) along with estrogen. There are known risks relating to increased risk of blood clots, breast cancer, heart attack and stroke with oral administration.

It is this author’s preference from clinical and scientific experience and research that hormone replacement should only be bio-identical and in the lowest effective dose initially to achieve optimal results.

Kegel/pelvic floor strengthening exercises

Kegel exercises strengthen the pubococcygeus muscle and can improve symptoms of incontinence, as well as arousal and orgasm. They can also prevent or improve symptoms of pelvic organ prolapse, in which the uterus or bladder bulge into the vagina due predominantly to muscle weakness.

- Kegel exercises involve contracting and relaxing the muscles of your pelvic floor, which holds your uterus and bladder above your vagina. Learn to do Kegels correctly at:
<https://youtu.be/2erHStClk2g>

- Women can also use jade balls/lelo balls/kegel balls
- It is also important to avoid exercises that cause increased pressure to the pelvic floor.

Here is a summary of the estrogen treatment options, as well as the pelvic floor health (Kegels) options:

	Addresses Thinning	Improves Dryness & Irritation	Reduces Pain During Intercourse	Addresses Leaking Urine	Improves Prolapse Symptoms	Improves Libido & Satisfaction	Addresses hot flashes	Contraindications
Low Dose Vaginal Estrogen Therapy								
Locally applied estrogen in tablets, creams or rings	Yes	Yes (reverses dryness)	Yes	Possibly	Possibly	Possibly (less pain)	No	Prescription Only. Breast cancer concerns.
HRT (Hormone Replacement Therapy)								
Use of estrogen alone or in combination with synthetic progesterone (progestogen)	Possibly	Possibly	Possibly	No. Some studies suggest urinary incontinence can worsen.	No	Possibly (less pain)	Addresses hot flashes and night sweats.	Prescription Only. Breast cancer concerns. The author prefers the use of bio-identical hormones at the lowest effective dose
Kegel/Pelvic floor exercises								
Kegel and pelvic floor exercises to increase pelvic floor strength.	No	No	No	Yes	Yes	Yes	No	Exercises must be done correctly.

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Surgical options

Surgical options have traditionally included specific surgeries focused on vulvar rejuvenation as well as those to support pelvic support and incontinence issues. These are currently viewed as two different categories of surgical intervention, one for functional health reasons (incontinence and prolapse) and one viewed primarily as cosmetic.

1. Labiaplasty and vaginoplasty viewed as primarily cosmetic.

Many women view these procedures as important for their self-esteem and sexual satisfaction. However, most mainstream health organizations still consider them as cosmetic.

American Society of Aesthetic Plastic Surgery (ASAPS) released statistics in 2014 that revealed a **49%** increase (from 5,070 surgeries to 7,535) in labiaplasty and other genital cosmetic procedures.¹⁹ A detailed review of these procedures can be found at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3312147/>.

The *American Congress of Obstetricians and Gynecologists* have stated in 2007, and reaffirmed in 2014²⁰ that,

“So-called "vaginal rejuvenation," "designer vaginoplasty," "revirgination," and "G-spot amplification" are vaginal surgical procedures being offered by some practitioners. These procedures are not medically indicated, and the safety and effectiveness of these procedures have not been documented. Clinicians who receive requests from patients for such procedures should discuss with the patient the reason for her request and perform an evaluation for any physical signs or symptoms that may indicate the need for surgical intervention. Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring.”

G-shot injection

This is the injection of collagen or Hyaluronic acid injected into the G spot. **87%** of recipients in one pilot study reported increased sexual arousal and gratification.²¹

2. Pelvic Support and Incontinence Surgery viewed as addressing functional and urinary incontinence issues.

MonaLisa Touch laser therapy

This vaginal laser treatment was approved by the *U.S. Food and Drug Administration (FDA)* for aesthetic use in 2014, including approval for gynecologic use.²²

The laser technology results in tissue regeneration and addresses several symptoms relating to vaginal atrophy. In particular the vaginal mucosa tissue becomes more nourished and hydrated; the epithelium becomes thicker and regains some elasticity. It also reestablishes a more acidic vaginal pH. It is not FDA approved for treating urinary incontinence. The procedure is relatively new, and is not normally covered by insurance and can be expensive.

Pelvic prolapse and incontinence surgeries

Research prior to 2014 has shown that about **3%** of U.S. women will have symptoms of prolapse in a given year. According to the authors of one study published in 2014, in the *Journal of the American Medical Association*, about 300,000 U.S. women undergo surgery for prolapse every year.²³

The two most common surgeries are uterosacral ligament suspension and sacrospinous ligament fixation. This study, partly funded by the *National Institute of Health Office of Research on Women's Health*, found positive outcomes for both treatments relating to prolapse symptoms and a small risk of side effects. The same authors suggest that by the year 2050, 44 million women in the U.S. will be facing symptoms of pelvic prolapse or pelvic floor disorders.

While these procedures may address pelvic prolapse and incontinence issues they do not address many of the other major symptoms of vaginal atrophy including dryness and itching, pain with intercourse or libido/sexual satisfaction.

Non Traditional Treatment Options include SERMs and DHEA

Less known hormone therapy treatment options include selective estrogen receptor modulators (SERMs) and the use of DHEA.

SERMs

Women suffering from vaginal atrophy may utilize SERMs, rather than traditional estrogen therapies, for relief. SERMs block or activate the estrogen receptors in certain areas of the body and not others. This can make them safer than estrogen therapy alone especially in a woman having a history or family history of breast cancer. SERMs can also relieve other menopausal symptoms such as hot flashes and even bone density.

SERMs are unique to different parts of the body, so a SERM can block estrogen's negative action in breast cells while activating positive effects in other cells, such as bone and uterine cells.

SERMs with positive vulvar-vaginal effects include lasofoxifene and ospemifene. These SERMs improve vaginal atrophy and reduce vaginal pH and more, but do have potentially serious side effects.²⁴ More research is ongoing but this is an exciting new area of addressing vaginal atrophy.

DHEA – The perfect natural solution

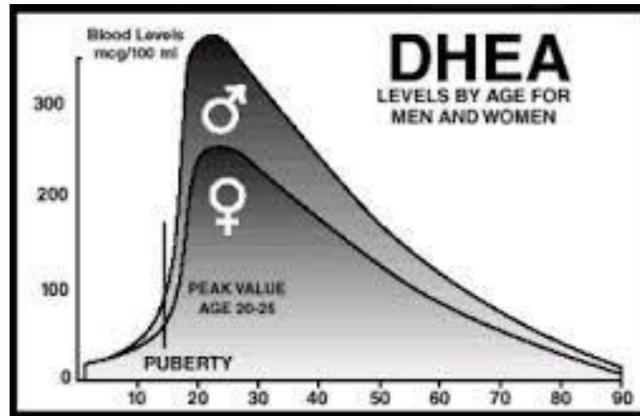
While most research and available treatments have been focused on the effects of diminishing estrogen and testosterone, there is another key hormone that has been found to play an important role in addressing vaginal atrophy symptoms, and that is dehydroepiandrosterone (DHEA).

DHEA is an androgen, like testosterone. Androgens are important to the integrity of skin, muscle, and bone (in both males and females) and have a role in maintaining libido. They also improve energy level and mental alertness, provide cardiovascular protection by lowering cholesterol, and enhance bone building (by increasing calcium retention).

DHEA originates from the adrenal gland. It is an inactive precursor which leads to the production of active sex hormones like androgens or estrogens in specific cells and tissues. As estrogen levels naturally decrease it is DHEA that continues to be a remaining source of estrogens and androgens in the woman's body.

DHEA produced by the body naturally "extends" protective benefits to women as their estrogen levels decrease, but only for a time. There is a progressive decrease in serum DHEA which starts at the age of 30 years with an average **60%** loss observed by menopause.²⁵

DHEA, however, can be introduced and utilized by the body. DHEA can be introduced orally, vaginally or through topical application around the vulva.



Oral DHEA

While used for a variety of other health benefits, Oral DHEA has not been shown to address vaginal atrophy symptoms.²⁶

Locally Applied DHEA

Topical DHEA has been found to have favorable effects on skin health and appearance²⁷ due to the production of collagen.

If DHEA is delivered directly to the vagina, the tissues transform DHEA to the estrogen, estradiol.²⁸ This natural production of estradiol occurs without a significant release of estrogens systemically in the blood.

The author and other physicians have been able to write prescriptions for customized vaginal and topical DHEA and other hormones for decades with much positive results.

In November 2016 the U.S. Food and Drug Administration (FDA) approved the first product containing the active ingredient **Prasterone**, also known as DHEA.²⁹ The product, **Intrarosa®**, was approved to treat women experiencing moderate to severe pain during sexual intercourse, a chief symptom of vulvar atrophy.

Here is a summary of surgical options, SERMS and DHEA.

Comparison of Treatments for Vaginal Atrophy
(3 of 3 charts)

	Addresses Thinning	Improves Dryness & Irritation	Reduces Pain During Intercourse	Addresses Leaking Urine	Improves Prolapse Symptoms	Improves Libido & Satisfaction	Addresses hot flashes	Contraindications
Vaginal Surgeries								
Labiaplasty and vaginoplasty	No	No	No	No	No	Possibly - increases self-esteem	No	Viewed as cosmetic in nature
G-Shot injection - injection of collagen or Hyaluronic acid	No	No	No	No	No	Yes	No	Viewed as cosmetic
Mona Lisa Touch Laser	Yes	Yes	Possibly (reverses dryness)	No	No	Possibly (less pain)	More acidic vaginal pH.	Is expensive and may not be covered by insurance.
Pelvic Support and Incontinence surgery	No	No	No	Yes	Yes	No	No	
SERMS								
SERMs block or activate the estrogen receptors in certain areas of the body and not others.	Yes	Yes	Yes (reduces dryness)	No	No	Possibly (less pain)	More acidic vaginal pH. May reduce hot flashes.	Prescription Only. Many known potential side effects.
A Newer Proven Approach - DHEA								
Vaginal DHEA tablet	Yes	Yes	Yes (reverses dryness)	Yes	Yes	Yes	More acidic vaginal pH.	Prescription Only. One FDA approved drug for pain reduction only.
OTC vulvar DHEA cream (Julva)	Yes	Yes	Yes (reverses dryness)	Yes	Yes	Yes	More acidic vaginal pH.	Over the counter. No FDA review required. Available at Julva.com

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Locally applied DHEA effectively treats vaginal atrophy symptoms

There is a good deal of research on the benefits and effectiveness (as well as safety) of DHEA in treating vulvar-vaginal symptoms.

The research surrounding vaginally applied DHEA has shown it to:

- Reduce vaginal dryness and irritation
- Strengthen vaginal musculature
- Increase bone mineral density
- Decrease pain during intercourse
- Increase arousal and libido, as well as sexual satisfaction

For women having had breast cancer: There has also been some exciting research done (not yet published) that has shown vaginally applied DHEA to effectively treat vaginal dryness, pain and other vaginal atrophy symptoms – including libido. This 2014 clinical trial has not yet been published but I've included information on my website should you be interested in learning more. (<http://drannacabeca.com/using-julva-cream-if-youve-had-breast-cancer/>).

1. Reduce vaginal dryness and irritation

In a study reported in the *Journal of The North American Menopause Society*³⁰ in 2016, daily intravaginal administration of DHEA caused highly statistically significant improvements in four measurements of vaginal atrophy.

	482 Participants using DHEA (0.50% daily Prasterone for 12 weeks)
Vaginal dryness improvements	1.44 severity score units compared to baseline, or 0.27 units over placebo
Gynecological evaluations	86% to 121% improvements (4 measures) over the placebo
Vaginal pH acidity	Decreased by 0.66 pH units over placebo
Pain during sexual activity	Decreased by 1.42 severity score units from baseline or 0.36 units over placebo

In this study and in earlier studies local Prasterone (DHEA) resulted in these improvements with minimal changes in serum steroid levels.³¹ In one earlier 2009 study, 216 women were given 3 different daily doses of Prasterone, **0.25%, 0.50% and 1.0%**. All three doses results in highly significant beneficial changes in vaginal secretions, a decrease in vaginal pH, epithelial surface thickness, color, and epithelial integrity.

2. Strengthen vaginal musculature

In another 2009 study, DHEA was applied locally within the vagina resulting in a significant improvement to all three layers of the vagina (epithelium, lamina propria and muscularis) versus simply affecting the superficial epithelial cells.³²

The author has numerous case studies demonstrating improvements in vaginal musculature as well as urinary incontinence issues through the use of locally applied DHEA.

3. Increase bone mineral density

In clinical studies, locally applied DHEA has been found to increase bone mineral density³³ and to result in an increase in serum osteocalcin, a marker of bone formation.³⁴

4. Decrease pain during intercourse (dyspareunia)

In a clinical trial in 2015 using intravaginal Prasterone (**6.5 mg** daily for 12 weeks) there was a statistically significant beneficial effect on moderate to severe dyspareunia.³⁵ The authors also noted that vaginal dryness and dyspareunia presented together in **70-80%** of women.

In the author's 2016 study the results from the 2015 trial were confirmed. The 2016 trial included **558** postmenopausal women with moderate to severe dyspareunia as their most bothersome

vaginal atrophy symptom. Results were once again statistically significant for beneficial effects at the daily intravaginal dose of **0.50% (6.5 mg)** of Prasterone.³⁶

5. Increase arousal and libido, as well as sexual satisfaction

In the 2009 study, 1.0% (13 mg) DHEA applied locally within the vagina resulted in a marked improvement to four aspects of sexual dysfunction: desire, arousal, pleasure and orgasm.³⁷

	1.0% vaginal DHEA over a 12 week period
Improvements in desire	23% versus placebo
Improvements in arousal and lubrication	139% versus placebo
Improvements to orgasm	75% versus placebo
Improvements in dryness during intercourse	57% versus placebo

In a 2015 study the long-term effect on the sexual function of **154** postmenopausal women reporting some form of vaginal atrophy was evaluated based on a 52-week treatment with daily intravaginal **0.50% (6.5 mg)** DHEA. pubococcygeus

Results showed increases as follows: desire, arousal, lubrication, orgasm, satisfaction and pain were improved by **28%, 49%, 115%, 51%, 41% and 108%**, respectively.³⁸

The author's clinical experience using DHEA to treat vaginal atrophy

As an Emory trained physician I started using androgen therapy in my private practice in 1999. I used bioidentical DHEA and Testosterone vaginally or applied it topically to the vulvar area. Patients came to me complaining of vaginal atrophy symptoms including vaginal dryness, irritation, pain during intercourse and urinary leakage. Many suffered from libido issues.

I routinely achieved positive results with my patients for improvements to sexual health and vaginal dryness, and a reduction in irritation and pain during intercourse. There were regular improvements in libido and sexual satisfaction. Some patients also reported decreased incontinence symptoms. Many patients seeing me for possible surgery due to pelvic prolapse and stress incontinence issues were able to avoid surgery altogether once I prescribed vaginal DHEA and testosterone to them.

For these patients, a physical examination verified their reported improvements; there were notable tissue improvements in the lining and within the vaginal ruggations (the normal folds and elasticity) as well as contractility (the ability to contract the muscles of the pelvic floor). This meant more strength, more support to the urethra and bladder too.

The need for a non-prescription option

I wanted to be able to provide a non-prescription based topical solution that provided the least systemic effect. This would provide women all over the world with a less embarrassing option to address a significant quality of life and overall health issue associated with aging.

Three years of research along with my extensive clinical results led me to combine DHEA in cream form with other quality natural ingredients having been shown to be beneficial to the skin and its underlying tissues. Those ingredients include Alpine Rose Stem Cells, Emu oil, Vitamin E Tocopherol, Coconut oil and Shea Butter.

Alpine Rose Stem Cells are harvested from Swiss alpine plants and contain unique compounds that help the plant survive extremely challenging environments. The stem cells have been shown to increase skin cell replenishment, protect against age-related oxidative stress, have antiviral effects and are loaded with polyphenolic antioxidant compounds.³⁹

Vitamin E Tocopherol provides anti-inflammatory support; Coconut oil provides a safe and natural lubricant; Emu oil promotes deeper tissue absorption and regenerates skin cells while improving thinning skin.

My research concluded that a **small 5-10 mg** daily dosage of DHEA topically applied achieved excellent symptom improvements, after which I recommend a reduced maintenance dosage protocol.

The birth of Julva

You can learn much more about Julva at www.Julva.com. Along with more information as well as testimonials, you will find an extensive FAQs.

I've perfected this cream with love and prayers that it helps women around the world feel good about our sexual health especially as we deal with the normal changes of age.

I've focused on making it really safe, and along with addressing all of the above...it is designed to effectively improve the divinely designed function of our beautiful, feminine, pelvic floor.

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