

Polymyalgia rheumatica (PMR) is a systemic inflammatory syndrome with autoimmune-like features that primarily strikes adults over 50. It causes severe bilateral pain, aching, and stiffness in the shoulders, hips, neck, upper arms, thighs, and lower back — often worst in the morning or after inactivity, with profound fatigue that disrupts daily life.

While long labeled as an “autoimmune disease” requiring suppression with high-dose prednisone (typically 12.5–25 mg daily for 1–4 years), this view is incomplete. PMR is better understood as a **failure of inflammation resolution and vascular-immune regulation**, where the body cannot shut down self-sustaining cytokine loops.

The core driver is **dysregulated Th1/Th17 T cells and macrophages** producing excess IL-6, TNF- α , IFN- γ , and IL-1 β . These cytokines create positive feedback amplification in bursae, synovium, and tenosynovium — with fibroblast-like synoviocytes (FLS) secreting more IL-6 in autocrine loops. The **JAK-STAT** (via IL-6) and **NF- κ B** pathways are central and unrestricted, lacking negative feedback (e.g., SOCS3, IL-10, resolvins) and Treg suppression.

Vascular-immune crosstalk breakdown is pivotal: cytokines damage endothelium, reducing nitric oxide (NO) production and vascular elasticity, impairing tissue perfusion and resolution — leading to persistent inflammation and heightened cardiovascular risk (2-3 \times increased events).

Metaflammation (chronic low-grade inflammation from metabolic stressors — high BMI, insulin resistance, dyslipidemia, low testosterone, chronic stress, poor sleep) merges with **inflammaging** (age-related immune senescence post-50) to amplify this failure. Excess nutrients cause ER stress, ROS generation, and NLRP3 inflammasome activation in adipocytes and endothelial cells, sustaining NF- κ B/IL-6 signaling and epigenetic lock-in (DNA methylation, histone modification) that keeps proinflammatory genes active.

Viral infections (e.g., COVID-19 or recent viruses) can trigger or unmask this via molecular mimicry and lasting epigenetic changes.

The standard approach — long-term high-dose prednisone — suppresses symptoms but rarely resolves the root dysregulation. Over 50% of patients cannot taper successfully, facing serious adverse events (AVN, osteoporosis, diabetes, infections, myopathy, frailty) from cumulative glucocorticoid exposure.

PMR Reset exists to change that.

We are the world's first dedicated PMR treatment center and online resource, offering science-backed education and cash-pay, personalized physiologic reset protocols. Our approach is not suppression — it is restoration:

- Reduce biologic noise (metaflammation) through circadian-aligned nutrition, metabolic optimization, and gut-immune support.
- Restore rhythm (circadian light, HRV-guided breathwork, sleep optimization).
- Rebuild circulation (Zone 2 movement, heat conditioning, NO enhancement).
- Regulate signaling (targeted supplements, peptides, IV therapies).
- Regenerate and resolve (autologous adipose-derived stem cells, thymosin alpha-1, localized exosomes).

We combine proven conventional tools (prednisone, sarilumab, methotrexate) with functional and regenerative modalities to shut down IL-6/JAK-STAT/NF-κB loops, restore vascular NO production, reprogram immune tolerance, and enable safe, rapid prednisone tapering.

Our Promise

Personalized, cash-pay protocols delivered through virtual consultations and in-person care at the first-ever PMR Treatment Center in Gulf Breeze, Florida. No insurance hassles. Biology-first. Resolution-focused. Designed for patients who want their life back.

Call or book today to schedule your consultation and begin your reset.

(Primary CTA Button: "Schedule Your Consultation – (850) XXX-XXXX" or Calendly link)

(Secondary CTA: "Download Your Free PMR Reset Starter Guide" – lead magnet PDF)