

Anatomy of an Alarm

By Sarah Hakam

You are a fist-sized ember perched above each kidney, twin sirens disguised as glands.
At 3:17 a.m. you uncoil, no alarm clock, no predator, only a vignette of failure flickering behind my eyelids.
A hypothalamic whisper becomes CRH, becomes ACTH, becomes the metallic bloom of cortisol surging into every capillary.
You flood the perimeter with catecholamine, commanding heart to drum, bronchi to flare, gut to abandon its slow alchemy.
I sit bolt-upright, palms slick, mind frantic to name the threat you swear is real.
“We are late, we are lost, we are dying,” you chant through a pulse too loud for the small bedroom.
I used to curse you: a laboratory of misfires, an evolutionary relic that cannot distinguish e-mail from saber-tooth.
But in daylight pathology, I memorized your grammar: zona glomerulosa, fasciculata, reticularis, three stained glass panels of well-meaning messengers.
You do not intend harm; you practice protection in the only language you know surge, sprint, survive.
So tonight, I will answer in a dialect of diaphragm and vagus nerve.
Inhale four counts, suspend, exhale eight.
I picture you as a startled animal offered an open gate; your vasoconstricted corridors widen, cortisol ebbs toward basal.
Heartbeat decrescendos in a quiet room.
Thank you for arriving, I say, but the fire is out; stand down.
You listen, reluctant, faithful, and settle once more into blood-warm ash.

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About the Author



Sarah Hakam is a medical student in the Texas A&M EnMED MD/M.Eng. program whose work focuses on nanomedicine drug delivery systems and postpartum mental health, alongside active involvement in mental health advocacy. She intends to pursue psychiatry residency training and develop a research-driven career with a strong emphasis on mentorship.