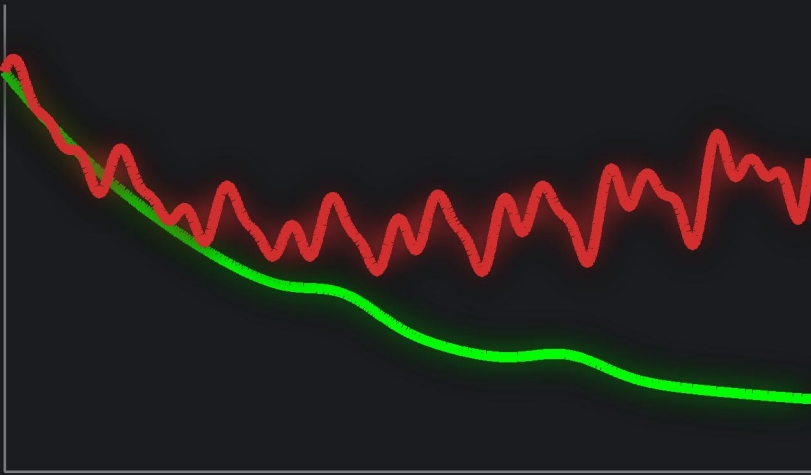


WHY YOU'RE ALWAYS WIRED, TIRED, AND ON EDGE —  
AND HOW TO FINALLY SWITCH IT OFF

# THE AGE OF HIGH CORTISOL



*From the same starting stress: a steady, systematic release (green) that holds — versus a volatile, short-lived dip (red) that climbs back up.*

MARCO DELGADO



ODIN PRESS

## **The Age of High Cortisol**

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## PREFACE

At forty-one, I collapsed in a hospital parking garage, certain I was dying, and I was wrong. My colleagues put me on a monitor within minutes — I knew every one of them, had trained some of them — and the monitor told me the truth I least wanted and most needed to hear: nothing was torn, nothing was blocked, my heart was fine. It was the most frightening normal reading of my life. I had spent fifteen years in the trauma bay of a big-city Level I center, living inside the body's alarm for a living, watching thousands of stress responses fire in other people up close. And I had missed the one running, all that time, in me.

I wrote this book because what happened to me is not a mystery, and it is not a mystic thing, and it is not a personal failing. It is physiology, and most people were never shown where the switch is. Your body carries an ancient, flawless emergency system — a thirty-minute alarm built to carry you through a short, sharp danger and then switch off. It saved my life more than once on the table at three in the morning. The trouble is that modern life fires that alarm a hundred times a day, at emails and traffic and glowing rectangles, and almost never sends the signal that lets it stand down. So the emergency never ends. It becomes the weather. And a magnificent thirty-minute system, run for thirty years without a break, quietly takes a body apart while every test comes back normal — which is exactly what mine was doing, in that parking garage, on that Tuesday.

I want to be honest with you about what this book is and is not. It is not another entry in the cortisol grift — the detox teas, the adrenal-fatigue supplements, the photogenic hacks that take a real hormone with a scary reputation and attach it to a checkout button. I don't sell anything, and I won't, because the actual cure is boring and mostly free, which is precisely why nobody advertises it. This book is also not a promise that you will become calm, serene, or stress-free. You won't, and you shouldn't want to; a life with no alarm is a life in danger. What

## *The Age of High Cortisol*

I can offer is smaller and truer: a clear picture of what is actually happening in your body, and a set of specific, physical levers for restoring the stand-down your world stopped providing. Levers and mechanism, not miracles.

The book comes in two halves. The first is the anatomy of the siege — what a stress response with no off-switch really costs a body, year over year, told plainly and without either fear-mongering or false comfort. I spend those chapters on the problem because you cannot properly use a cure whose reason you don't understand; a lever means nothing until you can see the load it moves. The second half is the building — the unglamorous, physical, daily work of sending your own all-clear: the breath, the honest reappraisal of a threat, the movement that spends what the alarm mobilizes, the sleep that is the deepest stand-down there is, and finally the shape of a life built so the all-clear comes by structure instead of by daily struggle. None of it is dramatic. All of it compounds.

A word about who is telling you this. I am not the doctor above you with a clipboard, and I am not writing from some arrived-at, finished peace. I am the guy who was on the same gurney you are afraid of — whose own body ran in permanent red-alert until it broke, who left the megacity trauma center within the year, moved to a smaller town, sold the big practice for a small one, and slowly, physically, rebuilt the off-switch he'd lost. My alarm still works perfectly; I did not have a personality transplant in that stairwell. What I rebuilt was the after. I sleep through the night now, I who did not sleep a full night for the better part of a decade. That downshift is the last chapter of this book, and I lived it. I am not interested in making you calm. I am interested in your next full breath.

If you are tired in a way sleep doesn't fix, wired in a way you can't explain, bracing against a danger you can't name — you are not broken. You have a flawless emergency system running in a world that forgot to tell it the danger has passed. Nobody ever showed you where the switch is. Let me.

Marco Delgado, MD

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**Part I**

**The Siege**

# 1

## THE ZEBRA AND THE HYENA

It is 3:14 in the morning and a nineteen-year-old is dying on the table in front of me, and my own heart is going hard enough that I can feel it in my teeth. Gunshot to the abdomen, pressure dropping, the kid gray as a January sky. My hands are moving before I have decided anything. My mouth is calling for blood, for a line, for the OR upstairs. And underneath all of it, invisible to everyone in the room including me, my body has just done something extraordinary and completely ordinary: it has flipped a switch that is older than language, older than fire, older than the human face. In the space of a single breath it has turned me into an animal built to keep this kid alive for the next thirty minutes. My pupils are wide. My blood is thick. My muscles are loaded. I am, chemically speaking, a zebra that has just seen a lion.

I want to tell you about that switch. Not because it is broken in you — it is not broken in you — but because almost nobody has ever shown you where it is, or told you the one thing about it that changes everything: it was built to turn off. The alarm that saves your life on the table at 3 a.m. is supposed to end. That is the whole design. And the reason so many of us are tired in a way sleep does not fix, wired in a way we cannot explain, sick in ways our labs can't quite name — is not that the alarm is defective. It is that nobody is sending the all-clear.

I nearly died of that missing signal myself, at forty-one, in a parking garage, with a perfectly normal EKG. So I am not going to lecture you from a porch. I was on the same table you are afraid of. Let me show you the switch.

## THE ALARM THAT SAVED YOUR LIFE

Go back to the kid on the table. Trauma bay, big-city Level I center, the deep end of the pool — the place they bring you when the ordinary hospital is not enough. Three in the morning is not a slow time in that room; three in the morning is when the city does its worst work. The kid came in by ambulance with a belly full of blood and a blood pressure that read like a rumor. I remember the exact quality of the light, that flat fluorescent white that makes everyone look already dead. I remember the resident's voice climbing half an octave. And I remember — this is the part that took me fifteen years to understand — my own body doing precisely what it was built to do, in perfect time with the crisis, as if it had been waiting my whole life for this one.

My heart rate jumped before I had a conscious thought. My hands went dry and sure. The edges of the room went a little dark and the center of it went very bright, the kid's abdomen lit up like a stage. I was not afraid, exactly. I did not have room to be afraid. I was mobilized — every system in my body had been commandeered for a single purpose, which was to survive the next few minutes and to drag this kid through them with me. Later, in the doctors' lounge, my hands would start to shake and I would notice I hadn't eaten in nine hours and did not care. But in the room, in the moment, I was a beautifully engineered emergency machine, and so were you, the last time your life narrowed to a single point. You have felt this. The near-miss on the highway, the phone call at the wrong hour, the sound in the house at night. You know this switch. You have just never been introduced to it properly.

Here is what actually happens, and I am going to tell it to you the way I would tell a patient who I respect, which means plainly and without a slide deck. A threat registers — a shape, a sound, a word. Long before your thinking brain has caught up, a small almond of tissue deep in your head throws the switch. It signals down to two glands that sit on top of your kidneys, and those glands dump adrenaline straight into your bloodstream. This is the sprint chemical, and it works in seconds. Your heart speeds and pounds harder, moving more blood per beat. Your airways open wider to pull in more oxygen. The blood vessels to your skin and your gut clamp down — you do not need to digest lunch or grow your fingernails right now — and that blood is rerouted to the big muscles of your arms and legs, which are being loaded like springs. Your pupils dilate to let in more light. Your liver dumps sugar into the blood

for instant fuel. Your clotting system leans forward, ready to seal a wound. Even your immune cells shift and marshal, expecting an injury. All of this in one or two seconds, no thought required, a whole-body dispatch order signed and sent before you know your own name. It is not a feeling. It is a full mobilization of every organ you own, aimed at one outcome: get through the next few minutes alive.

The textbook picture — and it is a good picture, so let's use it — is the zebra on the Serengeti. Morning on the plain, the herd is grazing, tails flicking flies. Then one animal catches the wrong shape in the grass, the tawny flat-backed line of a lion, and in that instant the same cascade I just described runs through a striped body instead of a scrubs-wearing one. The zebra's heart rate triples between one stride and the next. Its blood floods to the great muscles of the hindquarters. Its airways flare. It does not decide to run; the running is already happening, the body has voted before the animal has a thought, if a zebra has thoughts. It wheels and it goes, forty miles an hour across broken ground, dodging, cutting, its whole physiology bent to the single task of not being eaten in the next ninety seconds. This is the acute stress response. It is the finest life-saving technology on the planet and it did not cost the zebra a thing; it came standard, installed by a few million years of every ancestor who could do it outliving every ancestor who couldn't. And here is the part I want you to hold onto, because the whole book turns on it: if the lion gives up — and lions usually give up — then within the hour that same zebra has its head back down in the grass. Heart slow. Blood sugar settling. Grazing. As if nothing happened. Because from the body's point of view, nothing did. The emergency came, the emergency was met, the emergency ended. That is the design working exactly as intended.

Now put yourself next to that zebra, because you have the same equipment. Not similar equipment — the same equipment, built to the same specification by the same few million years of evolution. When the shape in the grass appears in your life — the email marked urgent, the number you don't recognize calling at 9 p.m., the sentence that begins "we need to talk" — your almond of tissue throws the identical switch. Your adrenal glands dump the same adrenaline. Your heart, your lungs, your pupils, your muscles, your liver all get the same dispatch order. There is no meaningful difference between the zebra's alarm and yours. Same machinery, same chemistry, same ancient wiring. If I put you and the zebra on adjacent monitors in the first ten seconds of a fright, I

# 3

## WHAT THE SIEGE COSTS

The morning I turned my own labs face-up on the desk, I did something I had done ten thousand times for other people and never once for myself: I read them cold, as a clinician, as if the name at the top belonged to a stranger. Fasting glucose. Blood pressure log. Lipid panel. Resting heart rate. And about four numbers in, I felt the small professional chill I get when a chart starts telling a story the patient hasn't told me yet — the quiet cardiovascular story, the one that ends somewhere I didn't want to go. Then I remembered the name at the top was mine.

This chapter is the bill. In the last two chapters I told you the tab was running; now I want to read you the itemized statement — honestly, specifically, and without the two things that make cortisol writing useless. I am not going to frighten you, because fear is a stressor and I refuse to hand you a fresh one. And I am not going to sell you anything, because almost everything sold under the word "cortisol" is a grift, and telling the real harms from the fake cures is a survival skill I intend to give you before this chapter is done. The costs are real. They are also, every one of them, boring, slow, and unglamorous — which is exactly why the honest version has to compete with a marketplace full of exciting lies. Let's read the real bill first.

### THE BILL COMES DUE

At the end of the last chapter I said the body keeps a tab, accruing quietly, in a currency your feelings never check, until one day it hands you the total. This chapter is where we read the itemized statement — line by line, organ by organ, the actual, specific, well-evidenced costs of a stress response that never gets its off-signal. Not to alarm you. To inform you, because a bill you can read is a bill you can start paying

down.

Let me stay in that moment at the desk, because it taught me something about the difference between knowing and knowing. I had known, abstractly, for years, that chronic stress was bad for the body. I taught it. I could have given you the lecture. But there is a particular gap between the lecture and the lab report with your own name on it, and I fell straight into it that morning. Reading my own numbers, I did the thing clinicians are trained to do and patients almost never can: I depersonalized. I made the patient a stranger, because that is the only way to read clearly. And the stranger's chart was not good. Not catastrophic — nothing that would send an ambulance — but a man in his early forties whose blood pressure had drifted into the range where I'd start talking to a patient about it, whose fasting glucose was higher than a man that age and that build had any business posting, whose resting heart rate told me his body had forgotten how to idle. If this chart came to me in clinic, I thought, I would not like this patient's next decade. And then the name swam back into focus, and it was me, and I understood, finally and in my own body, that I had been running the siege I'd spent a career diagnosing in other people, and that the tab had my name on it, and that it was, unmistakably, coming due. That chill is the honest starting point of this chapter. I want you to feel it once — and then I want to give you every reason not to be ruled by it.

"Isn't this just fear-mongering?" It's a fair thing to ask, because the internet is wall-to-wall with people using cortisol to scare you toward a checkout button, and you're right to be wary. So let me be precise about what I'm doing, because it is the opposite of fear-mongering. Fear-mongering inflates a vague dread to move you toward a purchase; it thrives on keeping the threat blurry, because a blurry threat is a bigger one. What I'm doing is the reverse: naming the real harms exactly, with their real mechanisms and their real, modest sizes, precisely so that you can stop being afraid of the vague version and stop falling for the fake cures that feed on the vagueness. Precision is the antidote to fear, not its instrument. When you know exactly what chronic cortisol does and doesn't do — which harms are well-evidenced and slow, which "harms" are marketing inventions — you become both calmer and much harder to sell to. That's the goal. Not a scared reader who buys a supplement. A clear-eyed one who knows the actual bill and can therefore ignore the collection agencies that don't hold any real debt.

Before any single item on the bill, understand the shape of the whole

bill, because it corrects the instinct that will otherwise mislead you at every line. The harm here is not drama. It is dose and duration. When people imagine "stress killing you," they picture the big one — the executive clutching his chest, the sudden collapse, stress as a lightning strike. That is not the story of this chapter, and it is not the story of almost anyone's actual life. The real harm is the opposite of dramatic: it is a mildly elevated cortisol level, a slightly-too-high blood pressure, a marginally-raised blood sugar, sustained not for an afternoon but for years — the low, patient, unspectacular accumulation we've been calling the tab. Nothing on the bill you're about to read comes from a single terrible day. Every line comes from ten thousand ordinary ones. Hold that, because it flips the usual fear on its head: you are not one bad moment away from disaster. You are, instead, being charged a small daily fee you've stopped noticing, and the total is large only because the fee has been debiting for so long. The good news hiding in that is enormous, and I'll come back to it: a harm made of duration can be reduced by shortening the duration. But first, hear it plainly — this is a slow bill, not a lightning bolt.

Annie Payson Call, writing about the body wasting itself in effort that accomplishes nothing, put the principle more starkly than a modern textbook ever would:

*"it is pure waste of fuel, and results in direct and irreparable harm."*

She was writing, in 1891, about the specific waste of a body that will not rest even in sleep — tension held where none is needed, fuel burned to no purpose. But the phrase names the whole chapter. A siege that isn't happening is pure waste of fuel: your body spends real reserves defending against a threat that isn't there, and the spending, sustained long enough, does real damage. The word "irreparable" is stronger than I'd use — the body forgives more than Call knew — but the core is exactly right. Effort with no purpose is not neutral. It costs.

Here is one thing to do this week, and it is deliberately concrete, because I'd rather you meet the bill on paper than in your imagination. Pull one real number. Just one. Your blood pressure — most pharmacies have a machine, or you can buy a cuff for the price of a couple of coffees. Or your fasting glucose, if you've had bloodwork this year, sitting in a patient portal you've never opened. Or your resting heart rate on waking, the number I asked you to start collecting last chapter. Pick

You are tired in a way sleep doesn't fix. Wired at midnight, foggy at noon, bracing against a danger you can't quite name. Every test comes back normal, and every cortisol cure on the shelf wants your credit card.

Here is the truth the wellness aisle won't sell you, because it's free: your stress response isn't broken. It's a flawless thirty-minute emergency system — the same alarm that saves a life in a trauma bay — running twenty-four hours a day because nothing in modern life ever tells it the danger has passed.

Dr. Marco Delgado spent fifteen years inside that alarm as an emergency physician, until his own body ran red-alert so long it collapsed in a parking garage at forty-one, with a perfectly normal EKG. He is not your doctor. He is the guy who was on the same table.

*The Age of High Cortisol* is the honest anatomy of chronic stress — the real harms, named plainly; the grift, called out — and a set of specific, physical levers for rebuilding the one thing your body is starving for: the all-clear. Not less stress. A working off-switch.

Send your own stand-down. Your body has been waiting years to hear it.

