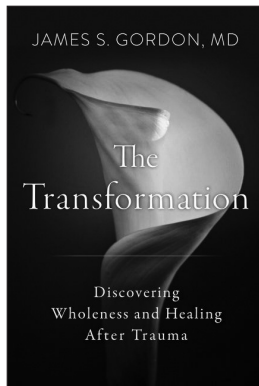


BOOK AND MEDIA REVIEWS

The Transformation: Discovering Wholeness and Healing After Trauma

James S. Gordon

New York, HarperOne, 2019, 376 pp., \$27.99, hardcover



The Transformation, by James Gordon, MD, addresses the effects trauma can have on our minds and bodies. Part scientific narrative, part self-help book, Dr Gordon proposes a road map of activities and lifestyle modifications intended to help the reader

navigate the aftereffects of a traumatic experience. Dr Gordon bases this largely on his experience evaluating and counseling victims of war-zone violence, which he discusses in anecdotes throughout the book. While the narrative seems occasionally too reliant on Dr Gordon's first-hand encounters with individual patients, he does a nice job of placing the stories within the broader context of scientific thought and practical advice.

Early in his career, Dr Gordon, a Harvard-trained psychiatrist, held research positions at the National Institutes for Mental Health, along with various other governmental agencies. It was through these positions that Dr Gordon first began to work with war-zone survivors, including from the Balkans and the Middle East. He tells a particularly compelling story of a young girl in war-torn Syria (p 17). Nine-year-old Azhaar had lost her father in 2014, and when Dr Gordon met her, she expressed a desire to die so that she could be with her father. In working through a course of therapeutic drawing exercises, Azhaar progressed from drawing her own death to drawing scenes of herself becoming a cardiologist to help others. Although the physician reader—certainly moved by this story—might wonder about its applicability to typical patients seen in practice, Dr Gordon does make reference to studies demonstrating the appallingly common occurrence of adverse childhood environments.

The middle part of the text pivots toward explorations of the physiologic effects of experienced trauma, and practical steps for the patient to take (or physician to recommend) to palliate these effects. The first of these strategies is called “Soft Belly,” which Dr Gordon references throughout the book in various contexts. Soft Belly is essentially a guided meditation technique, with the goal of the individual being able to gain awareness of the physiologic effects they are experiencing, and then (ideally) modulate the effects by mindful breathing (eg, slowing one's heart rate). It seems plausible that an individual could pick the technique up, or a physician could counsel to it, rather easily. Dr Gordon relates an anecdote potentially of interest to those in medical education, about the positive effect on and enthusiasm with which medical students under his instruction took to this technique (p 50).

The center of the book also risks becoming tedious with the number of anecdotes presented from Dr Gordon's experience over a long career working with patients, both in war zones and regular practice. As mentioned above, some readers will likely be captivated by the author's stories and adventures in conflict zones, while others will start to wonder at the relevance to their own experience or their own practice setting.

Many of the book's core tenets are expressed through Dr Gordon's core recommendation, The Trauma-Healing Diet. The busy reader, in perusing chapter 10 by itself (p 140), will come away with most of the underpinnings of Dr Gordon's philosophies, as well as his key suggestions. The Trauma-Healing Diet emphasizes whole, natural foods; minimal use of fat and dairy products; and avoidance of sugar-added foods, artificial sweeteners, etc. This chapter, like the book as a whole, is well-written and accessible for the lay reader, making it easy for the physician to recommend to a patient. That said, the physician or scientifically savvy reader will come away from the diet wondering how it differs from a general Mediterranean diet, and whether its effect on healing from trauma is supported by anything more than specious pathophysiological hypotheticals.

One also wonders at the author's enthusiastic recommendation of the EMPowerPlus

supplements as part of a trauma-healing approach (p 157). Dr Gordon states that this formulation was developed by researchers in New Zealand to help individuals displaced by volcanoes and other natural disasters heal. This is partially true; such displaced individuals were offered micronutrients, but studies of the effect were small, mostly by a single researcher, and predated the specific product being recommended in the book.¹ Although no impropriety appears, it seems quite a leap to posit this particular commercial product as an essential ingredient in healing from trauma.

In summary, Dr Gordon's *The Transformation* is an accessible, often entertaining, but occasionally unsatisfying exploration of trauma, its effects, and ways to heal. The physician reader will likely remember it as a useful text to recommend to patients searching for tools to help them cope with past experiences.

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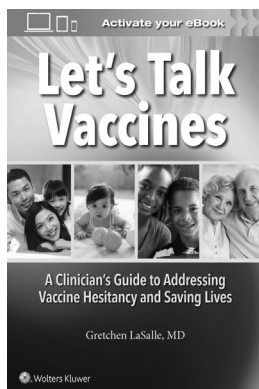
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Let's Talk Vaccines

Gretchen LaSalle, MD

Philadelphia, Wolters Kluwer, 2020, 255 pp., \$49.99, paperback



If you are a primary care physician who cares for children, you have likely faced a situation in which parents have refused to vaccinate their child. If you haven't, you must live in a wonderful community with no internet access. For many family physicians, pediatricians, and advanced practice clinicians, assuaging parental fears about vaccines can be a daily experience. Due to the effectiveness of vaccines over the past 5 decades, the prevalence of vaccine-preventable diseases has plummeted to a point where most parents have never seen a case of chicken pox, measles, or Hib meningitis. As such, the fear

balance has shifted from being afraid of the diseases, to being afraid of having their child injured by a vaccine. With a steady stream of vocal, well-financed antivaccine activists online, and the bubble of promoted misinformation by social media, it is not surprising that physicians are spending a lot of time responding to questions from anxious parents.

Fortunately, a new book written by family physician Gretchen LaSalle, MD, *Let's Talk Vaccines* has just been published and should become the go-to resource for the busy clinician facing vaccine hesitancy. In a very accessible writing style, Dr LaSalle breaks down the nuts and bolts of the common vaccine issues and questions and provides simple and factual strategies to counter concerns from parents. After tracing the history of vaccine hesitancy and the common factors that contribute to vaccine hesitancy, Dr LaSalle provides point-counterpoint arguments clinicians can use for almost all vaccine questioning scenarios. Additionally, the book provides in-depth chapters on vaccine safety, vaccine ingredients, a who's who of antivaccine activists, and the Wakefield study that launched the current antivaccine movement.

The book's appendices provide additional useful information for the clinician. The first two have clear and simple descriptions and pictures of all the vaccine-preventable illnesses and fast facts about vaccines for patients and staff. Two others provide links to resources like vaccine videos and journal articles addressing vaccine concerns. The final two offer tips on evaluating graphical data and navigating the morass of social media and the internet.

This book should be on the shelf within easy reach for every primary care clinician who vaccinates children. It can be read straight through, or just used as an as-needed reference when particular vaccine questions arise in clinical care. The book is also available online or as an e-book. Every physician needs to be comfortable having difficult vaccine conversations and be able to debunk vaccine myths in the office, online, or in any social gathering. Dr LaSalle's book is the fastest and easiest way for you to have the facts and strategies you need to be the vaccine advocate our society needs. doi: 10.22454/FamMed.2020.871743

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Code Blue

Mike Magee

New York, Atlantic Monthly Press, 2019, 422 pp., \$27 hardcover, \$18 paperback



Code Blue, by Mike Magee, MD, takes a unique approach to promoting a single-payer system by examining our current health care system through the lens of history. Dr Magee has practiced medicine as a urologist and participated in government agencies

and the pharmaceutical industry, most notably as the physician face of Pfizer during the release of Viagra in the late 1990s. As a true insider, he has a unique perspective on the US medical system. Magee introduces the term “medical industrial complex” to describe the elaborate and often profit-focused interplay between the insurance industry, pharmaceutical industry, political machinery at work for the American Medical Association and other agencies, pharmacy benefit managers, and academic institutions.

Code Blue weaves a brilliant tapestry of the history of the medical industrial complex. For example, he examines the pharmaceutical industry and its evolution from the primordial ooze of snake oil and cocaine to its present-day curative focus. He discusses the negative effects of direct-to-consumer advertising, unsavory marketing techniques like prescription profiling of clinicians, and publication bias, noting that “industry-funded studies were positive 85% of the time, compared to positive results in only 50% of the government-funded studies” (p 230). He examines major personalities that

helped to create the system, including physician-turned-businessman and philanthropist Arthur Sackler as the “ultimate manipulative marketer” (p 150).

Cure versus care is also a major dichotomy addressed in the book. Magee points out that the sense that we, as a medical community, will fix or cure all ills often interferes with caring. Funding for the next wonder drug seems ever present from NIH sources, while funding for basic bench research and public health is minimal.

Since the idea of a single-payer system has become a politically charged issue, it is expected that the author would exhibit some political bias. While the author shares his political views throughout the book, these do not detract from the overall value of the book or the validity of the arguments made.

I suspect many of us in family medicine, along with clinicians in other specialties, have mixed feelings regarding a single-payer insurance system in the United States. It has become a hot topic lately as presidential democratic party primaries are underway at the time of this writing. *Code Blue* assaults our current medical system with a thorough examination of its history, allowing the relationships and events of the past to speak for themselves. It is a worthwhile read for anyone confronted with the challenges of clinical practice and searching for an answer to the questions, “How did we get here?” or “What do we do next?”

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