I recently visited the National Museum of Korea, where I viewed two pensive Bodhisattvas in the Room of Quiet Contemplation. Among the two gilt-bronze statues, one was familiar to me since I previously wrote about Bodhisattvas’ face, which has a hint of a smile that exhibits a sense of serene concentration and gives the viewer the impression of an aura of deep thought. In Buddhism, any person who is on the path towards Buddhahood (the condition and rank of a Buddha, awakened one) is called a ‘Bodhisattva’. This time I focused on the cross-leg sitting and bare right foot, where I observed hyperextension of the first metatarsophalangeal joint and flexion of the interphalangeal joint of the pensive Bodhisattva (National Treasure 83, Fig. 1).

It is well known that Siddhartha Gautama (Buddha, c. 6th to 5th century BC or c. 5th to 4th century BC) founded Buddhism. Before the expedition of Alexander the Great (356-323 BC) to the East, people in eastern Asia thought that transcendent beings like God could not be expressed as human figures. Thereafter, Buddhists did not make any statues of the Buddha; instead, they made stupas, which contained small crystals believed to be derived from Buddha’s cremated remains. There was an approximately 500-year period when the Buddha was not represented as a figure. Later, as the Greek culture was transmitted to the East, the first statue of Buddha appeared in the Gandhara region. The resulting statues were influenced by ancient Greeks’ pursuit of ideal beauty, which they perceived as arising from harmony and balance.

Buddhism was transferred to China through the Silk Road in the 1st century AD, and then to the Three Kingdoms of Korea in the 4th to 6th century AD. The above-described pensive Bodhisattva statue was produced in the late 6th century in Shilla kingdom.

This statue (National Treasure #83) of the pensive Bodhisattva differs from the classic contemplative pose with one leg perched up on the other knee and the fingers of one hand raised against the cheek. This pose is derived from the image of the young Indian Prince Siddhartha Gautama contemplating the nature of human life, which is quite common in Buddhist sculpture. In China, such pensive statues were most widespread in the 5th and 6th centuries, but in Korea they were most frequently produced in the 6th and 7th centuries.

In both Korea and Japan, however, the pensive Bodhisattva is generally considered to depict the Maitreya Bodhisattva (known as the future Buddha). This iconography is thought to reflect the Sutra on the Descent of Maitreya, in which the Maitreya follows a similar path in life as that of Prince Siddhartha.
Normally, it is impossible to hyperextend the first metatarsophalangeal joint and flex the first interphalangeal joint with the remaining toes in neutral position. In a close look, a shallow groove can be seen on the medial border of the big toe and metatarsophalangeal joint. The statue definitely shows a deformity of the right big toe, known as the hallux hammertoe (hallux malleus) or claw toe.

A question then arises regarding why the artist who made this statue (600-650 AD) made a 'deformed' toe in a sacred statue of the future Buddha. A likely interpretation is that the model for the statue, who was believed to be a Buddhist nun or monk, had that deformity. Then, we may ask—why did that Buddhist nun or monk have a toe deformity?

A recent article could provide an answer to this question. A cross-sectional survey was conducted in combination with foot and ankle examinations of monks living in northern Thailand. In the 208 monks who were included, common foot and ankle problems were callosity (70.8%), toe deformities (18.2%), plantar fasciitis (13.4%), metatarsalgia (3.8%), and numbness (2.9%). Commonly found toe deformities included hallux valgus and claw toe. Hallux valgus was found in 14.4% of Thai monks and claw toe in 4.3%. The reasons for monks’ foot deformities are as follows: 1) Thai monks usually walk without wearing shoes for long periods of time each day, causing increased pressure on the plantar surface of the foot. The push-off and heel-strike phases during barefoot walking create high pressure on the forefoot and heel, respectively; 2) Monks walk in rural areas that do not have smooth surfaces or on concrete or dirt roads. High contact pressure on the plantar aspect of the foot results in callosity; 3) Monks cease wearing shoes when they are ordained. Prior to that, their feet usually have not been accustomed to barefoot walking. Callosity and toe deformities were associated with prolonged barefoot walking over extended periods since ordainment ($P < 0.05$).
Based on this article, we infer that the early 7th-century Buddhist monks, who practiced strict asceticism, walked barefoot like the Theravada monks in present-day Thailand (Fig. 2). Through the enigmatic smile, we also can conjecture that the Buddhist monks were happy and ‘awakened’ despite their foot deformity caused by their barefoot training.

These deformities can now be improved by surgery. If the hallux hammertoe or claw toe is flexible, a tendon release may be helpful. If the deformity is rigid, joint fusion or arthroplasty may be needed to straighten the big toe.

ACKNOWLEDGMENTS
The author thanks Hye Won Hu, MA, Division of Biomedical Art, Incheon Catholic University Graduate School, for her illustrations.

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