Dispersion and Personal Reception of Particulate Matter generated by Burning Incense

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Abstract

We studied the amount of particulate matter dispersed in the air and received by a person and the heat index from incense burning in a room with and without ventilation and to study the relationship of each size of dust diffusion in the air from incense burning in a room with and without ventilation. Total concentrations of dust dispersed in the air was measured, for 10 μ and 2.5 μ particles, with a personal air sampler and the heat index was measured with a heat stress monitor. Two rooms were studied: one small (4 ×8 ×2.6 m³) and one larger (8×8×2.6 m³). Common incense and a smokeless version were tested. Particulate matter and heat index was measured every 10 min over an 8 hour day. A sampler attached to a mannequin in the room estimated exposure by a person working in the room, so that TPM received by a person was measured continuously for 8 hours. (i) Every condition of the room studied did not exceed the TPM criteria specified by the Department of Health; (ii) TPM exposure by a person in an unventilated room was higher than that in a ventilated room; (iii) heat index measurements showed that incense burning alone was insufficient to significantly affect people in a 50 m³ space (iv) persons exposed to high TAM concentrations are also likely to be exposed to high levels of PM₁₀ and PM_{2.5}. However, TPM, PM₁₀ and PM_{2.5} concentrations from incense burning were sufficiently well correlated that any one measurement would reasonably well predict the other two.

Keywords: Particulate matter, Incense burning, Rooms with and without Ventilation

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Introduction

Ambient Air Quality is a metric representing the level of impurities in the ambient air that may harm human health and other living beings or impacts on human property and the surrounding environment, depending on the amount of contaminant and exposure time. If the contaminant content is lower than the level that causes such problems, the air quality is considered to be at an appropriate level without acute health hazards. But if the amount of contaminants is higher than the acceptable threshold for the body, it will affect the respiratory system and heart rate (Andersen et al., 2008; Anderson et al., 2012; Escamilla-Nuñez et al., 2008; Gruzieva et al., 2013; Schultz et al., 2012; Tsou et al., 2021; WHO, 2021). Indoor air quality problems affect the health of users of the building, both in the short term, that leads to acute illnesses and, in the long-term, with toxicity caused by accumulation in the body and subsequent organ damage, caused by accumulation of carbonaceous aerosols, carbon monoxide (CO), nitrogen oxides and inorganic ions (Bootdee et al., 2016; Davison et al., 2021; Karner et al., 2010; Peachev et al., 2009). Dust is a pollutant commonly found on the road (Gehring et al., 2006; Gordian et al., 2006; Hoffmann et al., 2006; Kim et al., 2008; Morgenstern et al., 2007; Morgenstern et al., 2008) and contains both organic and inorganic components. Large dust particles, with diameters $\geq 1 \mu$, are readily seen. Particles with diameters >10 m tend to fall with gravity and accumulate on the ground, leading to, for example, dirty floors, which feel uncomfortable when walked on, and visible furniture dust marks (Tohthong et al., 2020). Smaller particles, $<10 \mu$ in diameter, tend to enter the lungs and accumulate inside the human body. Very small particles, $<2.5 \mu$, will enter the lungs deeper, entering the lower respiratory tract and clinging to or even breaking up in various organs. Large amounts, ingested over time, can cause fibrosis or lesions in the lung tissue and deteriorate lung function, causing asthma or emphysema. On the other hand, dust accumulated in the bronchial tubes can lead to bronchitis and other respiratory diseases (Chen et al., 2021; Kumar et al., 2014). Incense is used, following ancient beliefs that still persist in ASEAN countries (To et al., 2022); it is found in temples and shrines, but also in homes (Department of Promotion of the Incense Industry, 2000). Incense usually burns with incomplete combustion, thus burning it can add various pollutants to the surrounding air. Incense sticks contain glue, perfume and various synthetic colors, including resins, aromatic wood, bark, herbs, flowers, essential oils and synthetic substitute chemicals used in the perfume industry (Jetter et al., 2002). Thus the pollutants include small dust particles, carbon dioxide, carbon monoxide, nitrogen oxides, methane, and carcinogens as well as heavy metals, that spread in the air in the area where incense was burned. These pollutants can affect both the environment and the health of anyone who inhales them. However, the severity of symptoms will depend on the amount and

duration of exposure, including individual characteristics. The risk group consists of young children, elderly, pregnant women, people with congenital diseases, including patients with cardiovascular, respiratory disease and other chronic diseases, all of whom will be affected more severely than the general public (Nakrob et al., 2015).

Incense is burned in a wide variety of locations – ranging from wide open spaces outside large temples to large internal halls, spaces, which may be constricted by extensive collections of religious artefacts, which may have accumulated over centuries, to small shrines in small poorly ventilated rooms inside private houses. Previous work identified a wide range of pollutants from burnt incense (Lin et al., 2007; Li et al., 2016, Silva et al., 2021; To et al., 2021). Thus understanding how burning incense affects the inhabitants of various spaces and the heat generated in these spaces is important to assess related health effects.

Thus, this study can be used as basic information for surveillance and avoidance of serious hazards to health and the environment caused by dust from burning incense inside buildings (Department of Health, 2016).

Materials and methods

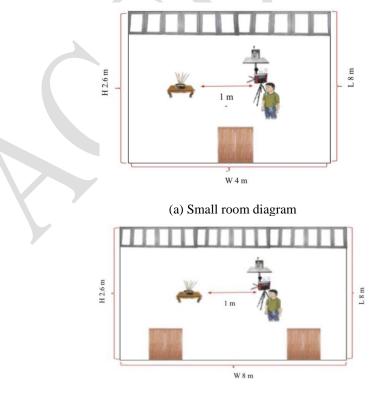
1. Study area

We measured total particulate matter (TPM) concentrations experienced by individuals from incense burning in ventilated and unventilated rooms. Fig. 1, we used two rooms in the Department of Environmental Sciences, Faculty of Science and Technology, Rajabhat Maha Sarakham University: one was a small $4 \times 8 \times 2.6$ m³ room and one was larger at $8 \times 8 \times 2.6$ m³, furnished with various windows and doors - see Table 1, where 'set' indicates the numbers of windows or doors.

Room	Size	Window	S	Doors	5	Location	
	$(W \times L \times H)$	Size (W×H)	set	Size (W×H) set			
	m ³	m^2		m^2			
Small	$4 \times 8 \times 2.6$	0.6×1.1	9	0.16×0.2	1	16.19671°N, 103.27675°E	
						Building 9, RMU Univ.	
Large	$8 \times 8 \times 2.6$	0.6×1.1	18	0.16×0.2	2	14.11990°N, 99.67622°E	
						Phanom Thuan Voc Coll	

Table 1 Details of small and large rooms used in the study

Rooms were set as 'ventilated' by opening all doors and windows and 'unventilated' by closing all doors and windows.



(b) Large room diagram Fig.1 Room layout and sizes

2. Types of incense sticks and quantities used in the study

The incense used in the study was divided into two types: a 'general' incense stick and a smokeless incense one: dimensions, mass and burning time are shown in Table 2. During the experiment, a single pack of incense (45 sticks) was burnt in all conditions.

Туре	Length (mm)		Diam (mm)				Time (min)	Pack size	Manufacturer
	Tot	Inc	Inc	Stem	Inc	Res			Jimboon ChiangMai
General	326	225	3	590	990	131	56	45	Source
Smokeless	326	225	3	579	960	125	48	45	Fresh market, Maha Sarakham Province

Table 2 Types of incense sticks and quantities used

Remark: Labels: Inc = incense (dimensions and mass of active part)

Stem = bamboo stem

Res = residue, mass of stick after burning

Time = Time for incense part to burn

3. Study parameters

3.1 Size of dust

The amount of dust dispersed in the air from incense burning inside a room, with and without ventilation, was measured for dust of different diameters:

- Total Particulate Matter (TPM) < 100 μm
- Particulate Matter $< 10 \ \mu m \ (PM_{10})$
- Particulate Matter $< 2.5 \ \mu m \ (PM_{2.5})$

3.2 Period of study

The amount of dust dispersed in the air was recorded every 10 min for 8 hr.

3.3 Ambient conditions

The measurements were taken during the Thai rainy season, when external temperatures were typically 30-34 °C, with high humidity (90 % RH) but negligible wind speeds. Inside, temperatures ranged from small room: 19.2-22.0 °C; large room 20.6-22.4 °C

4. Dust measurement tools and locations

Sampling devices were installed at 1 m from the table on which the burning incense was placed.

4.1 Dust sampling tool

Dust and particulate matter was measured with an AEROCET model 531S (Met One Instruments, Inc., Oregon, U.S.) set in mass mode. Before every use, the battery was fully charged and the system calibrated using the Zero Count Filter.

4.2 Particulate matter meter

A Personal Air Sampling Pump, Gil Air Plus (Shawcity Ltd., Oxfordshire, U.K.) was installed at chest level on the mannequin, set flow rate pump 2,000 cc/min, and set 1 m from the incense burning table. Before using the tool, the glass 37 mm fiber filter paper was dried in a desiccator for 24 hours. The filter paper was weighed before and after use.

4.3 Heat index measurement

We used a Heat Stress Monitor 3M Questemp 32 meter (Wet Bulb Globe Temperature - WBGT - Index ISO 7243 7), It was calibrated every time before use. It was installed on a stand level of the mannequin's chest and place in an area where air can pass freely. It was installed at least 25 minutes before use to ensure it was warmed up and stable. WBGT values were recorded every 10 minutes.

5. Experimental procedure

The laboratory was an open space with a 350 mm high table for incense burning in the center. The measurement tools were installed 1 m from the incense burner, see Fig. 1(a). The measurement tools are dust meter and particle meter (AEROCET brand, model 531S), Gil Air Plus personal air sampling pump) and heat stress

monitors. After turning on all monitors, we burnt incense and collected data for 8 hrs. Samples were collected under all conditions: small *vs* large room, non-ventilated *vs* ventilated room and general *vs* smokeless incense.

5.1 Data analysis

The amount of dust of all sizes collected was analyzed to measure the difference in the amount of dust between ventilated and non-ventilated rooms by paired samples t-test (95% confidence level) and the total amount of particulate matter received by a person, calculated from the mass of filter paper before and after sampling with a Personal Air Sampling Pump, Gil Air Plus brand, calculated following Wipada & Navapol (2016):

$W = (W_f - W_i) \times 10^6/V$

where W = total mass of particulate matter received by a person (μg), W_f = filter paper mass after sampling (g), W_i = filter paper mass before sampling (g), V = standard air volume (m³).

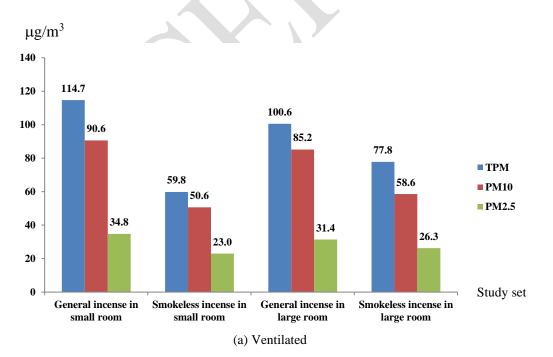
To find relative amounts of dust particles, of each size, dispersed in the air were we computed the correlation coefficients, r, for total masses of TPM $vs PM_{10}$, TPM $vs PM_{2.5}$, and $PM_{10} vs PM_{2.5}$ from burning general and smokeless incense in all sizes of rooms with and without ventilation.

Results and discussion

1. Amount of dust dispersed in the air

After warming up the sensors and before the incense was burnt, maximum background levels were TPM (79.60-94.30 μ g/m³), PM₁₀ (58.36-70.43 μ g/m³) and PM_{2.5} (25.43-28.17 μ g/m³) for the small room and TPM (80.46-96.36 μ g/m³), PM₁₀ (67.4-74.06 μ g/m³) and PM_{2.5} (26.97-29.01 μ g/m³) for the large room.

From Fig. 2, it was found that the average mass concentrations of TPM, PM_{10} and $PM_{2.5}$ inside the small room of general incense burning were 114.7, 90.6 and 34.8 µg/m³, whereas for smokeless incense they were lower at 59.8, 50.6 and 23.0 µg/m³, respectively. Similar factors were observed in the larger room: general incense burning had average mass concentrations of 100.6, 85.2, and 31.4 µg/m³, whereas smokeless incense had averages of 77.8, 58.6, and 26.3 µg/m³, respectively. In the non-ventilated rooms, similar ratios were found, but, as might be expected total concentrations where higher without ventilation. Further ventilation was more effective in 'clearing' out the smaller $PM_{2.5}$ particles.



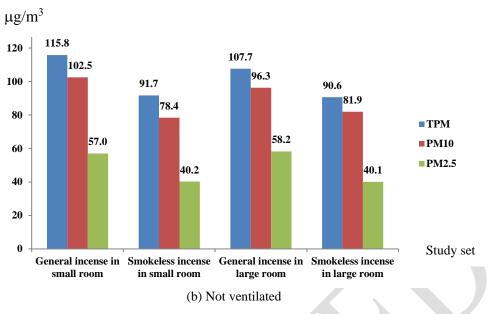


Fig. 2 Average mass of dust dispersed in a room (a) with and (b) without ventilation

TPM dust content from incense burning of all types of room sizes and every condition of the study room did not exceed the criteria, specified by the Department of Health (<150 μ g/m³), whereas PM₁₀ and PM_{2.5} particulate matter in all room sizes and conditions exceeded the more stringent Department of Health thresholds (PM₁₀ < 50 μ g/m³ and PM_{2.5} < 35 μ g/m³) However PM_{2.5} in the ventilated room just met the threshold for general incense and for smokeless incense it was acceptable (~25 μ g/m³) in a ventilated room. Smokeless incense produced lower values of all particle sizes – generally less than 10% that the general variety, so its use might be encouraged in areas where large amounts of incense are likely to be burnt.

Our measurements confirmed that smokeless (or low smoke) incense did, in fact, emit lower amounts of particles. Which this smokeless incense is a solution to the weakness of incense in general by changing the ingredients of incense sticks, which will choose natural materials that are free from chemicals, such as corn cobs mixed with finely ground jasmine flowers so the incense smells soft. The part of the incense stick is made of bamboo that has been separated from wood vinegar for safety reduce toxics (George et al., 2022), thus causing the amount of dust generated from incense burning to be higher than smokeless incense.

In addition, it was found that the amount of dust in the non-ventilated room was higher than the ventilated room. This may be due to the dust from the incense burning being an activity that takes place inside the building. The Department of Health (2016) stated that dust from accumulation in various areas of the building, if there is poor ventilation, it may accumulate in the building and may be higher in quantity and when used to compare the amount of dust dispersed in the air from the incense burning and smokeless incense in a room with and without ventilation using the static Paired samples t-test at the statistical confidence level of 95% found that the amount of dust dispersed in the air was significantly different. However, it was found that the particulate matter content of TPM, PM_{10} and $PM_{2.5}$ from incense burning in different room sizes and different conditions were found including the particulate matter of TPM and PM₁₀ from the burning of smokeless incense in different conditions within the large room found that there was no significant difference However, the amount of TPM and PM₁₀ dust dispersed in the air from all types of incense burning is consistent with Piyanuch (2013), who studied the concentration of TPM and PM₁₀ particles inside buildings at Phanom Thuan Vocational College, where the TPM level in the electrical work building was $\sim 2.3 \,\mu\text{g/m}^3$ and the PM₁₀ was 0.9 to 1.8 $\mu\text{g/m}^3$. As for the results of the study of PM_{2.5} from incense burning, it was found to be different from the results of the study of Sukon et al. (2021) which studied the Impact of $PM_{2.5}$ on building hygiene, a case study of Chanthaburi national archives, it was found that the amount of PM_{2.5} dust in the room with the doors and windows open had an average of 28-82 μ g/m³, which was exposed to outside air with an average of dust or various pollutants than a room that does not open doors - windows with an average of 28-73 µg/m³. The average dust in the room with the open system was significantly higher than the room with the closed system single source of pollutants in the room. Therefore, the ventilated room will have all doors and windows open. Therefore causing ventilation to be more convenient than a room with all doors and windows closed which does not have ventilation, resulting in dust generated from a single source, which is the incense burning in the room, there is more dust accumulation than the room with ventilation.

2. Total amount of particulate matter received by a person

Fig. 3 shows TPM received by a person, it was found that the average TPM of dust from general incense and smokeless incense in a small room with ventilation was 0.3472 and $0.2778 \,\mu g/m^3$ respectively and were 0.4861 and $0.2430 \,\mu g/m^3$ respectively for large room. The TPM dust content from general incense and smokeless incense without ventilation in small rooms were 0.7986 and $0.3125 \,\mu g/m^3$, respectively, whereas, in the larger room, it was were 0.8361 and $0.5902 \,\mu g/m^3$, respectively. The total received by a person from incense burning and smokeless incense in all room sizes and under all conditions did not exceed the acceptable criteria specified by the Department of Health (2016): the value must not exceed 150 $\mu g/m^3$.

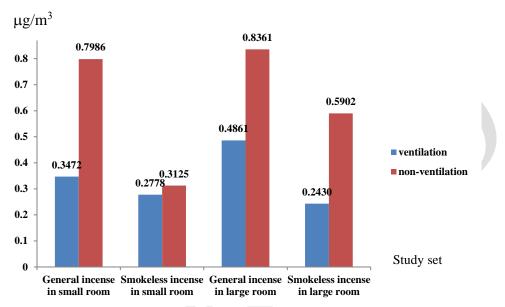
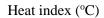


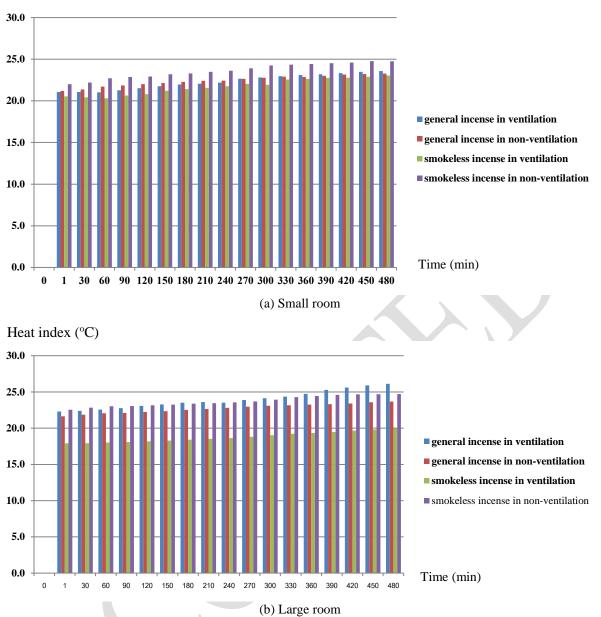
Fig. 3 Average TPM exposed by a person in a small and large room

The TPM received by a person from incense burning and smokeless incense in a small room with and without ventilation ranged from 0.2-1.1 μ g/m³ from all types of incense burning in all room sizes. Unsurprisingly, it was found that the TPM received in non-ventilated rooms was higher than in ventilated rooms. This is because the amount of dust compressed in an unventilated room will cause a higher accumulation of dust than an unventilated room (Department of Health, 2016). However, when comparing TPM received by a person with the Department of Health (2016) criteria, it was found that the TPM in all room sizes and conditions from burning both types of incense did not exceed the acceptable 150 µg/m³ criteria. Further, if the room was ventilated, the amount of dust that a person received was less than the specified threshold. This is consistent with Piyanuch (2013), who assessed the exposure of particulate matters of staff and students in Phanom Thuan Industrial and Community Education College, Kanchanaburi Province, who found that teaching and learning activities that emphasized practice in various tasks, averaged 8 hours per day, generated a large amount of dust. The highest TPM exposure was found for automotive students, automotive teachers and electrical students (all $\sim 2.0 \ \mu g/m^3$), with the lowest TPM exposure was accounting teachers $(1.5 \,\mu\text{g/m}^3)$. Automotive and electrical work students and teachers were exposed to high TSP, because they typically practiced for 6-8 hrs, together dust sourced from the practice. As a result, this group of students and teachers are likely to be exposed to high TPM levels over a long period, whereas accounting teachers were exposed to the lowest level of TPM, both in their office or classrooms, exhibited much lower dust generation activities.

3. Heat index study

Fig. 4 shows the average heat index (in every 30 minutes) from incense burning in a ventilated room from incense burning in a small room were 24.9 °C (general) and 21.7 °C (smokeless). For the large room, averages were lower at 23.9 °C and 18.7 °C, respectively. For the non-ventilated room, the average heat index of incense burning and smokeless incense in the small room was 23.5 °C and 21.7 °C respectively, the large room had an average of 22.7 °C with a value of 23.7 °C, respectively.







The heat index from incense burning in the room with and without ventilation was studied, has an average heat index of 18.7-24.9 °C, which is lower than the criteria announced by the Ministerial Regulations (2016) on setting standards in Prescribing standards for administration. Manage and implement occupational safety, health and work environment related to heat, light and noise, this may be due to the small amount of incense used to burn 45 incense sticks, the heat generated therefore does not affect the heat generated within every room size and all conditions studied normally, the heat index comes from work or the amount of work and the weight of the work on the part of human beings and other creatures. It will be able to live when internal body heat is maintained at an appropriate level. Parts of the human body's internal temperature may change over a short period of time without affecting the functioning of the body. The heat that influences the heat in the human body comes from the heat generated within the body from metabolism to generate energy and heat from the outside environment.

4. Relationship between the size of dust diffusing from incense burning

We computed correlation coefficients showing the correlation between the various particle sizes: TPM *vs* PM_{10} , TPM *vs* $PM_{2.5}$, and PM_{10} *vs* $PM_{2.5}$ for incense burnt from general and smokeless incense in several sizes and conditions of rooms. In general, there good correlations between amounts of particles of the various sizes under most conditions. Thus, if we are concerned to estimate potential health effects from burning incense, a single measurement can, with reasonable accuracy, predict the concentrations of the others. Therefore a measurement from a simpler or cheaper instrument measuring TPM or PM_{10} can reasonably predict the hazard from the, potentially more dangerous, $PM_{2.5}$.

For the non-ventilated (closed) room, the worst correlation between the various particle sizes was r = 0.78. Given that the incense sticks used were inexpensive 'consumer' grade sticks, this represented a strong correlation. For the open room, overall correlations were good, generally r > 0.8, and some conditions led to r > 0.9. The worst correlation, r = 0.45, TPM *vs* PM_{2.5}. for the small, open room with general incense was attributed to random variations due to external influences – measurements were made on different days, because we were constrained to a single set of equipment. We noted that the worst correlations were observed for the largest variations in particle size, TPM *vs* PM_{2.5}, which would be expected for higher variations in external air flows.

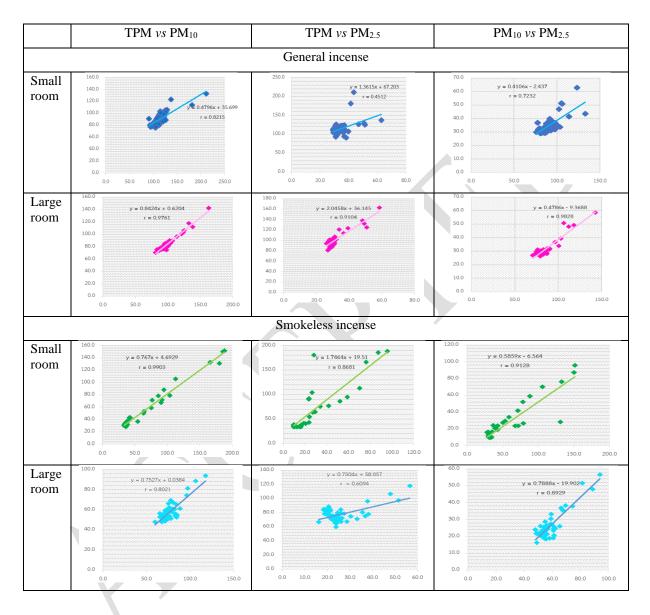


Fig. 5 Correlations between concentrations of various PM sizes: ventilated room

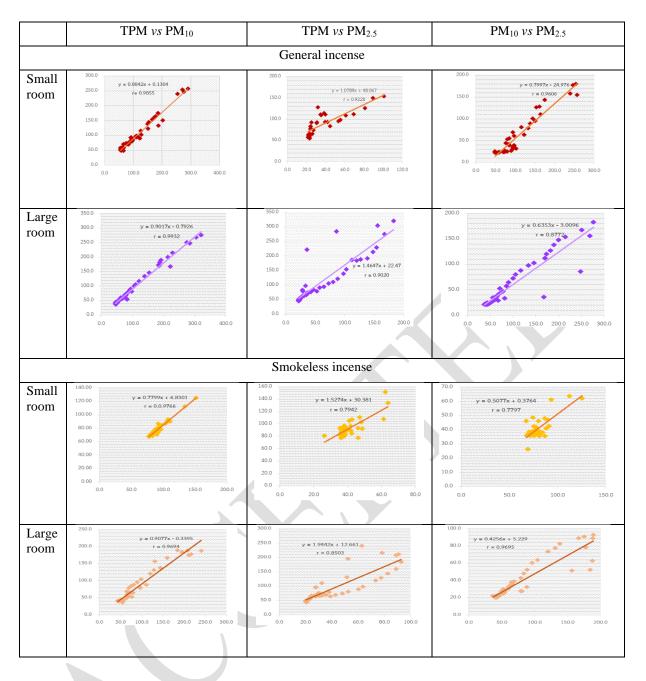


Fig. 6 Correlations between concentrations of various PM sizes: non-ventilated room

Currently, TPM concentrations are widely reported publicly – on TV and newspapers, etc. This study suggests that, as a source of visible pollutants, incense burning in well ventilated spaces is not likely to create a significant risk, and people should not be overly concerned. However in closed spaces, incense burning can lead to TPM levels exceeding public health guidelines. When TPM levels become a concern – a space that is well ventilated on a 'normal' day may become effectively 'closed' on a still day, the correlations between concentrations of various TPM sizes allow a single measurement to infer the overall risk. Inexpensive, reasonably accurate sensors are widely available now: Dejchanchaiwong et al. (2023) discussed their accuracy and calibration. Thus, at least as far as the contribution from incense burning, a reasonable estimate of the health risk spectrum, i.e. TPM, PM₁₀ and PM_{2.5}, in any given may be obtained to guide remediation, which should start with better ventilation, and continue with regular monitoring, focusing on crowded days, when higher amount of incense are burned.

Conclusion

We tested the effect of burning typical amounts of incense on concentrations of particulate matter in two sizes of rooms, without and without unforced ventilation through open windows, to assess health effects as well an index of comfort for an occupant. A general summary of observations was:

- At these loadings, burning 45 sticks (or 44-45 g or active material), TPM was within recommended guidelines, but PM₁₀ and PM_{2.5} generally exceeded them by small amounts, although smokeless incense was barely within the guideline for PM_{2.5} in a ventilated room.
- General incense produced about 50% more particulate matter for all particle sizes.
- Although ventilation, as expected, reduced particulate matter concentrations, in the conditions tested here (open windows without forced convection), the benefit was not significant only 1% reduction in one case, and at best 40% smaller. This suggested that some form of forced ventilation should be considered.
- Correlations between TPM, PM₁₀ and PM_{2.5}, derived from regressions shown in section 5 6, were sufficiently accurate that simple, inexpensive test devices could with, reasonable reliability, predict concentrations of, for example, PM_{2.5} from incense from TPM measurements. Thus, given that regulations are only guidelines and should be considered with large safety margins, simple instruments can provide estimates of potentially dangerous situations and estimates improvements achieved by, for examples, improving ventilation.
- Loadings per person were less than 0.18 μg/m³ (general) and 0.12 μg/m³ (smokeless) in a closed room, but those levels in a ventilated room were 50% lower and much less than the standard 150 μg/m³ standard.
- Heat index measurements showed that these incense loadings were insufficient to affect the functions of an individual in the room from the heat generated in burning incense alone.

References

- Andersen, Z.J., Loft, S., Ketzel, M., Stage, M., Scheike, T., Hermansen, M.N., & Bisgaard, H. (2008). Ambient air pollution triggers wheezing symptoms in infants. *Thorax*, 63, 710–716.
- Anderson, G.B., Krall, J.R., Peng, R.D., & Bell, M.L. (2012). Is the relation between ozone and mortality confounded by chemical components of particulate matter? Analysis of 7 components in 57 US communities. *American Journal of Epidemiology*, *176*, 726–732.
- Bootdee, S., Chantara, S., & Prapamontol, T. (2016). Determination of PM2.5 and polycyclic aromatic hydrocarbons from incense burning emission at shrine for health risk assessment. *Atmospheric Pollution Research*, 7, 680–689.
- Chen, K.F., Tsai, Y.P., Lai, C.H., Xiang, Y.K., Chuang, K.Y., & Zhu, Z.H. (2021). Human health-risk assessment based on chronic exposure to the carbonyl compounds and metals emitted by burning incense at temples. *Environmental Science and Pollution Research*, 28, 40640–40652.
- Davison, J., Rose, R.A., Farren, N.J., Wagner, R.L., Murrells, T.P., & Carslaw, D.C. (2021). Verification of a National Emission Inventory and Influence of On-road Vehicle Manufacturer-Level Emissions. *Environmental Science & Technology*, 55, 4452–4461.
- Dejchanchaiwong, R., Tekasakul, P., Saejio, A., Limna, T., Le, T.-C., Tsai, C.-J., Lin, G.-Y., Morris, J. Seasonal Field Calibration of Low-Cost PM2.5 Sensors in Different Locations with Different Sources in Thailand. Atmosphere 2023, 14, 496. https://doi.org/10.3390/atmos14030496.
- Department of Health. (2016). A practical guide for assessing indoor air quality for staff.
- https://ghh.anamai.moph.go.th/storage/app/uploads/public/603/b5b/072/603b5b0720697166916487.pdf
- Escamilla-Nuñez, M.-C., Barraza-Villarreal, A., Hernandez-Cadena, L., Moreno-Macias, H., Ramirez-Aguilar, M., Sienra-Monge, J.-J., Cortez-Lugo, M., Texcalac, J.-L., del Rio-Navarro, B., & Romieu, I. (2008). Trafficrelated air pollution and respiratory symptoms among asthmatic children, resident in Mexico City: The EVA cohort study. *Respiratory Research*, 9, 1–11.
- Gehring, U., Heinrich, J., Krämer, U., Grote, V., Hochadel, M., Sugiri, D., Kraft, M., Rauchfuss, K., Eberwein, H.G., & Wichmann, H.E. (2006). Long-term exposure to ambient air pollution and cardiopulmonary mortality in women. *Epidemiology*, 17, 545–551.
- George, J.V., Thiru, S., & Kumaresan, P. (2022). Preferential use of bamboos for industrial production of incense sticks. *Environmental Sciences Proceedings*, 13, 7 pages.
- Gordian, M.E., Haneuse, S., & Wakefield, J. (2006). An investigation of the association between traffic exposure and the diagnosis of asthma in children. *Journal of Exposure Science & Environmental Epidemiology*, *16*, 49–55.
- Gruzieva, O., Bergström, A., Hulchiy, O., Kull, I., Lind, T., Melén, E., Moskalenko, V., Pershagen, G., & Bellander, T. (2013). Exposure to air pollution from traffic and childhood asthma until 12 years of age. *Epidemiology*, 24, 54–61.
- Hoffmann, B., Moebus, S., Stang, A., Beck, E.M., Dragano, N., Möhlenkamp, S., Schmermund, A., Memmesheimer, M., Mann, K., & Erbel, R., et al. Residence close to high traffic and prevalence of coronary heart disease. *European Heart Journal*, 27, 2696–2702.
- Jetter, J.J., Guo, Z., McBrian, J.A., & Flynn, M.R. (2002). Characterization of emissions from burning incense. *Science of The Total Environment*, 295, 51–67.
- Karner, A.A., Eisinger, D.S., & Niemeier, D.A. (2010). Near-Roadway Air Quality: Synthesizing the Findings from Real-World Data. *Environmental Science & Technology*, 44, 5334–5344.

- Kim, J.J., Huen, K., Adams, S., Smorodinsky, S., Hoats, A., Malig, B., Lipsett, M., & Ostro, B. (2008). Residential traffic and children's respiratory health. *Environmental Health Perspectives*, 116, 1274–1279.
- Kumar, R., Kumar, D., Kumar, M., Mavi, A., Singh, K., & Gupta, N. (2014). Monitoring of indoor particulate matter during burning of mosquito coil, incense sticks and dhoop. *Indian Journal of Allergy Asthma and Immunology*, 28(2), 68–73.
- Lin, T,-C,, Yang, C.R., Chang, F.-H. Burning characteristics and emission products related to metallic content in incense, Journal of Hazardous Materials, 140 (1–2), 2007, 165-172,
- Lui, K.H., Musa Bandowe, B,A, Ho, S.S.H., Chuang, H.C., Cao, J.-J., Chuang, K.-J., KS.C. Lee, S,C., Di Hu, D., Ho, K.F. (2016). Characterization of chemical components and bioreactivity of fine particulate matter (PM2.5) during incense burning, Environmental Pollution, 213, 524-532.
- Ministerial Regulations. (2016). Prescribing standards for administration. Manage and implement occupational safety, health and work environment related to heat, light and noise. Retrieved from http://cste.sut.ac.th/csteshe/wp-content/lews/Law06.pdf
- Morgenstern, V., Zutavern, A., Cyrys, J., Brockow, I., Gehring, U., Koletzko, S., Bauer, C.P., Reinhardt, D., Wichmann, H.E., & Heinrich, J. (2007). Respiratory health and individual estimated exposure to trafficrelated air pollutants in a cohort of young children. *Occupational & Environmental Medicine*, 64, 8–16.
- Morgenstern, V., Zutavern, A., Cyrys, J., Brockow, I., Koletzko, S., Krämer, U., Behrendt, H., Herbarth, O., von Berg, A., & Bauer, C.P., et al. (2008). Atopic diseases, allergic sensitization, and exposure to traffic-related air pollution in children. *American Journal of Respiratory and Critical Care Medicine*, 177, 1331–1337.
- Nakrob, Ch., Ratsamee, S., Dusanee, S., & Wilailuck, S. (2015). Development of incense ingredients to reduce carcinogens in incense smoke. *VRU Research and Development Journal (Science and Technology), 10*(3), 75–84.
- Peachey, C.J., Sinnett, D., Wilkinson, M., Morgan, G.W., Freer-Smith, P.H., & Hutchings, T.R. (2009). Deposition and solubility of airborne metals to four plant species grown at varying distances from two heavily trafficked roads in London. *Environmental Pollution*, 157, 2291–2299.
- Piyanuch, Ch. (2013). Exposure assessment of particulate matters of staffs and students in Phanom Thuan industrial and community education college, Kanchanaburi province (Master's degree). Silpakorn University, Nakorn Pathom.
- Schultz, E.S., Gruzieva, O., Bellander, T., Bottai, M., Hallberg, J., Kull, I., Svartengren, M., Melén, E., & Pershagen, G. (2012). Traffic-related air pollution and lung function in children at 8 years of age: A birth cohort study. *American Journal of Respiratory and Critical Care Medicine*, 186, 1286–1291.
- Silva, G.V.; Martins, A.O.; Martins, S.D.S. (2021). Indoor Air Quality: Assessment of Dangerous Substances in Incense Products. *Int. J. Environ. Res. Public Health*, *18*, 8086. https://doi.org/10.3390/ijerph18158086.
- Sukon, Kh., Saipin, Ch., Sitthipan, Ch., & Injira, N. (2021). Impact of PM2.5 on building hygiene, a case study of Chanthaburi national archives. *Phranakhon Rajabhat Research Journal (Science and Technology)*, 16(2), 34–44.
- To, Th.H., Tuan, H.Ng., Shin, Ch.C.L., Tran, A.Ng., Tran, H.M., Tran, C.Th., & Ly Sy, Ph.Ng. (2022). Characterization of particulate matter (PM1 and PM2.5) from incense burning activities in temples in Vietnam and Taiwan. *Aerosol and Air Quality Research*, 22(11), 220193, 16 pages.
- Tsou, M.C.M., Lung, S.C.C., Shen, Y.S., Liu, C.H., Hsieh, Y.H., Chen, N., & Hwang, J.S. (2021). A communitybased study on associations between PM2.5 and PM1 exposure and heart rate variability using wearable lowcost sensing devices. *Environmental Pollution*, 277, 116761, 9 pages.
- Wipada, S., & Navapol, Ch. (2016). Monitoring of total dust and noise in weaving factory in Nakhon Pathom province. *Thai Environmental Engineering Journal*, 30(3), 1–10.
- World Health Organization. (2021). Review of Evidence on Health Aspects of Air Pollution: REVIHAAP Project: Technical Report; World Health Organization Regional Office for Europe: Copenhagen, Denmark.