

Introduction

The Western honey bee, *Apis mellifera*, is a vital pollinator responsible for the reproduction of numerous plant species and the production of honey. The health and productivity of honey bee colonies rely on the availability of high-quality pollen sources, which serve as the primary protein component of their diet [1-3]. Pollen provides essential nutrients that are crucial for the growth, development, and overall physiological functioning of honey bees. However, the composition of pollen can vary significantly depending on the plant species, which can have a profound impact on the physiology of *Apis mellifera* workers [4, 5].

The protein content of pollen plays a crucial role in the nutrition and well-being of honey bees. Proteins are vital for honey bee development, as they are involved in critical processes such as larval growth, metamorphosis, and the production of glandular secretions.

Conclusion

The impact of different pollen protein diets derived from essential plant sources on the physiology of *Apis mellifera* workers is crucial for the overall health and productivity of honey bee colonies. The availability and diversity of pollen sources play a significant role in providing honey bees with balanced and nutritious diets. Optimal protein intake influences honey bee development, longevity, glandular secretions, immune function, and nutrient storage. To support honey bee populations and promote their well-being, it is essential to maintain diverse and abundant sources of high-quality pollen proteins in their foraging habitats. By understanding the relationship between pollen protein diets and honey bee physiology, researchers and beekeepers can make informed decisions to enhance honey bee health, resilience, and the essential ecosystem services they provide.

Acknowledgement

None

Conflict of Interest

None

1. McLeroy KR, Bibeau D, Steckler A, Glanz K (1988) An ecological perspective on health promotion programs. *Health Educ Q* 15: 351-377.
2. Green LW, Richard L, Potvin L (1996) Ecological foundations of health promotion. *Am J Health Promot* 10: 270-281.
3. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K (2008) Creating healthy food and eating environments: policy and environmental approaches. *Annu Rev Public Health* 29: 253-272.
4. Merriam SB, Tisdell EJ (2016) Six common qualitative research designs. *Qualitative Research* 16: 22-42.
5. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, et al. (2015) Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health* 42: 533-544.
6. Karalius VP, Zinn D, Wu Cao JG, Minutti C, Luke A, et al. (2014) Prevalence of risk of deficiency and inadequacy of 25-hydroxyvitamin D in US children: NHANES 2003-2006. *J Pediatr Endocrinol Metab*, 27: 461-466.
7. Lips P (2006) Vitamin D physiology. *Prog Biophys Mol Biol*, 92: 4-8.
8. Yuan Q, Sato T, Densmore M, Saito H, Schuler C, et al. (2011) FGF-23/Klotho signaling is not essential for the phosphaturic and anabolic functions of PTH. *J Bone Miner Res* 26: 2026-2035.
9. Rao DS, Parfitt AM, Kleerekoper M, Pumo BS, Frame B (1985) Dissociation between the effects of endogenous parathyroid hormone on adenosine 3',5'-monophosphate generation and phosphate reabsorption in hypocalcemia due to vitamin D depletion: an acquired disorder resembling