HBOT is an effective adjunct treatment for hard to heal diabetic ulcers; here is what the professional community says:

“HBOT improves wound tissue hypoxia, enhancing perfusion, reducing edema, downregulating inflammatory cytokines, promoting fibroblast proliferation, collagen production, and angiogenesis make it a useful adjunct in clinical practice for “problem wounds,” such as diabetic foot ulcers It seems clear that in a center of excellence of both HBOT and diabetic foot care, like the one in the Lund study, HBOT can help heal refractory wounds.”

American Diabetes Association

“Many studies have found beneficial effects of HBOT. Known benefits of HBOT in wound healing include enhanced periwound tissue oxygenation, decreased edema, enhanced oxidative killing of bacteria, enhanced cellular energy production, antibiotic potentiation, angiogenesis promotion, enhanced epithelial migration, improved collagen production, and enhanced granulation tissue formation. The effects of cytokines, prostaglandins, and nitric oxide on tissues also may play a major role in how HBOT works. Some literature suggests HBOT mobilizes stem cells derived from bone through a nitric oxide–mediated pathway; these stem cells then migrate to the ulcer and promote healing.”

Wound Care Advisor