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Vitiligo is a common, pigmentary disorder characterised by well circumscribed milky white cutaneous macules produced by loss of melanin pigment that follows destruction or disappearance of melanocytes. It affects millions of people all over the world with prevelance between one to two percent among different races ***(Mosher et al., 1993; El-Akharas et al., 1995 and Murphy, 1995).***

The cosmetic disfigurement of vitiligo in pigmented races produces pronounced psychosocial problems. Most patients and their families are willing to deprive themselves or go into debt to obtain treatment ***(Mosher et al., 1993).***

The pathogenesis of vitiligo remains mysterious although many theories have been proposed to explain its occurrence. Therefore, several options have been tried for the management of vitiligo. Topically and intradermally administered corticosteroids have been shown to lead to pigmentation of isolated areas of vitiligo ***(Kandil, 1970 a&b).***

But the expense of repeated treatments of large areas , the atrophy and telangiectasia that may occur, make them less than satisfactory. Topical psoralen and subsequent exposure to sunlight has resulted in repigmentation of localised vitiliginous sites but is hazardous due to frequent occurrence of painful blistering during therapy ***(Parrish et al., 1976).*** Ingestion of psoralen and subsequent exposure to sunlight or artificial UVA has been reported to lead to repigmentation of vitiligo though it needs careful selection of patients and is not without potential risks.

Children below 10 years, pregnant and lactating women should never use PUVA. Darkening of the normal skin together with phototoxicity of vitiliginous skin with possibility of koebnerisation or evolution of Trichrome vitiligo, are some of short term side effects of PUVA. Premature cataract production and enhanced risk of skin cancer with chronic degenerative cutaneous changes are the main chronic potential risks of PUVA ***(Mosher et al., 1993).***

Khellin, which is similar in structure to psoralen, has been used to treat vitiligo with natural sunlight or artificial UVA ***(Abdel-Fattah et al., 1982).*** However, a symptomatic elevation of liver transaminases occurring in about one third of the patients was a limiting factor ***(Ortel et al., 1988).***

In 1991, Abdel-Fattah et al., published the first report in world literature on the successful use of topical Aloevera / Apple vinegar mixture (40/60 wt/wt) followed by exposure to sun light for the treatment of vitiligo.

Moreover, the variable lines for surgical treatment of vitiligo always need special experience and are only suitable for localised areas resistant to medical line of treatment ***(Koga, 1988; Falabella, 1988 and Lerner et al., 1987).***