Chromatic modulation prescriptions determined, as described herein, are operable for enhance visual performance and/or provide neurovisual therapeutic intervention therapy for the symptoms, syndromes, conditions, and anomalies exemplified within Table I. It is appreciated that neurochromatic lenses may provide enhanced visual performance and/or therapy for other symptoms, syndromes, conditions, and anomalies as well.

TABLE I
Exemplary symptoms, syndromes, conditions, and anomalies which neurochromatic lens provide relief

2. Blurred vision not fully corrected by ophthalmic lenses.
3. Contrast sensitivity compromises.
5. Restricted or compromised neurovisual fields of vision.
7. Unilateral diplopia.
8. Compromises of night vision.
9. Wet and dry macular degeneration.
10. Visual aberrations and delusions not related to a psychotic or delusional condition.
11. Photophobia.
12. Visually evoked migraines.
13. Migraines characterized by aura, photosensitivity, aberrations, dizziness, limited vision, or blindness.
14. Post migraines characterized by any one of the above.
15. Visually evoked seizure phenomena characterized by light stimulation or by any one of the above.
16. Post seizure activity characterized by any one of the above.
17. Cranial and brain hemorrhages.
18. Compromises of visual performance and cognitive awareness/alertness caused by blood blockage or hemorrhages (e.g., stroke) and/or traumatic brain injuries or postsurgical trauma.
19. Some forms of schizophrenia or schizoid phenomena including delusional auditory and visually induced hallucination-type activities.
20. Reduction in autistic-type over stimulation of the visual and auditory kind.
22. Irregular and inconsistent pupillary responses to light and focus activities.
23. Compromised cognitive performance not related to conditioned responses of learning or physical development.
24. Eye pain and strain related to visual performance.
25. Headaches related to visual pain or strain.
27. Compromised reading speeds related to visual performance.
28. Compromised recall related to visual or auditory stimulation.
29. Non-migraine visually induced headaches, stress, or discomfort.
30. Seasonal affective disorder.
31. Computer vision syndrome.
32. Compromises in depth recognition and perception. For example, some patients
cannot sustain a sight vocabulary or recognition of other visual data which appears to be a problem of either cognition, memory, or concentration of the neurovisual data that was heretofore already compromised.

33 Body coordination and physical performance requiring visual stimulation as one of several variables of perception.
34 Disorientation to space and motion.
35 Motion sickness.
36 Fear of heights.
37 Claustrophobia-type responses that cause a constriction and expansion of pupils seemingly consciously uncontrollable.
38 Some forms of general and specific anxiety disorders.
39 Physiologically related artistic performance.
40 Amblyopic (a.k.a. lazy eye) or wandering eye.
41 Excessive eye dominance.
42 Suppressive vision or visual performance of one eye not related to eye trauma, disease, or aging.
43 Specific photophobia related to lighting conditions, working environments, tasks, seasons of the year, or tools.
44 Post surgical photophobia.
45 Post traumatic brain injuries independent of hemorrhages or not.
46 Post traumatic stress disorders or syndromes.
47 Post concussion hyper-light sensitivity.
48 Compromised night vision.
49 Hyper-sensitive night or storm-type related vision compromises.
50 Myopia phenomena.
51 Astigmatism phenomena.
52 Strabismus phenomena.
53 “Comfort” or “performance” (e.g., +0.25 to +0.50) ophthalmic prescriptions.
54 Pharmaceutical prescription induced photophobia, e.g., caused by most hormonal based medications such as birth control or menopausal prescriptions.
55 Compromises in spatial differentiation.
56 Disparity between reading, writing, or mathematic capabilities as to any or all of these related to kinesthetic and/or mechanical aptitude.
57 Visual comprehension enhanced by “hearing the words” inside one's head or by reading out-loud to process fully.
58 The use of a finger or any other kind of marker or place keeper to read and maintain proper tracking.
59 High end near-sighted prescriptions.
60 Patients suffering from minor to severe depression (e.g., situational to needs of chronic dimness or brightness of light).
61 Lacking in physical coordination or clumsiness.
62 Premature fatigue or sleepiness with prolonged visual tasks including and not limited to driving, reading, sewing, sightseeing.
63 Nausea or upset stomach with visual tasks.
Abnormal pupillary sizes and shapes not related to bright or darkness.

Patients who experience “glare” or excessive brightness in normal lighting conditions and situations.

Patients who cannot drive at night or in stormy conditions because of failed or compromised vision.

Patients who report a “smudged” or “fogged” vision where upon a physiological examination there are no known causal factors.

Patients who report visual aberrations such as letters or words moving, switching, disappearing, fading away, changing size or shape, having a glow or luminance around print or coming from the background of the print. These and other dyslexic symptoms are known to respond to a neurochromatic lens.

Patients who see a white background on the printed page, from art, as having a color or hue, or glare.

Patients who see night lighting such as street lights, vehicle lights as having a color or hue, streaks, or having an abnormal comfort or affect.

Patients affected by chronic and severe fevers.

Patients affected by Down Syndrome.

Patients with compromises in cognitive function caused by disease, accident, or trauma.

Patients with varied degenerative muscular diseases.

Patients affected with chronic fatigue syndrome.

Limited or narrow band of light spectrum photophobia.

Major depression not identified as seasonal affective disorder.

Post traumatic stress disorder visually evoked symptoms.

Patients who complain or say there is excessive glare or aberrations around the words and images of printed material.

Patients who complain or say there never is enough light to read comfortably or effectively.

Patients identified as having retinal pigmatosa, Graves’ disease, chromic fatigue syndrome, degenerative muscle diseases of varied sorts, connective tissue diseases of varied sorts, lupus patients, other auto-immune diseased or compromised patients, patients having chemo or radiation therapies.

Patients with albinism.

Compromised visually evoked responses.

Situational visual compromise or visual difficulties.